DLN: 93493132024431

Department of the Treasury

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

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number **B** Check if applicable Please WELLESLEY COLLEGE use IRS label or 04-2103637 Address change Doing Business As E Telephone number print or type. See (781) 283-2258 Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 525,836,273 106 Central Street

Initial return Terminated tions. Amended return City or town, state or country, and ZIP + 4 Wellesley, MA 024818203 Application pending Name and address of principal officer **H(a)** Is this a group return for H Kım Bottomly ΓYes **Γ**Nο affiliates? 106 Central Street Wellesley, MA 02481 H(b) Are all affiliates included? ┌ Yes ┌ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ J Website: ► www wellesley edu K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1870 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities WELLESLEY PROVIDES A SUPERIOR 4-YEAR LIBERAL ARTS EDUCATION FOR WOMEN IN A TOTAL LEARNING ENVIRONMENT THAT PREPARES OUR GRADUATES FOR LEADERSHIP AND TEAM BUILDING ROLES AROUND THE WORLD Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets

Ø	3	Number of voting members of the governing body (Part VI, line 1a) $$ . $$ . $$ .		33
e e	4	Number of independent voting members of the governing body (Part VI, line 1b)		433
acuviue	5	Total number of employees (Part V, line 2a)		5611
121	6	Total number of volunteers (estimate if necessary)		60
•	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 .	•	<b>7a</b> 2,357,696
	b	Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b> 0
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	46,642,704	36,826,123
	9	Program service revenue (Part VIII, line 2g)	86,542,735	90,400,408
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,345,129	28,464,471
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,240,312	34,743,846
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,770,880	190,434,848
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,113,410	45,401,325
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	134,711,481	122,046,188
<b>⊕</b>	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶7,782,048		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	76,297,654	69,129,442
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	251,122,545	236,576,955
	19	Revenue less expenses Subtract line 18 from line 12	-48,351,665	-46,142,107
net Asseis or Fund Balances			Beginning of Current Year	End of Year
e Series	20	Total assets (Part X, line 16)	1,811,059,758	1,810,690,898
Z .	21	Total liabilities (Part X, line 26)	322,211,631	276,119,474
žΞ	22	Net assets or fund balances Subtract line 21 from line 20	1,488,848,127	1,534,571,424
		Cianatura Black		

Date

Signature Block

Sian Here

Paid Preparer's

**Use Only** 

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete  $\,$  Declaration of preparer (other than of

Donna Ng Controller Type or print name and title

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Signature of officer

May the IRS discuss this return with the preparer shown above? (see instructio

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

WELLESLEY PROVIDES A SUPERIOR 4-YEAR LIBERAL ARTS EDUCATION FOR WOMEN IN A TOTAL LEARNING ENVIRONMENT THAT PREPARES OUR GRADUATES FOR LEADERSHIP AND TEAM-BUILDING ROLES AROUND THE WORLD

2	Did the organization the prior Form 990 c	•	ant program se	rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
3	Did the organization services?	<del>-</del> '	make significan	it changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese changes on Sched	ule O			
4	Section 501(c)(3) a	• •	ions and section	on 4947(a)(1) trusts	e largest program services t are required to report the ar n service reported	
4a	(Code	) (Expenses \$	153,805,287	ıncludıng grants of \$	0 ) (Revenue \$	90,400,408 )
		ION OUR PRIORITY IS ENS ANGE OF INTELLECTUAL AN			S CURRICULUM ALSO HAS SPECIAL S' POST-COLLEGE LIVES	RELEVANCE IN TERMS OF
4b	(Code	) (Expenses \$	7,014,720	ıncludıng grants of \$	0) (Revenue \$	7,014,720 )
					HE TEACHER-SCHOLAR IDEAL, ENA 5 PURSUIT OF THEIR WORLD-CLAS	
4с	(Code	) (Expenses \$	46,568,147	including grants of \$	42,939,841 ) (Revenue \$	0)
	MAKING IT POSSIBLE FO	OR ANY WOMAN WHO WAN	rs - and is acade	MICALLY QUALIFIED FOR	ABLE FINANCIAL AID ASSISTANCE I - A WELLESLEY EDUCATION WILL I HANGE-MAKERS THAN MOST OTHE	
4d	Other program serv	vices (Describe in Sch	nedule O )			
	(Expenses \$	0 inc	luding grants o	of \$	O ) (Revenue \$	0 )
4e	Total program serv	ice expenses►\$	207,388,15	4		

