Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	2023 calendar year, or tax year beginning UL 1, 2023 and ending	g J	UN 30, 2024	1
В	Check if	C Name of organization		D Employer identi	fication number
	applicable				
	Addres change				
	Name change	Doing business as		04-21036	537
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numb	er
	Final return/	106 CENTRAL STREET		781-283-	-1000
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	592,734,118.
	Amend return		ı	H(a) Is this a group	
	Applica tion	F Name and address of principal officer: PAULA A. JOHNSON		for subordinate	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	
T	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		a list. See instructions
	Websit			H(c) Group exempt	
K	Form of	organization: X Corporation Trust Association Other L	. Year c		M State of legal domicile: MA
		Summary			<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}{ m \ PROV}$	IDE	AN EXCELLE	ENT LIBERAL
Governance	: i	ARTS EDUCATION FOR WOMEN WHO WILL MAKE A DIF			
nar	2	Check this box if the organization discontinued its operations or disposed of	more 1	than 25% of its net a	ssets.
Ver	3 1	Number of voting members of the governing body (Part VI, line 1a)		1 -	1
မ်	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			
o V	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
ė.	6	Total number of volunteers (estimate if necessary)			
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
ď	t bi	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
4	8 (Contributions and grants (Part VIII, line 1h)		45,718,423	61,979,755.
une	9 1	Program service revenue (Part VIII, line 2g)	1	87,033,270	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	41,015,186	
ă	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,802,952	
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	85,569,831	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		76,983,234	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
,,	1= 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,369,352	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
pen	b -	Fotal fundraising expenses (Part IX, column (D), line 25) 8,230,232.			
Ň	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	18,378,418	134,703,425.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	40,731,004	
	1	Revenue less expenses. Subtract line 18 from line 12		44,838,827	
or J	<u></u>			ginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)		3757832303	3899240908.
Ass	21	Fotal liabilities (Part X, line 26)		10,133,786	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3147698517	
P	art II	Signature Block			
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemei	nts, and to the best of n	ny knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which pre			
	, 				
Sig	ın İ	Signature of officer		Date	
He		PIPER ORTON, VP FOR FIN. & ADMIN. & TREAS			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Pate Check	PTIN
Pai	d I	KRISTIN ANDERSON Mustin M. anderson	C)5/13/2025 if self-emp	oyed P01231300
		Firm's name KPMG LLP			13-5565207
	Only	Firm's address 60 SOUTH STREET		. AIII O EIII	
	, ,	BOSTON, MA 02111		Phone no. 6	17-988-1000
Ma	v the IR	S discuss this return with the preparer shown above? See instructions		1	X Yes No
	,	and the second s			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE AN EXCELLENT LIBERAL ARTS EDUCATION FOR WOMEN WHO WILL MAKE
	A DIFFERENCE IN THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 185,106,695. including grants of \$0. (Revenue \$
	OUTSTANDING EDUCATION: WELLESLEY COLLEGE IS COMMITTED TO ENSURING THAT
	OUR EXCELLENT LIBERAL ARTS CURRICULUM IS BOTH INTELLECTUALLY AND
	CULTURALLY BROAD TO PREPARE OUR GRADUATES FOR THEIR LIVES AFTER
	COLLEGE. WELLESLEY OFFERS MORE THAN 50 DEPARTMENTAL AND
	INTERDEPARTMENTAL MAJORS TO APPROXIMATELY 2,300 STUDENTS. THE AVERAGE
	CLASS SIZE IS 17 TO 20 STUDENTS WITH A 7:1 STUDENT-FACULTY RATIO.
4b	(Code:) (Expenses \$ 82,131,262. including grants of \$79,019,986.) (Revenue \$)
	WELLELSEY COLLEGE HAS LONG TRADITION OF NEED-BLIND ADMISSION FOR U.S.
	CITIZENS AND PERMANENT RESIDENTS, MAKING ADMISSION DECISIONS WITHOUT
	REGARD TO A FAMILY'S FINANCIAL SITUATION. THROUGH ITS FINANCIAL AID
	PROGRAM, THE COLLEGE MEETS 100 PERCENT OF A STUDENT'S DEMONSTRATED
	FINANCIAL NEED. RESOURCES DEDICATED TO THE FINANCIAL AID PROGRAM ENSURE
	THAT WELLESLEY IS SUCCESSFUL IN RECRUITING AND ENROLLING A STRONG AND
	DIVERSE STUDENT BODY WITH CONTINUED ATTENTION TO ISSUES OF FINANCING
	AND AFFORDABILITY. APPROXIMATELY 60% OF THE STUDENT BODY RECEIVES
	FINANCIAL AID AND WELLESLEY IS WIDELY RECOGNIZED AS ONE OF THE TOP 10
	COLLEGES IN THE COUNTRY FOR STUDENTS GRADUATING WITH THE LEAST AMOUNT
	OF DEBT.
4c	(Code:) (Expenses \$10,669,227. including grants of \$0. (Revenue \$384,753.)
	SPONSORED RESEARCH: WELLESLEY PRIDES ITSELF ON ITS COMMITMENT TO
	SUPPORTING THE TEACHER-SCHOLAR IDEAL, ENABLING OUR GIFTED FACULTY
	MEMBERS TO INTEGRATE THEIR LOVE OF TEACHING AND WORKING CLOSELY WITH
	STUDENTS WITH THEIR PURSUIT OF THE ADVANCEMENT OF KNOWLEDGE THROUGH
	THEIR WORLD-CLASS RESEARCH.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2023)

Form 990 (2023) WELLESLEY COLLEGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in 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,		7.7	
	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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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."	_ 		
	,	19		x
20a	complete Schedule G, Part III	20a		X
zua b	The state of the s	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		21		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	41		_ 41

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		7.7	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2023) WELLESLEY COLLEGE

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

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		2963			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ			2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			[За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?		4a	X	
b	If "Yes," enter the name of the foreign country FRANCE						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	cour	nts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				5b		<u> </u>
	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	e orga	anization so	licit			37
	any contributions that were not tax deductible as charitable contributions?				6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
_	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).	uica-	nrovidad to 11	no novo-0	7-		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				7a		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		irod		7b		
С	to file Form 8282?	is req	uireu		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as requi	ired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:	l	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1	1				
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	د					
40-	amounts due or received from them.)	11b	•		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	1	ŀ	12a		
ъ 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1				
	Is the organization licensed to issue qualified health plans in more than one state?			ŀ	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.				.oa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
-	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
	Did the second setting and the second set of the second se				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or				
	excess parachute payment(s) during the year?				15	Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?		16	Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes," complete Form 6069.					990	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 33 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 32 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PIPER ORTON - 781-283-1000

Form **990** (2023)

13370512 153541 84190V

106 CENTRAL STREET,

02481

MΑ

WELLESLEY,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck i ss per	more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DEBORAH F. KUENSTNER CHIEF INVESTMENT OFFICER	60.00	ļ		X				1,266,732.	0.	66 224
(2) ROSE C. CARPENTER	60.00			Δ				1,200,732.	0.	66,234.
DEPUTY CIO	00.00	1				X		987,484.	0.	64,120.
(3) RAY OQUENDO	60.00							30771011	•	01/1200
CHIEF OPERATING OFFICER		1				x		922,211.	0.	65,441.
(4) PAULA A. JOHNSON	60.00							- ,	-	
PRESIDENT		Х		Х				770,895.	0.	157,945.
(5) MATTHEW VEILLEUX	60.00							-		
INVESTMENT DIRECTOR						Х		484,317.	0.	36,474.
(6) KAREN PETRULAKIS	60.00									
GENERAL COUNSEL						Х		447,662.	0.	65,235.
(7) PIPER ORTON	60.00									
VP FOR FIN. & ADMIN. & TREAS.				X				444,647.	0.	48,611.
(8) ANDREW SHENNAN	60.00									
PROVOST AND DEAN OF COLLEGE				Х				388,244.	0.	58,806.
(9) SHEILAH HORTON	60.00									
DEAN OF STUDENTS					Х			311,570.	0.	124,221.
(10) DAVE CHAKRABORTY	60.00								_	
ASST VP FACILITIES MGMT						X		302,559.	0.	32,937.
(11) MEGAN NUNEZ	60.00									
DEAN OF FACULTY AFFAIRS					Х			252,506.	0.	51,579.
(12) MICHAEL JEFFRIES	60.00				l			0.40 50=		40.450
DEAN OF ACADEMIC AFF.	60.00				Х			242,687.	0.	49,153.
(13) THERESA PEACHES VALDES	60.00				l			065 456	•	10 000
DEAN OF ADMISSION & STU. FIN. SVCS	60.00				Х			267,176.	0.	19,882.
(14) CRYSTAL DAUGHERTY - VP FOR	60.00	-						070 600	•	5 20
DEVELOPMENT & PUB AFF (AS OF 4/23)	60.00			Х				278,622.	0.	730.
(15) ANN VELENCHIK FORMER DEAN OF ACADEMIC AFF.	60.00	-					v	211 067	0.	47 020
	12 00						Х	211,867.	0.	47,039.
(16) DEBORA DE HOYOS CHAIR	12.00	X						0.	0.	0.
(17) CHRISTOPHER T. PASKO	10.00	^	\vdash			\vdash		J •	0.	
VICE CHAIR	10.00	X						0.	0.	0.
· - · - · - · · · · · · · · · · · · · ·	1	123					L	1 0 •	J •	Form 990 (2023)

332007 12-21-23

Form **990** (2023)

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Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) TODD ABBRECHT TRUSTEE	2.00	Х						0.	0	0
(19) MARTHA GOLDBERG ARONSON	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	х						0.	0.	0.
(20) DOLORES L. ARREDONDO TRUSTEE	2.00	х						0.	0.	0.
(21) BRIAN C. BRODERICK TRUSTEE	2.00	х						0.	0.	0.
(22) LAURA WOOD CANTOPHER TRUSTEE	2.00	х						0.	0.	0.
(23) ANNE SHEN CHAO TRUSTEE	2.00	х						0.	0.	0.
(24) ELYSE CHERRY TRUSTEE	2.00	х						0.	0.	0.
(25) CALLIE CROSSLEY TRUSTEE	2.00	Х						0.	0.	0.
(26) OPHELIA DAHL TRUSTEE	2.00	х						0.	0.	0.
1b Subtotal								7,579,179.	0.	888,407.
c Total from continuation sheets to Par								0. 7,579,179.	0.	0. 888,407.
d Total (add lines 1b and 1c)										000, 407.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DELLBROOK CONSTRUCTION LLC, ONE ADAMS		
PLACE, 859 WILLARD STREET, QUINCY, MA	CONSTRUCTION	17,601,567.
WALSH BROTHERS INCORPORATED		
210 COMMERCIAL STREET, BOSTON, MA 02109	CONSTRUCTION	15,695,402.
TURNER CONSTRUCTION COMPANY, 2 SEAPORT		
LANE - 2ND FLOOR, BOSTON, MA 02210	CONSTRUCTION	12,209,579.
ELAINE CONSTRUCTION COMPANY		
90 WELLS AVE, NEWTON, MA 02459	CONSTRUCTION	11,931,569.
SUFFOLK CONSTRUCTION COMPANY, INC.		
65 ALLERTON STREET, BOSTON, MA 02119	CONSTRUCTION	6,841,793.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 151		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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rustees, Key Er (B) Average hours	nplo		(C		ighe	est (Compensated Employe (D)	ees (continued) (E)	(F)
Average				;)			(D)	(E)	(E)
Average								(-)	(F)
1			Posit	tion			Reportable	Reportable	Estimated
1 110013	(с	heck	all tl	hat :	appl	ly)	compensation	compensation	amount of
per							from	from related	other
week					yee		the	organizations	compensation
(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
hours for	ordir	a.			ted e		(W-2/1099-MISC)		organization
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	X						0.	0.	0.
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	hours for related organizations below line) 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	hours for related organizations below line) 2.00 X 2.00	2.00	2.00	2.00 x	2.00 X 2.	2.00	2.00	2.00

Form 990 WELLESLEY	. СОПТЕС	<u>, C.</u>							04-210	3031
Form 990 WELLESLEY Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
47) PETER TUFANO	2.00	٦,								^
RUSTEE		X						0.	0.	0
otal to Part VII, Section A, line 1c										

04-2103637

Form 990 (2023) WELLESL
Part VIII Statement of Revenue

		Check if Schedule O contains a r	response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
an		Membership dues	1b					
2 8		Fundraising events	1c					
ifts ar A		Related organizations	1d					
nig.		Government grants (contributions)	1e	6,216,461.				
Sig		All other contributions, gifts, grants, and						
her		similar amounts not included above	1f	55,763,294.				
	g	I	1g \$	3,890,509.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			61,979,755.			
				Business Code				
ø	2 a	STUDENT TUITION AND FEES		900099	148100746.	148100746.		
Ş	b	STUDENT ROOM AND BOARD		900099	42,575,352.	42575352.		
Ser	С	WELLESLEY CENTERS FOR WOMEN		900099	1,424,961.	1,424,961.		
am	d	SPONSORED RESEARCH		900099	384,753.	384,753.		
Program Service Revenue	е							
Pr	f	All other program service revenue						
	g	Total. Add lines 2a-2f			192485812.			
	3	Investment income (including dividen	nds, intere	st, and				
		other similar amounts)			28,380,813.		8514942.	19865871.
	4	Income from investment of tax-exemp	pt bond pi	roceeds				
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Se	ecurities	(ii) Other				
		assets other than inventory 7a 299,8	13,000.					
	b	Less: cost or other basis						
e		and sales expenses 7b 213,6	66,839.					
Revenue	С	Gain or (loss) 7c 86,1	46,161.					
Be		Net gain or (loss)			86,146,161.		488,778.	85657383.
her		Gross income from fundraising events (ne						
₹		including \$	of					
		contributions reported on line 1c). Se	ee					
		Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising	events					
	9 a	Gross income from gaming activities	I					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming act	ivities					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
\longrightarrow	С	Net income or (loss) from sales of inv	entory					
<u>o</u>				Business Code				
eon Ie		AUXILIARY ENTERPRISES		900099	4,078,825.	4,078,825.	000045	
Miscellaneous Revenue	b			713990	2,083,461.		2083461.	
3eV	С			000000	2 010 150	2 040 455		
Σ		All other revenue		900099	3,912,452.	3,912,452.		
		Total. Add lines 11a-11d			10,074,738.	200455222	11007101	105503051
	12	Total revenue. See instructions			379067279.	200477089.	11087181.	105523254