Part IV	Checkli	ist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
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	17		Νo
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

orm	1 990 (2009)							Page <b>5</b>
Par	rt V Statements Reg	arding Other IRS Filings ar	nd Tax Complianc	е				
							Yes	No
1a	Enter the number reported	in Box 3 of Form 1096, Annual Sum	mary and Transmittal					
	of U.S. Information Returns.	Enter -0- if not applicable						
				1a	3,199			
b	Enter the number of Forms	W-2G included in line 1a Enter -0-	ıf not applıcable	1b	0			
_	Did the organization comply	with backup withholding rules for	ranartabla navmants t					
·		to prize winners?				<b>1</b> c	Yes	
2a	Statements filed for the cale	ees reported on Form W-3, <i>Transm</i> ndar year ending with or within the	year covered by this	2a	611			
b	If at least one is reported o <b>Note:</b> If the sum of lines 1a	n line 2a, did the organization file a and 2a is greater than 250, you n	ا all required federal emj			2b	Yes	
3a	<del>-</del>	nrelated business gross income of		_		3a	Yes	
h					•	3b	Yes	
	•	ndar year, did the organization hav	•		•	טכ	162	
4a	over, a financial account in	a foreign country (such as a bank	account, securities ac	count	· ·	4a	Yes	
b	ir res, enter the hanne or	the foreign country FR, IT, MX eptions and filing requirements for	Form TD F 90-22 1, I	Report	of Foreign Bank and			
5a	Was the organization a part	y to a prohibited tax shelter transa	iction at any time durii	ng the	tax year?	5a		No
b	Did any taxable party notify	the organization that it was or is a	a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c		I the organization file Form 8886-1 isaction?				5c		
6a		annual gross receipts that are nor tributions that were not tax deduct				6a		Νο
b		n include with every solicitation ar				6b		
7	Organizations that may rec	eive deductible contributions unde	r section 170(c).					
а		e a payment in excess of \$75 mad yor <sup>7</sup>			d partly for goods and	7a		N o
	·	n notify the donor of the value of th	-		•	7b		
С		cchange, or otherwise dispose of ta				7c		No
d		er of Forms 8282 filed during the y		7d		,,,		
e		the year, receive any funds, direc				7e		No
f		the year, pay premiums, directly of				7f		No
		ified intellectual property, did the o			•	7g		
h		oats, airplanes, and other vehicles		ıle a F	orm 1098-C as	7h		
8	the supporting organization	aintaining donor advised f unds and, , or a donor advised fund maintaine me during the year?	ed by a sponsoring org	anızat	ion, have excess	8		
9	Sponsoring organizations m	aintaining donor advised funds.						
а	Did the organization make a	any taxable distributions under sec	tion 4966?			9a		
b	Did the organization make a	a distribution to a donor, donor adv	ısor, or related person	?.	[	9b		
10	Section 501(c)(7) organiza	t <b>ions.</b> Enter						
а	Initiation fees and capital c	ontributions included on Part VIII	, lıne 12	10a				
b	Gross receipts, included on facilities	Form 990, Part VIII, line 12, for p	oublic use of club	10b				
11	Section 501(c)(12) organize	ations. Enter	_	1				
а	Gross income from member	s or shareholders		11a				
b	Gross income from other so	ources (Do not net amounts due or	paid to other sources					

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

against amounts due or received from them ) . . . . . . . .

11b

12a

Donna Ng

106 Central Street Wellesley, MA 02481 (781) 283-2258

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 33			
b	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	1.03	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(B) (C) verage Position (check all apply)				( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

<b>1b Total</b>
-----------------

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -217

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
AVI Food Systems 2590 Elm Rd NE Warren, OH 44483	Food management services	2,475,648
Ropes and Gray One International Place Boston, MA 02110	Legal Services	460,909
Aramark Corp 24818 Network Place Chicago, IL 60673	Construction management services	372,148
Menders Torrey and Spencer 123 North Washington St Boston, MA 02114	Construction administration services	244,380
PricewaterhouseCoopers LLP 1251 Avenues of the Americas New York, NY 10020	Audit services	199,400
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization ► 11