332009 12-21-23

Form **990** (2023)

Form 990 (2023) WELLESLEY COLLEGE Part IX Statement of Functional Expenses

0	501(-)(0) - 1501(-)(1)				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	71,908,202.	71,908,202.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,111,784.	7,111,784.		
4	Benefits paid to or for members	, ,	, ,		
5	Compensation of current officers, directors,				
-	trustees, and key employees	5,331,958.	1,528,319.	3,441,719.	361,920.
6	Compensation not included above to disqualified			7, 7, 1	,
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	223,738.	223,738.		
7	Other salaries and wages	104,550,607.	77,636,388.	22,330,260.	4,583,959.
8	Pension plan accruals and contributions (include	±0±1001001•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,330,200	±,505,555.
0	section 401(k) and 403(b) employer contributions	10,623,103.	8,572,807.	1,722,422.	327,874.
•			14,542,433.	4,282,459.	473,023.
9	Other employee benefits	7,949,858.		1,968,798.	282,191.
10	Payroll taxes	1,343,030.	3,030,003.	1,300,130.	202,191.
11	Fees for services (nonemployees):	6 007 720	150 710	6 001 451	6 557
	Management	6,987,720.		6,821,451.	6,557.
	Legal	1,154,287.	53,407.	1,100,880.	
	Accounting	845,527.		845,527.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	7 126 066	E 010 E00	106 425	
f	Investment management fees	7,136,966.	7,010,529.	126,437.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1	4 060 074		- 4.6.000
	column (A), amount, list line 11g expenses on Sch 0.)	17,223,039.	4,362,074.	12,343,975.	516,990.
12	Advertising and promotion				
13	Office expenses	5,811,388.		1,804,867.	95,806.
14	Information technology	4,873,145.		261,262.	92,213.
15	Royalties	1,000.			
16	Occupancy	4,632,138.		4,220,491.	847.
17	Travel	7,101,008.	4,681,879.	1,923,952.	495,177.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	95,706.	37,263.	39,245.	19,198.
20	Interest	16,147,785.	16,147,785.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,940,876.		2,994,087.	598,818.
23	Insurance	3,531,330.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	8,226,001.	8,225,328.		673.
b	STUDY AWAY EXPENSES	7,394,465.	7,394,465.		
C	EQUIPMENT RENTAL	1,711,921.	369,905.	1,327,139.	14,877.
d	PRINTING & MAILING	402,842.	156,264.	48,583.	197,995.
-	All other expenses	11,486,281.	3,364,547.	7,959,620.	162,114.
25	Total functional expenses. Add lines 1 through 24e	361,700,590.		75,563,174.	8,230,232.
<u>25</u> 26	Joint costs. Complete this line only if the organization	551,750,550	2.1,501,104	, 5, 505, 1140	5,250,252.
20	,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	11 In Ioliowing SOP 98-2 (ASC 958-720)	l	l		000

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	•			1	31,171,037.	
	2	Savings and temporary cash investments		188,050,712.	2	121,900,238.	
	3	Pledges and grants receivable, net			33,169,957.	3	42,487,705.
	4	Accounts receivable, net			743,064.	4	1,381,256
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ıntial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons	300,000.	5	300,000
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			5,432,719.	7	4,793,383
Assets	8	Inventories for sale or use			666,196.	8	594,645
ğ	9	B ::			5,507,745.	9	6,900,375
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	440,970,000.	572,538,863.	10c	
	11	Investments - publicly traded securities			1088705000.	11	1128244000.
	12	Investments - other securities. See Part IV, line 11			1862718047.	12	1928167983
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			3757832303.	16	3899240908
	17	Accounts payable and accrued expenses			113,797,443.	17	80,183,401.
	18	Grants payable			1,122,958.	18	707,830.
	19	Deferred revenue			13,325,224.	19	13,810,547
	20	Tax-exempt bond liabilities			222,529,584.	20	219,338,854
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of these			220 070 FC1	22	220 707 742
_	23	Secured mortgages and notes payable to unrelat			230,979,561.	23	229,797,742.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			20 270 016		F7 004 02E
		of Schedule D			28,379,016.		
	26	Total liabilities. Add lines 17 through 25			610,133,786.	26	601,833,309
Ś		Organizations that follow FASB ASC 958, chec	k ner	e 🔼			
nce	07	and complete lines 27, 28, 32, and 33.			957,066,000.	07	1015050000.
alaı	27	Net assets without donor restrictions			2190632517.	27	2282357599
d B	28	Net assets with donor restrictions			2190032317.	28	2202331399.
'n.		Organizations that do not follow FASB ASC 95	8, cne	eck nere			
or F		and complete lines 29 through 33.				-00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
et A	31	Retained earnings, endowment, accumulated inc			3147698517.	31	3297407599.
ž	32	Total net assets or fund balances				32	3899240908.
	33	Total liabilities and net assets/fund balances			3757832303.	33	38992409

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,70		
3	Revenue less expenses. Subtract line 2 from line 1	3		,36		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,147	,69	8,5	<u> 17.</u>
5	Net unrealized gains (losses) on investments	5	122	,40	5,4	<u>91.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9	,93	6,9	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,297	,40	7,5	<u>99.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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 compiled 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 audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	L
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization
WELLESLEY COLLEGE

Employer identification number 0.4 - 21.03637

_			<u> </u>					4 2103037
Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).	
4	一	A medical research organiz					•	the hospital's name.
		city, and state:		,				,
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		nege of university owned	or operat	cd by a gc	Werrimental unit describe	5 4 III
_				and the second s		70/1-1/41/41	6.3	
6	Н	A federal, state, or local gov	ŭ				• •	
7		An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con					, ,	,
11		An organization organized a	•	ively to test for public sat	ety See	section 50	09(a)(4).	
12	H	An organization organized a	•	•	•			nurnoses of one or
12	ш	more publicly supported or	•	•	-		•	
			~					DIRECK THE DOX OH
		lines 12a through 12d that	* *			-		at ta
ā	ı		· · · · · · · · · · · · · · · · · · ·	·	•	-		
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting
		organization. You must o						
k) <u> </u>		anization supervised	I or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
(;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.	
(ı 🗆	Type III non-functionally	, integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	sfv a distr	ibution red	uirement and an attentiv	/eness
		requirement (see instructi	-		-			
•		Check this box if the orga	•	-				
•	, L	functionally integrated, or					Type i, Type ii, Type iii	
	- Cot	er the number of supported o	• •	rially integrated supporting	ig organiz	ation.		
1				d organization(a)				
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(,	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)
_				above (see instructions))	Yes	No	I	
								
Tot	al							
								i

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(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	tion
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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	86543194.	68183815.	60807794.	45718423.	61979755.	323232981
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	86543194.	68183815.	60807794.	45718423.	61979755.	323232981
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)						14874834.
	Public support. Subtract line 5 from line 4.						308358147
Sec	ction B. Total Support			T			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	86543194.	68183815.	60807794.	<u>45718423.</u>	<u>61979755.</u>	323232981
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	19899290.	9992901.	14893756.	24476756.	<u> 19865871.</u>	89128574.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					2678853.	2678853.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9372721.	5575733.	9371692.	9734250.		42045673.
11	Total support. Add lines 7 through 10						457086081
	Gross receipts from related activities,						<u>,312,636.</u>
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and sto						
	ction C. Computation of Publ						67.46 %
	Public support percentage for 2023 (14	C 1 C C
	Public support percentage from 2022					15	
Ioa	33 1/3% support test - 2023. If the stop here. The organization qualifies						T
h	33 1/3% support test - 2022. If the		•		lino 15 is 33 1/30/		
U	and stop here. The organization qua						
170	10% -facts-and-circumstances test						
174	and if the organization meets the fact						
	meets the facts-and-circumstances to			-		_	
h	10% -facts-and-circumstances test	-			-	I7a and line 15 is	
J	more, and if the organization meets the						10,001
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						;
				,,	,		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
_	check this box and stop here		<u></u>				
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I	, (,,	,	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
18						18	<u>%</u>
198	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Par	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 on lines 11b and		
	11c below, the governing body of a supported organization?	1	
	A family member of a person described on line 11a above?)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
01	detail in Part VI.	;	
Sect	ion B. Type I Supporting Organizations		_
		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization 2		
Sect	supervised, or controlled the supporting organization. 2 ion C. Type II Supporting Organizations		1
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	103	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	ion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		\perp
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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Soot	supported organizations played in this regard. 3 ion E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct Activities Test. Answer lines 2a and 2b below.	ons). Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	163	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	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? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2023

e Excess from 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: AUXILIARY ENTERPRISES 2019 AMOUNT: \$ 4,970,992. 2020 AMOUNT: \$ 3,078,229. 2,641,956. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 3,739,264. 2023 AMOUNT: \$ 4,078,825. OTHER REVENUE 4,166,182. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 2,493,246. 2021 AMOUNT: \$ 6,729,736. 5,994,986. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 3,912,452. WELLESLEY COLLEGE CLUB 2019 AMOUNT: \$ 235,547. 2020 AMOUNT: \$ 4,258.

Schedule B

(Form 990)

Schedule of Contributors

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

	WELLESLEY COLLEGE	04-2103637						
Organization type (chec	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n						
	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							
Note: Only a section 501	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.						
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cont							
Special Rules								
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% so 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	16b, and that received from any one						
contributor, duri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ans exclusively for religious, charitable, etc., purposes, but no such contributions to the refer the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i>						
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form	•						

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

WELLESLEY COLLEGE

04-2103637

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,380,000</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
2		\$\$ \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

WELLESLEY COLLEGE

04-2103637

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
2			
		\$ 2,005,228.	12/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
323453 12-26	200		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** WELLESLEY COLLEGE 04-2103637 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WELLESLEY COLLEGE

Employer identification number 04-2103637

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel groups as an all of const	(a) Donor advised funds	(b) i unus and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	-		
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqu	•	
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	3, 1 3,	, ,	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	And Historical Transcript	than Oineilan Assata
Pai	t III Organizations Maintaining Collections of	·	tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	·	•
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95	· · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations are the control of the cont	asures or other similar assets for financia	'
~	the following amounts required to be reported under FASB A		gani, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

13370512 153541 84190V

Par	t III	Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Si	<u>milar As</u>	sets (continue	ed)
3	Using	g the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signifi	cant use c	of its		
	colle	ction items (check all that apply).								
а		Public exhibition	d	X Loan or excl	nange program					
b		Scholarly research	е	Other						
c		Preservation for future generations								
4	Provi	ide a description of the organization's co	allections and explain	how they further th	e organization's ev	omnt i	ournosa in	Part YIII	ı	
5		ng the year, did the organization solicit or						I all Alli	•	
3		sold to raise funds rather than to be ma							⁄es	X No
Par	t IV	Escrow and Custodial Arrang								_21_ NO
· ui		reported an amount on Form 990, Par		e ii trie organization	answered res o	II FOIII	1990, Fari	. IV, III le	9, 01	
10	lo the	e organization an agent, trustee, custodia	•	ion, for contribution	o or other ecests n	at incl	ıdad			
ıa									⁄es	No
L		orm 990, Part X?						. LJ'	: C S	NO
b	II TE	es," explain the arrangement in Part XIII a	and complete the loll	owing table.		٦			mount	
	D :	andre a balanca				ŀ	4.		Hount	
	•	nning balance					1c			
d		tions during the year					1d			
е		butions during the year					1e			
f	Endir	ng balance				L	1f			
		he organization include an amount on Fo						L Y	r es	<u></u> No
		es," explain the arrangement in Part XIII.						<u></u>		
Par	τν	Endowment Funds Complete if							`-	
			(a) Current year	(b) Prior year	(c) Two years back		Three years			ears back
1a	-	nning of year balance	2888869551	2846864931	323678546	+	2285397			3415000
b		ributions	17816296.	43749570.	23310440	+	214016			
С		nvestment earnings, gains, and losses	207245641.	108025943.	-30687511	+	1026472			
d	Gran	ts or scholarships	60470205.	53816843.	48331934		444093	376.	488	838336.
е	Othe	r expenditures for facilities								
	and p	programs	62237334.	55954050.	58023923		520766	539.	443	307448.
f	Adm	inistrative expenses								
g	End o	of year balance	2991223949	2888869551	284686493	1	3236785	5461	228	5397056
2	Provi	de the estimated percentage of the curr		(line 1g, column (a)) held as:					
а		d designated or quasi-endowment	29.2800	_%						
b	Perm	nanent endowment 70.7200	%							
С	Term	endowment	%							
	The p	percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are t	here endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the			_	
	orgar	nization by:						_	Y	es No
	(i) L	Jnrelated organizations?						[:	3a(i)	X
	(ii) F	Related organizations?						<u>[</u>	3a(ii)	X
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				L	3b	
4		ribe in Part XIII the intended uses of the		vment funds.						
Par	t VI	ຼ່ Land, Buildings, and Equipm								
		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	K, line	10.			
		Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accur	mulated	(d) Book v	alue
			basis (investm	,	, ,	leprec	iation			
1a	Land				1,539.					,539.
b	Build	ings		942,46	3,226.412	, 53'	7,289.	529	,925,	937.
		ehold improvements								
		oment		18,29	6,560. 11	,499	7,244.	. 6,	,797,	,316.
		r			8,961. 16					494.
		lines 1a through 1e. (Column (d) must e								286.