Page 8

Form 9								Page <b>9</b>
	<b>/</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam						
gra	Ь	Membership du						
Contributions, gifts, grants and other similar amounts	C	Fundraising eve		0				
	d		zations 1d	2 521 215				
S, E	e	Government grants	, ,	2,521,215				
tributíc other	g f	sımılar amounts no Noncash contri	ons, gifts, grants, and of included above butions included in 1,994,239	34,304,908				
and	h	IIIIes Ia-II D _	s 1a-1f	▶	36,826,123			
				Business Code				
enu.	2a	Student tuition and	l fees	611,600	90,400,408	90,400,408	0	o
₽3	ь							
93	c							
ē. Z	d							
<u>ه</u>	e							
Program Service Revenue	f	All other progra	am service revenue		0	0	0	0
Š	g	Total. Add lines	s 2a-2f	▶	90,400,408			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	▶	7,374,281	0	0	7,374,281
	4		stment of tax-exempt bond	proceeds 🕨	44,615	44,615	0	0
	5	Royalties			0	0	0	0
	_	Carre Brants	(ı) Real	(11) Personal				
	6а   ь	Gross Rents Less rental						
		expenses Rental income	0	0				
	c	or (loss)	_					
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities 356,447,000	(II) O ther				
	'	from sales of assets other						
	١.	than inventory	335,401,425					
	Ь	Less cost or other basis and	333,401,423	ď				
	c	sales expenses Gain or (loss)	21,045,575	0				
	d	Net gaın or (los	s)		21,045,575	0	-6,166,574	27,212,149
۸,	8a		rom fundraising					
Other Revenue		\$ of contributions	oreported on line 1c) ne 18					
the	ь		penses <b>b</b>					
0	С		(loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV , lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inve					
		Miscellaneous		Business Code	25 056 705	25 056 300	21	
	11a	Student room a		611,710 713,990	25,056,799	25,056,799	762 579	0
	Ь	Nehoiden golf c	-	,	934,273	170,695	763,578	0
	c	Wellesley Colle		722,100	3,020,402	1,251,611	1,768,791	0
	d	All other reven			5,732,372	4,455,863	1,276,509	0
	e	Total. Add lines	s 11a-110		34,743,846			
	12	Total revenue.	See Instructions .	▶	190,434,848	121,379,991	-2,357,696	34,586,430 Form <b>990</b> (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.						
	ll other organizations must complete column (A) but are not required to	complete column	ns (B), (C), and ( (B)	(C)	(D)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	39,740,054	39,740,054			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,661,271	5,661,271			
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	3,767,039	1,027,003	2,416,668	323,368	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	86,509,316	75,443,299	7,875,021	3,190,996	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,682,598	11,590,105	1,559,844	532,649	
9	Other employee benefits	11,976,566	8,029,396	2,740,097	1,207,073	
10	Payroll taxes	6,110,669	5,176,158	696,629	237,882	
11	Fees for services (non-employees)					
а	Management	8,577,291	7,482,485	82,119	1,012,687	
b	Legal	255,490	27,746	227,744	0	
c	Accounting	228,384		228,384		
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f	Investment management fees	121,736		121,736		
g	Other	248,666	84,503	163,346	817	
12	Advertising and promotion					
13	Office expenses	5,919,465	5,403,947	387,890	127,628	
14	Information technology	523,295	504,996	13,417	4,882	
15	Royalties	888	888			
16	Occupancy	7,175,522	6,103,566	889,007	182,949	
17	Travel	3,448,016	3,042,286	311,567	94,163	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	1,288,249	1,064,046	127,798	96,405	
20	Interest	8,313,340	8,313,340			
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	14,345,257	12,141,088	1,827,988	376,181	
23	Insurance	1,074,371	1,038,176	27,696	8,499	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	Equipment rental	4,424,247	3,882,147	523,588	18,512	
b	Printing and publications	1,382,361	1,145,740	34,207	202,414	
c	Postage and shipping	655,888	499,673	17,099	139,116	
d	Study away expenses	3,181,527	3,181,527	0	0	
e	Non-payroll taxes	881,186	798,586	68,756	13,844	
f	All other expenses	7,084,263	6,006,128	1,066,152	11,983	
25	Total functional expenses. Add lines 1 through 24f	236,576,955	207,388,154	21,406,753	7,782,048	
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

- D-	rt X	Balance Sheet			rage 11
Pe	ILX	balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	23,929,438	1	29,425,476
	2	Savings and temporary cash investments	26,817,019	2	19,810,807
	3	Pledges and grants receivable, net	48,949,622	3	47,015,062
	4	Accounts receivable, net	372,035	4	1,511,617
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	1,316,547	5	1,293,873
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of	d		
		Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	9,280,118	7	9,112,954
88	8	Inventories for sale or use	680,667	8	692,889
⋖	9	Prepaid expenses and deferred charges	4,248,978	9	2,014,735
	10a	Land, buildings, and equipment cost or other basis Complete 473,642,94  Part VI of Schedule D 10a	2		
	ь	Less accumulated depreciation 10b 171,193,71	9 292,179,807	10c	302,449,223
	11	Investments—publicly traded securities	645,509,000	11	802,190,000
	12	Investments—other securities See Part IV, line 11	703,543,527	12	591,431,262
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	54,233,000	15	3,743,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,811,059,758	16	1,810,690,898
	17	Accounts payable and accrued expenses .	68,437,107	17	75,377,489
	18	Grants payable	2,390,172	18	1,792,441
	19	Deferred revenue	2,677,881	19	3,519,148
10	20	Tax-exempt bond liabilities	144,245,554	20	142,050,260
9	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ï		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,103,000	23	7,483,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	96,357,917	25	45,897,136
	26	Total liabilities. Add lines 17 through 25	322,211,631	26	276,119,474
ري دان		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27			
Ĕ		through 29, and lines 33 and 34.	506,453,631	27	517,193,542
<u> </u>	27	Unrestricted net assets	573,375,359		600,601,655
Fund Balances	28	Temporarily restricted net assets	409,019,137	28	416,776,227
шr	29	Permanently restricted net assets	409,019,137	29	410,770,227
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
4.5.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	1,488,848,127	33	1,534,571,424
Z	34	Total liabilities and net assets/fund balances	1,811,059,758	34	1,810,690,898
l ——	I		1 , ,,,,,,,,		. , , , , , , , , , , , , , , ,

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

**Employer identification number** 

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

WELLESLEY COLLEGE

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

**Public Charity Status and Public Support** 

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

Do	ut T	Pope	on for Dul	blic Charity Stat	ue (All oro	i anizatione	must somr	Note this par	rt \ Coo unci			
	rt I			<b>blic Charity Stat</b> e foundation because						ucuons		
1	rigaiii			on of churches, or as:					,			
	<u> </u>		•	•			-	)(1)(A)(I).				
2	·			In section 170(b)(1)				170/b\/1\/	/ ::: .			
3				perative hospital serv	-							
4	ı			organization operate ty, and state	ed in conjun	ction with a	hospital desc	cribed in <b>secti</b>	on 1/0(b)(1)	( <b>A</b> )(III). Ent	erthe	
5	Γ			erated for the benefit  A)(iv). (Complete Pa		or universi	ty owned or o	perated by a g	jovernmental	unit describ	 ed in	
6	Г				· ·	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1)(	(A)(v).			
7	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)						2				
8	Г	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>A)(vi)</b> (Con	nplete Part II	)				
9				t normally receives					tions, membe	ership fees, a	and gro	SS
	•			ties related to its ex								
		•		ss investment incom	•	-		•	• •			
		• • •	_	anization after June 3				•		,		
10	$\vdash$	•	, .	anized and operated	•			•	•			
11	<u></u>	-	_	anized and operated	•		•			carry out the	nurnos	ses of
	•	one or r	more publicly	y supported organizates the type of supported by Type II	tions descri orting organi	bed in secti zation and o	on 509(a)(1)	or section 50 s 11e through	09(a)(2) See	•	(a)(3).	Check
e f	Γ	other th section	nan foundatio 509(a)(2)	ox, I certify that the con managers and other	er than one	or more pub	licly supporte	ed organizatio	ns described	ın section 5	09(a)(	1) or
g		check t Since A	hıs box ugust 17, 2	006, has the organiz								Ť
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	eralone ort	oaether with i	persons desci	ribed in (ii)		Yes	No
				governing body of the	· ·				,	11g(i)		
				r of a person describ		_				11g(ii)		<del>                                     </del>
		• •	•	ed entity of a person	. ,		hove?			11g(iii		<del>                                     </del>
h		• •		g information about t						[5(	<u> </u>	<u> </u>
			I	T	I				1			
(ii) Name of supported organization (see  (iii) Type of organization (described on lines 1- 9 above or IRC section (see  (iii) Type of organization in cold (i) listed in your governing document?  (iv) Is the organization in cold (i) of your support?  (v) Did you notify the organization in cold (i) of your support?  (vi) Is the organization in cold (i) of your support?  (vi) Is the organization in cold (i) of your support?  (vi) Is the organization in cold (i) organization in the U S?					e Ion In anized	A m	( <b>vii)</b> ount of oport?					
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı											

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	. ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [ Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column (	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	<b>33 1/3% support test—2009.</b> If the	-		,	line 14 is 33 1/3%	6 or more, chec	- <b>-</b>
_	and <b>stop here.</b> The organization qua				- 11 4-		<b>▶</b>
Ь	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						<b>▶</b> ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the agreement	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

**▶**□

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

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support						•
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)			+			
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
7 a	and 3 received from disqualified						
	persons						
ь	A mounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support	<u>.I.</u>		<u> </u>		I	I
	ndar year (or fiscal year beginning		(1) 2006	( ) 2007	/ IN 2000		(C) T
	in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
L	sources Unrelated business taxable						
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)		<u> </u>				
13	Total support (Add lines 9, 10c,						
	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
	ction C. Computation of Publ	ic Support F	)orcontago				
				1.2 column (f)		T 4- T	
15	Public Support Percentage for 2009	-		13 column (I))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for <b>2</b>				n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III. line 1	.7		18	
	33 1/3% support tests—2009. If the		•		line 15 is mars		dline 17 is not
TZG	more than 33 1/3%, check this box a					a.i 53 1/3%0 and	a iiiie 17 18 1100
	organization	F	organization q	aannes as a pabi	, Japporteu		
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	19a, and line 1	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493132024431