Schedule D (Form 990) 2023 WELLESLEY C	OLLEGE	04	-2103637 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITY	1060887000.	END-OF-YEAR MARKET	VALUE
(B) REAL ASSETS	173,739,000.	END-OF-YEAR MARKET	VALUE
(C) ABSOLUTE RETURN	617,154,000.	END-OF-YEAR MARKET	VALUE
(D) MISCELLANEOUS OTHER	76,387,983.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1928167983.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	Farmer 000 David IV line 1	1d Con Form 000 Bort V line 15	
Complete if the organization answered "Yes"	Description	1d. See Form 990, Part X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Description		(b) book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	/ /D\\		
Part X Other Liabilities	I. (D))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			
(2) GOVERNMENT LOAN ADVANCES			-495,084.
(3) ANNUITIES & UNITRUSTS PAY	ABLE		33,283,374.
(4) ENVIRONMENTAL OBLIGATION			25,206,645.
(5)			, , , , , , , , , , , , , , , , , , , ,
(6)			
(7)			
(8)			
		<u> </u>	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	416,241,901.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	122,405,491.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9,936,902.		
е	Add lines 2a through 2d			2e	132,342,393.
3	Subtract line 2e from line 1			3	283,899,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	46 445 505		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	16,147,785.		
		4b	79,019,986.		05 465 554
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	\\/	th Francisco new F		379,067,279.
Par	rt XII Reconciliation of Expenses per Audited Financial Stater		itn Expenses per F	tetur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			ı	0.66 520 010
1	Total expenses and losses per audited financial statements			1	266,532,819.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)	·			
	Add lines 2a through 2d			2e	266,532,819.
3	Subtract line 2e from line 1			3	200,332,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا	16 147 785		
	Investment expenses not included on Form 990, Part VIII, line 7b		79,019,986.		
	Other (Describe in Part XIII.)			10	95,167,771.
	Add lines 4a and 4b			4c	361,700,590.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			<u> </u>	501,700,550.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	urt IV lings	1h and 2h: Part V line 4	· Dart	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, rait	A, IIIIe Z, Fait Ai,
IIIIes	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide any ac	Julionai IIII	omation.		
PAR	RT III, LINE 1A:				
	11 111 1111				
FIN	NANCIAL STATEMENT FOOTNOTE REGARDING ART (COLLEC	TION		
WEI	LESLEY COLLEGE DOES NOT REPORT AS REVENUE	E ANY	GIFTS THAT A	RE	WORKS OF
ART	. IN ADDITION, THE COLLEGE DOES NOT CAPIT	CALIZE	WORKS OF AR	ΤА	S ASSETS
ON	ITS BALANCE SHEET. THIS TREATMENT IS PERM	ITTED	UNDER SFAS	116	. THE
COI	LLEGE'S AUDITED FINANCIAL STATEMENTS DO NO	T CON	TAIN A FOOTN	OTE	REGARDING
WOF	RKS OF ART, HISTORICAL TREASURE, OR OTHER	SIMIL	AR ASSETS HE	LD	FOR PUBLIC
EXE	HIBITION, EDUCATION OR RESEARCH IN FURTHER	RANCE	OF PUBLIC SE	RVI	CE.
PAF	RT III, LINE 4:				
DES	SCRIPTION OF ORGANIZATION'S COLLECTION				
THE	E DAVIS MUSEUM AND CULTURAL CENTER HAS A F	PERMAN	ENT COLLECTI	on	OF

332054 09-28-23

Part XIII Supplemental Information (continued)

APPROXIMATELY 17,000 OBJECTS DATING FROM ANCIENT TIMES TO PRESENT DAY.

INCLUDED ARE PAINTINGS, SCULPTURES, DECORATIVE OBJECTS, AND WORKS ON PAPER REPRESENTING 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 WRITE 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.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

THE WELLESLEY COLLEGE ENDOWMENT PROVIDES CRITICAL FUNDING THAT SUPPORTS

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

UNDERWRITES NEW INITIATIVES AND PROGRAMS. THE ENDOWMENT HAS GROWN TO

PROVIDE APPROXIMATELY 40% OF OPERATING REVENUE. WELLESLEY COLLEGE'S STRONG

AND PRUDENT FINANCIAL MANAGEMENT ENSURES THE PURCHASING POWER OF THE

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

FY2024 WERE FINANCIAL AID AND FACULTY SALARIES.

PART X, LINE 2:

THE COLLEGE HAS NO MATERIAL UNCERTAIN TAX PROVISIONS AS OF JUNE 30, 2024

AND 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP

2,320,528.

SCHEDULE E (Form 990)

Schools

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

202

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection

WELLESLEY COLLEGE

 $\begin{array}{c} \textbf{Employer identification number} \\ 0.4-2103637 \end{array}$

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	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.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		<u>X</u>
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		<u>X</u>
	Educational policies?	5e		X
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	5h		<u>X</u>
	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	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	х	

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

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.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

WELLESLEY COLLEGE

04-2103637

WELLESLEY COLLE				04-21036	
		ctivities Out	side the United States. Compl	ete if the organization answered	"Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its gra the selection criteria used to award the		Yes No
O Farramentonalisma Dasa	uiba in Dart Vala				
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
	he following Part	L line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	188,335.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	241,165.
EUROPE (INCLUDING					
ICELAND AND					
GREENLAND)	1	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	5449111.
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	23,198.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	55,563.
GOVERN AMERICA			DDOGDAM GEDVITGEG	CHILDY MAN DOCUM	72.220
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	72,338.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	19,950.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY AWAY PROGRAM	15,605.
3 a Subtotal	1	0			6065265.
b Total from continuation					612 022 222
sheets to Part I	0	0			612,989,330.
c Totals (add lines 3a	1	0			619,054,595.
and 3b)			iou Four 000		(Form 000) 2023

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

Part I Continuatio		s per Region	I- (Schedule F (Form 990), Part I, line 3	3)	03037 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	226,657.
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	747,549.
EUROPE (INCLUDING					
GREENLAND)	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	696,437.
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	358,323.
RUSSIA AND					
NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	708,422.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	1,012,903.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	755,351.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	1,786,183.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	FINANCIAL AID	819,959.
		, and the second		-	
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNSHIPS	31,600.
Totals	.				

Schedule F (Form 990) Part I Continuatio	WELLESLE n of Activitie		௩ I- (Schedule F (Form 990), Part I, line 3	3)	03637 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNSHIPS	6,250.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	INTERNSHIPS	125,708.
EUROPE (INCLUDING					
GREENLAND)	0	0	PROGRAM SERVICES	INTERNSHIPS	285,360.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNSHIPS	17,250.
RUSSIA AND THE NEWLY			PROGRAM SERVICES	TMMEDNAUTDA	0.000
INDEPENDENT STATES			FROGRAM SERVICES	INTERNSHIPS	8,000.
SOUTH AMERICA			PROGRAM SERVICES	INTERNSHIPS	23,300.
SOUTH ASIA			PROGRAM SERVICES	INTERNSHIPS	23,850.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	INTERNSHIPS	40,350.
NODELL MEDICA			TANTAGENTANTAG		27 200 700
NORTH AMERICA			INVESTMENTS		27,390,789.
EAST ASIA AND THE					
PACIFIC PACIFIC			INVESTMENTS		173487719.
Totals					

Part I Continuati	ion of Activities	s per Region	(Schedule F (Form 990), Part I, line 3)	04 21030	37 Page
(a) Region					(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND AND					
GREENLAND)			INVESTMENTS		302,487,926.
MIDDLE EAST AND					
NORTH AFRICA			INVESTMENTS		101,949,444.
Totals					612,989,330.

Schedule F (Form 990) 202	3 WELLE	SLEY COLLEGE		04-2103637 Pag						
		ganizations or Entities (Outside the United States.	Complete if the o	rganization answered	d "Yes" on Form 9	990, Part IV, line 15, fo			
recipient who re	eceived more than \$5,	000. Part II can be duplic	cated if additional space is ne	eeded.						
		Т	T							
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of		
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)		
	, , , ,		Ů			assistance	assistance	appraisai, otrier)		
2 Enter total number of	f recipient organization	ns listed above that are r	recognized as charities by the	e foreign country	recognized as a tax	1				
			or counsel has provided a se							

3 Enter total number of other organizations or entities

WELLESLEY COLLEGE

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	d					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA						
FINANCIAL AID	AND THE CARIBBEAN	3	226,657.	CR. TO ACCT.	0.		
	EAST ASIA AND THE						
FINANCIAL AID	PACIFIC	17	747,549.	CR. TO ACCT.	0.		
TIMMATAL ATD	TYPO DE		606 437	an ma lage			
FINANCIAL AID	EUROPE	9	696,437.	CR. TO ACCT.	0.		1
	MIDDLE EAST AND						
FINANCIAL AID	NORTH AFRICA	4	358 323.	CR. TO ACCT.	0.		
		-	330,020.				
	RUSSIA AND						
	NEIGHBORING						
FINANCIAL AID	STATES	8	708,422.	CR. TO ACCT.	0.		
FINANCIAL AID	SOUTH AMERICA	11	1012903.	CR. TO ACCT.	0.		
FINANCIAL AID	SOUTH ASIA	9	755,351.	CR. TO ACCT.	0.		
	SUB-SAHARAN						
FINANCIAL AID	AFRICA	20	1786183.	CR. TO ACCT.	0.		
FINANCIAL AID	NORTH AMERICA	10	819,959.	CR. TO ACCT.	0.		

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 the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2023

Open to Public Inspection

Employer identification number

WELLESLEY	COLLEGE						04-2103637
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	n
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	S5,000. Part II can		onal space is need	ed.		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) at Enter total number of other organizations 	-		*****				

332102 11-01-23 Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WELLESLEY COLLEGE

Employer identification number 04-2103637

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

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

Schedule J (Form 990) 2023

<u>Schedule</u> J (Form 990) 2023 **WELLESLEY COLLEGE** 04-2103637 Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBORAH F. KUENSTNER	(i)	721,169.	539,467.	6,096.	34,650.	31,584.	1,332,966.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSE C. CARPENTER	(i)	547,619.	439,385.	480.	34,650.	29,470.	1,051,604.	0.
DEPUTY CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RAY OQUENDO	(i)	491,951.	427,092.	3,168.	34,650.	30,791.	987,652.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAULA A. JOHNSON	(i)	741,193.	0.	29,702.	34,650.	123,295.	928,840.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW VEILLEUX	(i)	298,788.	184,222.	1,307.	28,580.	7,894.	520,791.	0.
INVESTMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAREN PETRULAKIS	(i)	389,623.	15,000.	43,039.	34,650.	30,585.	512,897.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PIPER ORTON	(i)	431,249.	7,500.	5,898.	34,650.	13,961.	493,258.	0.
VP FOR FIN. & ADMIN. & TREAS.	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW SHENNAN	(i)	355,753.	30,000.	2,491.	34,220.	24,586.	447,050.	0.
PROVOST AND DEAN OF COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHEILAH HORTON	(i)	292,094.	17,500.	1,976.	33,125.	91,096.	435,791.	0.
DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVE CHAKRABORTY	(i)	279,733.	20,000.	2,826.	31,546.	1,391.	335,496.	0.
ASST VP FACILITIES MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MEGAN NUNEZ	(i)	252,131.	0.	375.	27,350.	24,229.	304,085.	0.
DEAN OF FACULTY AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL JEFFRIES	(i)	242,446.	0.	241.	24,948.	24,205.	291,840.	0.
DEAN OF ACADEMIC AFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THERESA PEACHES VALDES	(i)	266,779.	0.	397.	9,302.	10,580.	287,058.	0.
DEAN OF ADMISSION & STU. FIN. SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CRYSTAL DAUGHERTY - VP FOR	(i)	247,500.	30,000.	1,122.	0.	730.	279,352.	0.
DEVELOPMENT & PUB AFF (AS OF 4/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ANN VELENCHIK	(i)	210,651.	0.	1,216.	22,995.	24,044.	258,906.	0.
FORMER DEAN OF ACADEMIC AFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

BENEFITS PROVIDED:

WELLESLEY COLLEGE'S POLICY IS THAT THE COLLEGE WILL NOT PAY FOR OR

REIMBURSE TRAVEL, MEALS, AND EXPENSES OF THE SPOUSE/PARTNER OF AN EMPLOYEE

WITH THE EXCEPTION OF THE PRESIDENT. SPECIFICALLY, WHILE PERFORMING HER

OFFICIAL DUTIES IN THE AREA OF DEVELOPMENT, ALUMNAE RELATIONS, AND OTHER

BUSINESS OF THE COLLEGE, THE PRESIDENT MAY BE ACCOMPANIED BY HER SPOUSE,

WHO IS EXPECTED TO MAKE AN IMPORTANT CONTRIBUTION TO ACHIEVING THE PURPOSES

OF THE TRAVEL OR EVENTS. IN THOSE CASES, THE COLLEGE'S POLICY IS TO

AUTHORIZE THE PAYMENT OF ALL TRAVEL AND RELATED EXPENSES OF THE PRESIDENT'S

SPOUSE, WHICH IS TREATED AS NONTAXABLE COMPENSATION.

THE COLLEGE PROVIDES HOUSING TO CERTAIN EMPLOYEES AS A CONDITION OF

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

VICE PRESIDENT AND DEAN OF STUDENTS EACH RECEIVE HOUSING. THE AMOUNT OF

THIS HOUSING IS TREATED AS NONTAXABLE COMPENSATION UNDER IRC SECTION 119.

THE COLLEGE WILL NOT PAY FOR PERSONAL SERVICES WITH THE EXCEPTION OF THE

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PRESIDENT'S HOUSE. SINCE THE PRESIDENT'S HOUSE IS USED EXTENSIVELY FOR

COLLEGE BUSINESS, HOUSEKEEPING SERVICES ARE PROVIDED FOR THE GENERAL SPACE.

A CHEF PROVIDES MEALS AT THE PRESIDENT'S HOUSE FOR BUSINESS PURPOSE

FUNCTIONS. PERSONAL SERVICES PROVIDED TO EMPLOYEES ARE APPROPRIATELY

REPORTED AS TAXABLE COMPENSATION.

PART I, LINE 6:

PAYMENTS CONTINGENT OF NET EARNINGS

EMPLOYEES IN THE INVESTMENT OFFICE HAVE AN INCENTIVE PERFORMANCE-RELATED

BONUS SYSTEM BASED ON THE INVESTMENT PERFORMANCE OF THE WELLESLEY COLLEGE

ENDOWMENT. TOTAL COMPENSATION IS REVIEWED IN COMPARISON TO MARKET DATA

PROVIDED BY INDEPENDENT THIRD PARTIES.