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection
	me of the organ	izat ion		Employer ic	lentification number
VV	LLESLET COLLEGE			04-21036	37
Pa			lvised Funds or Other Similar Fu	unds or Ac	counts. Complete if the
	organi	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) Fun	ds and other accounts
1	Total number a	at end of year	(a) Donor advised funds	(b) i uii	us and other accounts
2		tributions to (during year)			
3		nts from (during year)			
4	Aggregate valu	ue at end of year			
5		zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ No
6	used only for c	<u> </u>	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	•	se <b>Yes No</b>
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990,	Part IV, line 7.
2	Preservat Protection Preservat Complete lines	n of natural habitat ion of open space	rganization (check all that apply) on or pleasure)	of a conserva	ric structure
-	Total number o	of conservation easements		2a	dat the End of the Year
b		restricted by conservation easements	i	2b	
c	_	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d	
3		servation easements modified, transfe	rred, released, extinguished, or terminate	d by the orga	nization during
4	Number of stat	tes where property subject to conserva	ition easement is located ►		
5		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violati	ons, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during th	ne year ►
7	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the ye	ear ► \$
8		nservation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
Par		izations Maintaining Collectio ete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Si	milar Assets.
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	h in furtheran	
b	historical treas	, , , , , , , , , , , , , , , , , , ,	116, to report in its revenue statement a public exhibition, education, or research ii		·
	(i) Revenues i	included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets inc	luded in Form 990, Part X		<b>•</b>	\$
2		tion received or held works of art, histo ints required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	or financial gai	n, provide the
а	Revenues incli	uded in Form 990, Part VIII, line 1		<b>•</b>	\$0

ar'	<b>311</b> Organizations Maintaining Co	ollections of Art	<u>, His</u>	toric	al Trea	asures, or	<u>Oth€</u>	er Similar	ASSE	ets (co	ntınued,
3	Using the organization's accession and other items (check all that apply)	r records, check any	ofth	ne follo	wing tha	t are a signific	ant	use of its co	llectio	n	
а	Public exhibition		d	굣	Loan or	exchange pro	grams	s			
ь	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and explai	n hov	w they	further t	he organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							mılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang	•			_		ed "\	Yes" to For	m 990	),	
	Part IV, line 9, or reported an ai										
la	Is the organization an agent, trustee, custon included on Form 990, Part X?					ns or other as	sets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	follow	ing tal	ble			1			
									A mou	ınt	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	V									
Pa	rt V Endowment Funds. Complete										
	5	(a)Current Year	(I	b)Prior		(c)Two Years B	ack (	<b>d)</b> Three Years	Back (	e)Four Y	ears Bacl
а	Beginning of year balance	1,287,284,484			,447,388		+				
b	Contributions	13,163,000 116,408,889			,049,117						
с	Investment earnings or losses	116,408,889		-270	,013,057		_		_		
d	Grants or scholarships			0.1	0						
e	Other expenditures for facilities and programs	86,612,435		81,	,198,964						
f	Administrative expenses	0			0						
g	End of year balance	1,330,243,938		1,287	,284,484						
2	Provide the estimated percentage of the yea	ar end balance held a	s								
а	Board designated or quasi-endowment	33.8 %									
	Permanent endowment <b>63.2</b> %										
b	remailent endowment F										
c Ba	Term endowment F 3 % Are there endowment funds not in the posse	ssion of the organiza	tion t	that ar	ro hold a	nd administor	ad for	rtha			
,a	organization by	ssion of the organiza	1110111	tiiat ai	e neiu a	iid adiiiiiiistei	au 101	i tile		Yes	No
	(i) unrelated organizations								3a(i)		Νο
	(ii) related organizations								3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization	•							3b		
_	Describe in Part XIV the intended uses of th										
aı	t VI Investments—Land, Building	s, and Equipmer	nt. S								
	Description of investment				ost or othe investmen			(c) Accumul depreciati		( <b>d</b> ) Boo	ok value
.a	_and					0 40,93	3,941			4	0,933,94
b	Buildings		.			0 394,22	8,957	162,76	6,642	23	1,462,31
c	_easehold improvements		.			0	0		0		
d	Equipment		.			0 12,44	0,044	8,42	7,077		4,012,967
e	Other		.			0 26,04	0,000		0	20	5,040,000

302,449,223

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		F
Closely-held equity interests Other		F_
V enture Capital	127,705,000	F
Buyout Funds	68,048,000	F
Distressed securities	57,080,000	F
Real Estate	87,831,000	F
Oıl and Gas	73,988,000	F
Timberland	40,027,000	F
Semi Marketable	113,710,000	F
Miscellaneous Other	23,042,262	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	051,.01,202	
Part VIII Investments—Program Related. Se		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III		<u></u>
(a) Descrip		(b) Book value
Collateral received for securities lending		3,743,000
		+
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) line in		3,743,000
Part X Other Liabilities. See Form 990, Part > (a) Description of Liability	(, line 25. (b) A mount	
1 (a) Description of Liability Federal Income Taxes	0	
Liability under securities lending transactions	3,743,000	
Government loan advances	4,568,996	
Annuities and unitrusts payable	37,585,140	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	45.007.405	
Total (Column (D) Should equal Form 930, Pail A, COI (B) IIIIe 25 )	45,897,136	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	190,434,848
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	236,576,955
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-46,142,107
4	Net unrealized gains (losses) on investments	4	91,865,404
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	91,865,404
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,723,297
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	231,731,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	91,865,404
3	Subtract line <b>2e</b> from line <b>1</b>	3	139,865,596
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	50,569,252
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	190,434,848
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	186,007,703
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	186,007,703
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	50,569,252
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	236,576,955
Pai	T XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	Wellesley College does not report as revenue any gifts for works of art. In addition, the College does not capitalize works of art as assets on its balance sheet. The audited financial statements do not contain a footnote regarding works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Davis Museum and Cultural Center has a permanent collection of approximately 10,000 objects dating from ancient times to the present day. Included are paintings, sculpture, decorative objects, and works on paper representing the creative genius of cultures around the world. The collection of the museum serves as a valued teaching resource for students and faculty in many of the disciplines represented at Wellesley. College. Professors frequently make assignments that require students to visit the museum to view a work of art in the galleries. The museum also makes works from the collection available for examination in class meetings held at the museum. In each of these examples, the students' encounter with the original art work, not a reproduction, is fundamental. In addition to these more formal learning experiences, the Davis Collection also plays a central role in the College's efforts to raise in its students an awareness of richness and breadth of human creativity and a respect for its diversity.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Wellesley College's endowed funds are used to support critical academic programs of the College and financial aid to our students
SchD_P10_S00_L00	Schedule D, Part X	Wellesley has reviewed its tax position and has recorded liabilities as necessary
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial aid expense \$42,668,879, Swaps \$4,397,821, Minimum pension liability \$3,502,552, Total \$50,569,252
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial aid expense \$42,668,879, Swaps \$4,397,821, Minimum pension liability \$3,502,552, Total \$50,569,252

#### **Additional Data**

Software ID: Software Version:

**EIN:** 04-2103637

Name: WELLESLEY COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value		
Venture Capital	127,705,000	F		
Buyout Funds	68,048,000	F		
Distressed securities	57,080,000	F		
Real Estate	87,831,000	F		
Oıl and Gas	73,988,000	F		
Timberland	40,027,000	F		
Semi Marketable	113,710,000	F_		
Miscellaneous Other	23,042,262	F		

Employer identification number

### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

WELLESLEY COLLEGE

Name of the organization

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	04-2103637			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain ALL COLLEGE PUBLICATIONS, INCLUDING RECRUITMENT BROCHURES AND CATALOGS, COURSE DESCRIPTION DOCUMENTS, THE COLLEGE WEBSITE, AND FACULTY AND STUDENT HANDBOOK, ETC OUTLINE THE INSTITUTIONS' RACIALLY NON DISCRIMINATORY POLICY	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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As Filed Data -

DLN: 93493132024431

OMB No 1545-0047

2009

### SCHEDULE F (Form 990)

Department of the Treasury

**Statement of Activities Outside the United States** 

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

Open to Public

Inspect ion

Internal Revenue Service Name of the organization WELLESLEY COLLEGE

**Employer identification number** 

04-2103637

Part I	General Information on Activities Outside the United States.	Complete if the organization	answered
	"Yes" to Form 990, Part IV, line 14b.		

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

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

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

• Metivites per Region (o	oc ocheane i i	(1 01111 3 3 0 ) 11 aaa	arcional space is necaca ,		
(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	<b>(f)</b> Total expenditures for region
Europe (including Iceland and Greenland)	1	1	Program Services	A cademic program for students	2,462,804
Central America and the Caribbean			Program Services	Study away tuition	86,453
East Asia and the Pacific			Program Services	Study away tuition	801,332
Europe (including Iceland and Greenland)			Program Services	Study away tuition	1,641,642
Middle East and North Africa			Program Services	Study away tuition	119,998
Russia and the newly independent States			Program Services	Study away tuition	44,205
South America			Program Services	Study away tuition	185,261
South Asia			Program Services	Study away tuition	46,968
Sub-Saharan Africa			Program Services	Study away tuition	219,520
North America (including Canada and Mexico, but not the United States)			Program Services	Study away program	148,303
South Asia			Program Services	Study away program	93,653
Russia and the newly independent States			Program Services	Study away programs	60,220
East Asia and the Pacific			Program Services	Study away programs	90,733
Totals ▶	1	1			6,001,092
For Privacy Act and Paperwork R	eduction Act Notic	ce see the Instruc	tions for Form 990	Cat No 50082W Sch	edule F (Form 990) 2009

Part	IV, line 15, for an		eived more than \$5	ies Outside the Ur ,000. Check this box				
(a) Name of organization		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter tota tax-exem	number of recipions of the land the lan	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as charr ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ▶	
3 Enter tota	number of other	organizations or en	tities					· / Farra 000) 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedul	e F-1 (Form 990) ıf ad	ditional space	ıs needed.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	( <b>g)</b> Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Internship	Sub-Saharan Africa	26	82,125				
Internship	South Asia	28	105,198				
Internship	South America	38	48,884				
Internship	Russia and the newly independent States	2	6,000				
Internship	North America (including Canada and Mexico, but not the United States)	7	15,545				
Internship	Middle East and North Africa	12	38,125				
Internship	Europe (including Iceland and Greenland)	25	118,109				
Internship	East Asia and the Pacific	25	48,625				
Internship	Central America and the Caribbean	33	39,550				
Financial aid	Central America and the Caribbean	4	143,067				
Financial aid	East Asia and the Pacific	36	1,219,332				
Financial aid	Europe (including Iceland and Greenland)	31	1,328,457				
Financial aid	Mıddle East and North Afrıca	6	238,874				
Financial aid	North America (including Canada and Mexico, but not the United States)	14	530,390				
Financial aid	Russia and the newly independent States	2	112,759				
Financial aid	South America	1	22,848				
Financial aid	South Asia	16	712,985				
Financial aid	Sub-Saharan Africa	17	850,398				

Part IV Supplemental Information						
Complete this part to provide the information required in Part I, line 2, and any additional information.						
Identifier	ReturnReference	Explanation				
SchF_P01_S00_L02	Schedule F, Part I, Line 2	For Financial aid, the College awards aid on a need basis and such award is credited to the student's account. If the student withdraws from Wellesley, the aid is adjusted accordingly. For internships, the College is in contact with the organizations providing the internship to ensure that high quality programs are provided to the students. Payments in connection with a study abroad program are made while the student will be living outside the US. However, at the time the payment was made, the student was a US resident.				

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DLN: 93493132024431

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection** 

	f the organization						Employer identifica	ation number
VELLE	SLEY COLLEGE						04-2103637	
Par	General Info	rmation on Gra	nts and Assistance				•	
1	the selection criteria us	ed to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us					▼ Yes   □ I
Part	Form 990, Part	: IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	io one recipient receiv	ed more than \$5,00	0. Use
(a)	Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2	Enter total number of se	ction 501(c)(3) and	d government organizations					ı

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

			_		1
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial aid	1253	38,157,241			
Internship	255	1,582,813			
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	For financial aid, the College awards aid on a need basis and such award is credited to the student's account If the student withdraws from Wellesley, the aid is adjusted accordingly. For internships, the College is in contact with the organizations providing the internships to ensure that high quality programs are provided to the students.

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DLN: 93493132024431

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organiz WELLESLEY COLLEGE		Employer identification number 04-2103637
Part I Questi	ons Regarding Compensation	

			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee  ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
ь	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a	Yes	
Ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	(iii) Other	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior
	compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
See Additional Data Table							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Wellesley College's policy is that the College will not pay, or will not reimburse for travel, meals and expenses of the spouse/partner of an employee with the exception of the President Specifically, while performing her official duties in the areas of development, alumnae relations, and other business of the College, the President may be accompanied by her spouse, who is expected to make an important contribution to achieving the purposes of the travel or events. In those cases, the College's policy is to authorize the payment of all travel and related expenses of the president's spouse. The College provides housing to certain employees as a condition of employment for the convenience and benefit of the College. The housing requirement as a condition of employment is documented in the employee's files. The College will not pay for any personal services with the exception of the President's house to provide meals for business purpose functions.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Patricia Byrne's employment with Wellesley College terminated on June 30, 2009 Under the termination agreement, she received \$346,950 in severance payments
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	Employees in the Investment Office have an incentive performance-related bonus system based on the investment performance of the Wellesley College endowment

Schedule J (Form 990) 2009

**Software ID:** 09000073

**Software Version:** v1.00

**EIN:** 04-2103637

Name: WELLESLEY COLLEGE

Form 990, Schedule J,	, Part :	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
H Kım Bottomly	(I) (II)	497,646 0	0	40,208 0	30,248 0	79,913 0	648,015 0	
A ndrew Shennan	(I) (II)		30,000	14,983 0	80,848 0	53,032 0	403,478	
Andrew B Evans	(I) (II)		0	15,310 0	30,248 0	53,225 0	374,962 0	
Cameran M Mason	(1)		0	57,947 0	30,248 0	15,304 0	368,920 0	
Deborah F Kuenstner	(I) (II)		137,500	36,811 0	30,240 0	1,455 0	620,116 0	
Adele J Wolfson	(I) (II)		0	27,900 0	23,082	15,006 0	251,726 0	
Debra S DeMeis	(I) (II)		0	23,980	19,218 0	43,830	247,023 0	
Donna Ng	(I) (II)		0	27,719 0	22,493 0	33,881 0	259,376 0	
Jennifer C Desjarlais	(I) (II)		0	19,062	18,419 0	6,411	195,704 0	
Joanne E Berger- Sweeney	(I) (II)		0	21,279 0	21,367 0	14,878 0	225,162 0	
Kathleen R Browne	(I) (II)		103,294 0	8,412	29,100 0	3,084	296,462 0	
Louis E Sousa	(I) (II)		260,216 0	23,021	30,248 0	15,333 0	577,206 0	
Claire T Loranz	(I) (II)		0	243,899 0	9,128 0	7,136 0	306,186 0	
Eleanor C Tutty	(I) (II)	51,541 0	0	222,316 0	9,285 0	622 0	283,764 0	
Linda M Church	(I) (II)	63,219 0	0	228,951 0	12,019 0	7,225 0	311,414 0	
Rosamond V White	(1)	96,951 0	0	267,339 0	10,250 0	2,982	377,522 0	
Sylvia S Hiestand	(I) (II)		0	234,428	8,489 0	7,278 0	352,517 0	
Diana C Walsh	(I) (II)		215,216 0	0	0	0	215,216 0	
Micheline E Jedrey	(1)		0	285,536 0	16,729 0	7,459 0	442,800 0	
Patricia M Byrne	(I) (II)	114,632 0	0	394,428 0	18,140 0	3,395 0	530,595 0	

DLN: 93493132024431

OMB No 1545-0047

Open to Public Inspect ion

**Schedule K** (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization WELLESLEY COLLEGE

Part I Bond Issues

**Employer identification number** 

04-2103637

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Da	te Issued	<b>(e)</b> Issu	ue Price	<b>(f)</b> Des	scription of	Purpose	( <b>g)</b> De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	Wellesley College Series E	04-2103637	575851NQ9	10-2	3-1992	20	,000,000	Construction	on			х		х
В	Wellesley College Series H 04-2103637 57585KX86			03-0	1-2003	56	,750,000	Construction	on - Refinan	cıng		х		х
c	Wellesley College Series I	04-2103637	57586CP25	01-2	8-2008	57	,385,000	Construction	nstruction - Refinancing			х		х
D	Wellesley College Series G	04-2103637	57585J8V6	01-0	8-1999	20	,000,000	Construction	onstruction			х		х
Pa	rt III Proceeds	•		<u>'</u>							<u>'</u>			
					Α	I	В	(	С		)		E	
1	Total proceeds of issue			2	20,424,555 58,513,991		. 59,100,349		2	0,175,16	7			
2	Gross proceeds in reserve funds	S			0		C		0			0		
3	Proceeds in refunding or defeas	ance escrows			0	3	8,763,929	3	2,473,135			0		
4	Other unspent proceeds				0		C	) 1	3,006,273			0		
5	Issuance costs from proceeds			274,555			510,924	1	530,057		175,16	7		
6	Working capital expenditures fro	om proceeds			0	C		0		0		0		
7	Capital expenditures from proce	eds		2	20,150,000	19,239,138		8,998,334		2	0,000,00	0		
8	Year of substantial completion			19	95	20	05	20	10	20	02			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	es	No
9	Were the bonds issued as part o	of a current refunding is	ssue?		Х		Х	Х			Х			
10	Were the bonds issued as part o	of an advance refunding	g issue?		х	Х		Х			×			
11	11 Has the final allocation of proceeds been made?			Х			Х		Х	Х				
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х		Х		Х		Х				
Pa	rt III Private Business Us	е	•				•				•			
					Α		В		C	0	)		E	

			4	6	3	(	С	ı	)		E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		x		x		×		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		х		х		х		×		

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A		3		С	l	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х		х		х		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х	x		х			Х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	x x x		х							
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		0 %		0 %		0 %		0 %		
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	0 %		2 61 %		0 %					
6	Total of lines 4 and 5		0 %		0 %		2 61 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х		х		Х			
	TI Aubituara	•	•	•	•	•	•	•	•	•	•

Part IV Arbitrage

		1	A		3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х		х		х		
2	Is the bond issue a variable rate issue?	Х			X	Х		Х			
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х	х			х		
b	Name of provider	JP Morgan (	Chase			JP Morgan	Chase				
С	Term of hedge		31 44				31 44				
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		
ь	Name of provider		•								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×		х	х