PART I, LINE 7:

NONFIXED PAYMENTS

EMPLOYEES OTHER THAN INVESTMENT OFFICE EMPLOYEES ARE ABLE TO RECEIVE

MERIT-BASED BONUS COMPENSATION.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

WELLESLEY COLLEGE Employer identification number 04-2103637

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ue price	(f) Description	on of purpose	(g) De	feased	(h) On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	No
						CONSTRUC							
A MHEFA 2008 SERIES I	04-2103637	57586CP25	01/28/08	5738		REFINANC			X		Х		_X_
						CONSTRUC'							
B MHEFA 2018 SERIES L	04-2103637	57584YES4	03/01/18	10566					X		Х		_X_
						CONSTRUC'							
C MHEFA 2022 SERIES M	04-2103637	57584Y2L2	04/01/22	5086	2192.	REFINANC	ING 2012		X		Х		<u>X</u>
D													
Part II Proceeds			I										
			А			В	С				D		
1 Amount of bonds retired					9,	310,000.							
2 Amount of bonds legally defeased													
3 Total proceeds of issue			57,38	5,000.	96,	500,000.	44,960,	000	•				
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			53	530,057. 832,680.		491,488.		•					
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				,447,000. 90,842,320.					•				
11 Other spent proceeds			31,40	7,943.	4,	825,000.							
<u> </u>				010		0000			_				
13 Year of substantial completion				2010		2020	202		-				
			Yes	No	Yes	No	Yes	No	-	Yes	_	No	
Were the bonds issued as part of a refunding	•	• •		v	•								
if issued prior to 2018, a current refunding iss				X	X		Х		+		_		
15 Were the bonds issued as part of a refunding		•	🗸		1	, ,		v					
issued prior to 2018, an advance refunding is			X		Х	X	Х	Х	+-		+		
16 Has the final allocation of proceeds been man						+	^				+		
17 Does the organization maintain adequate boo final allocation of proceeds?	•	•	х		x		х						
For Panerwork Reduction Act Notice see the In-			1			I	Δ		Caba	dule K	/Farra	. 000\	0000

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

Schedule K (Form 990) 2023

 Schedule K (Form 990) 2023
 WELLESLEY COLLEGE
 04-2103637
 Page 2

Par	t III Private Business Use								
			Α		В		O)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		X		Х		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		X		X		
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	х		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X		X		X			
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X			X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %	•	.00 %		%
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		.00 %		.00 %		.00 %		%
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		%
7	Does the bond issue meet the private security or payment test?		Х		Х		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?		Х		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			
Par	t IV Arbitrage								
		,	Ą		В		Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		
_2	If "No" to line 1, did the following apply?								_
<u>a</u>	Rebate not due yet?		X		X	X			
<u>b</u>	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								T
3	Is the bond issue a variable rate issue?	X		X			X		

<u>Schedule K (Form 990) 2023</u> **WELLESLEY COLLEGE** 04-2103637 Page 3

Part IV Arbitrage (continued)								
		A	I	В))
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X			X		X		
b Name of provider	JP MORGAN							
c Term of hedge	31.4	4400000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X			
Part V Procedures To Undertake Corrective Action								
		A	ı	В	(2		<u>) </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART II, LINE 3:								
COLUMN B MHEFA 2008 SERIES L								
THE PROCEEDS OF THE BONDS WERE USED TO REFUND THE	OUTST	ANDING	PRINCIE	PAL				
AMOUNT OF THE SERIES E BONDS.								
PRINCIPAL AMOUNT OF THE BONDS \$ 96,500,000								
NET ORIGINAL ISSUE PREMIUM \$ 9,163,450								
TOTAL \$105,663,450								
COLUMN C MHEFA 2018 SERIES M								
THE PROCEEDS OF THE BONDS WERE USED TO REFUND THE	OUTST	ANDING	PRINCIE	PAL				
AMOUNT OF THE SERIES J BONDS.								
PRINCIPAL AMOUNT OF THE BONDS \$ 44,960,000								
NET ORIGINAL ISSUE PREMIUM \$ 5,902,192								
TOTAL \$ 50,682,192								
SCHEDULE K, PART III, LINES 3C AND 3D:								
COLUMN A - MHEFA 2008 SERIES I								
THERE ARE RESEARCH AGREEMENTS THAT INVOLVE THE USE OF BOND FINANCED								
SPACE WHICH THE COLLEGE ROUTINELY ENGAGES BOND COUNSEL TO REVIEW								
WHETHER ANY RESEARCH AGREEMENTS RESULT IN PRIVATE BUSINESS USE. BASED								

332124 09-15-23

Schedule K (Form 990) 2023

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the orga	anization
------------------	-----------

WELLESLEY COLLEGE

Employer identification number

04-2103637

Part I	Excess Bene	fit Transa	ctions (section 50	1(c)(3), secti	ion 501(c)(4), and sec	tion 501(c)(29) orga	nizatio	ns on	ly)			
	Complete if the c	organization a	nswered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b;	or Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Nama	of disqualified p	(b) Relationship betw			ified) Description of tran	oootio	n		(d)	Corre	cted?
(a) Name	oi disquaimed p	erson	person and or	ganiza	ation	()) Description of train	Sactio	"		Y	es	No
(1)													
(2)												_	
(3)													
(4)													
(5)													
(6)													
2 Enter the	amount of tax i	ncurred by th	e organization mana	agers (or disq	ualified persons duri	ng the year under						
section 4													
3 Enter the	amount of tax,	if any, on line	2, above, reimburse	ed by	the org	ganization			\$				
	_												
Part II	Loans to and	l/or From	Interested Pers	ons									
(Complete if the o	organization a	nswered "Yes" on F	orm 9	90-EZ,	, Part V, line 38a, or F	orm 990, Part IV, lin	ne 26;	or if th	ne orga	nizati	on	
r	eported an amo	unt on Form 9	990, Part X, line 5, 6	, or 22	2.								
` '	lame of	(b) Relations			an to or	(e) Original	(f) Balance due	(g)		(h) Ap by bo	proved ard or	(i) V	/ritten
interest	ed person	with organizat	tion of loan		zation?	principal amount		defa	default? comm			ttee? agreeme	
				То	From			Yes	No	Yes	No	Yes	No
(1)ANDRE	W SHENNA	OFFICEI	R MORTGAGE		Х	300,000.	300,000.		X	X		Х	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$	300,000.						
			Benefiting Intere										
(Complete if the c	organization a	nswered "Yes" on F	orm 9	90, Pa	art IV, line 27.							
(a) Nam	ne of interested p	person	(b) Relationship I			(c) Amount of	(d) Type			•) Purp		f
			interested pers		d	assistance	assistan	ce		;	assista	ance	
			the organiza	ition									
(1)													
(2)													
(3)													

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

(4) (5) (6) (7) (8) (9)

Part IV	Business Transactions Involv					
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.	_	1,,0	
(;	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
					Yes	No
(1)						
(2)						-
(3) (4)						-
(5)						
(6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information					
i di t		onses to questions on Schedule L. See	instructions.			
CCHEDI.	LE L, PART II, LOANS			Z.		
			TED TERROTT	<i>.</i>		
(A) NA	ME OF PERSON: ANDREW	SHENNAN				

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number 04-2103637

	WELLESLEY CO	LLEGE					04-2	2103	<u>637</u>	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		oncasł	(d hod of d n contrib	etermin ution ar	nount	
1	Art - Works of art	Х	35	0.	FMV	/\$0	FOR	TRA	CKII	NG
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		0.	FMV	/\$0	FOR	TRA	CKII	NG
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	149	3,890,509.	SEL	LIN	PR	[CE/]	FMV	
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			_		/ # 0			~	
25	Other (SCHOLARS ' ROCKS)	X	11	0.	F.W.A	/\$0	FOR	TRAC	CKTI	NG
26	Other ()									
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organiz								2	
	for which the organization completed Form 826	33, Part V, L	onee Acknowledg	ement 29					2	
20-	Division the constraint the constraint was in the			autaal in Daut I. linna 4 thusse	.b. 00 4				Yes	No
зua	During the year, did the organization receive by					inat it				
	must hold for at least 3 years from the date of							20-		Х
	exempt purposes for the entire holding period?							30a		Λ
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ra	acuires the rovious	of any nonetandard contribut	ione?			24	X	
31	Does the organization have a gift acceptance plane by Does the organization hire or use third parties				10115 (31	77	
s∠a			•	•				20-		Х
L	contributions?							32a		Λ
	If "Yes," describe in Part II. If the organization didn't report an amount in c	oluma (a) fa	r a type of propert	for which column (a) is about	skod					
33	describe in Part II.	oluffifi (C) fol	a type of property	nor which column (a) is ched	skea,					
	ueschiel III Fail II.									

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
WELLESLEY COLLEGE REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN
(B).
SCHEDULE M, PART I, LINE 33:
ACCOUNTING FOR WORKS OF ART
WELLESLEY COLLEGE DOES NOT REPORT AS REVENUE ANY GIFTS THAT ARE WORKS
OF ART. IN ADDITION, THE COLLEGE DOES NOT CAPITALIZE WORKS OF ART AS
ASSETS IN ITS BALANCE SHEET.

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332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WELLESLEY COLLEGE

Employer identification number 04-2103637

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

FORM 990 REVIEW:

THE FORM 990 WAS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED

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

TRUSTEES REVIEWED THE FORM 990 AND ALL REQUIRED SCHEDULES PRIOR TO FILING

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

WERE ALSO DISTRIBUTED TO THE FULL BOARD OF TRUSTEES BEFORE FILING.

FORM 990 PROVIDED TO GOVERNING BODY:

THE FORM 990 PROVIDED TO THE FULL BOARD OF TRUSTEES IS A COMPLETE COPY WITH

THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE B. BECAUSE OF THE PRIVATE

AND CONFIDENTIAL NATURE OF THIS INFORMATION, THE COLLEGE HAS CHOSEN NOT TO

DISCLOSE THE IDENTITIES AND ADDRESSES OF ITS DONORS. AS SUCH, THE COLLEGE

IS REQUIRED TO ANSWER THE QUESTION ON LINE 11A "NO" EVEN THOUGH THE BOARD

RECEIVES A COMPLETE COPY OF THE FORM 990 EXCEPT FOR DONOR NAMES AND

ADDRESSES.

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY:

CONFLICT OF INTEREST POLICIES ARE IN PLACE FOR TRUSTEES, OFFICERS, EXTERNAL INVESTMENT COMMITTEE MEMBERS, AND ALL EMPLOYEES. TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE - AT LEAST AS OFTEN AS ANNUALLY AND WHENEVER A POTENTIAL CONFLICT ISSUE ARISES - FINANCIAL OR PERSONAL INTERESTS WHICH MAY GIVE RISE TO CONFLICTS. THE CLERK OF THE BOARD OF TRUSTEES PROVIDES AN ANNUAL REPORT TO THE TRUSTEES SUMMARIZING THE CONFLICT OR POTENTIAL

CONFLICTS ISSUES. AT LEAST ANNUALLY, THE TRUSTEES REVIEW THE COLLEGE'S

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization WELLESLEY COLLEGE

Employer identification number 04-2103637

RELATIONSHIPS WITH SIGNIFICANT VENDORS OR SERVICE PROVIDERS SERVING THE

COLLEGE TO ASSURE THAT SUCH RELATIONSHIPS ARE IN THE BEST INTEREST OF THE

COLLEGE AND ARE OTHERWISE CONSISTENT WITH THE TERMS OF THE CONFLICT OF

INTEREST POLICY.

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

COMPENSATION REVIEW AND APPROVAL:

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

DETERMINED BY THE TALENT AND COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE

BOARD OF TRUSTEES. THE TALENT AND COMPENSATION COMMITTEE OF THE BOARD OF

TRUSTEES UTILIZES INDEPENDENT EXTERNAL CONSULTANTS TO ASSIST WITH BOTH THE

REVIEW OF COMPENSATION GUIDELINES AND THE GATHERING OF COMPARABILITY DATA

IN DETERMINING THE REASONABLENESS OF COMPENSATION AND COMPLIANCE WITH THE

PROCEDURES DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6, INCLUDING

CONTEMPERANEOUS DOCUMENTATION OF COMPENSATION DECISIONS. KEY EMPLOYEES ARE

COMPENSATED BASED UPON THE GUIDELINES THE COLLEGE HAS FOR ADMINISTRATIVE

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

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

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

INDEPENDENT OF THE EMPLOYEES FOR WHOM THE COMPENSATION IS BEING DETERMINED.

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

AVAILABILITY OF DOCUMENTS:

THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S

WEBSITE. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization	Employer identification number
WELLESLEY COLLEGE	04-2103637
UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP	2,320,528.
PERIODIC RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
COST	7,616,374.
TOTAL TO FORM 990, PART XI, LINE 9	9,936,902.
· · · · · · · · · · · · · · · · · · ·	, ,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WELLESLEY COLI	LEGE				0.4	4-21036	37	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea	I .	(f) Direct controlli entity		3
WELLESLEY COLLEGE FOUNDATION UK LIMITED - 98-1196154, 19 NORCOTT ROAD, LONDON, UNITED KINGDOM N16 7EJ	COLLEGE FUNDRAISING	UNITED KINGDOM	142	,720.	2,534.WE	LLESLEY CO	LLEGE	
Part II Identification of Related Tax-Exempt Organiza	ations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more rela	ated tax-exen	npt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		contr ent	g) 512(b)(13) rolled tity?
WELLESLEY-IN-AIX - 99-9999999 25 RUE GASTON DE SAPORTA AIX-EN-PROVENCE, FRANCE 13100	EDUCATION	FRANCE	501(c)(3)	LINE 2	WELLESLEY	Y COLLEGE	Yes X	No
	_							

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

Schedule R (Form 990) 2023

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.

		,	ı	•			_						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	II .		of Disproportionate Code V		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partner	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	l	l .					l						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
POOLED INCOME FUNDS (5)	INVESTMENT	MA		TRUST				х	
CHARITABLE REMAINDER TRUSTS (2)	INVESTMENT	MA		TRUST				х	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
ŀ	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
Ŭ	onaling of paid employees with folded organization(b)				-10		
р	Reimbursement paid to related organization(s) for expenses				1p		Х
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses							
-					1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must of						
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) I	POOLED INCOME FUNDS (5)	S	466,144.	ACCRUAL			
2) (CHARITABLE REMAINDER TRUSTS (2)	S	773,135.	ACCRUAL			
3)							
4)							
5)							
6)							_
3216	3 09-28-23			Schedule I	R (For	n 990	2023

Schedule R (Form 990) 2023 WELLESLEY COLLEGE 04-2103637 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership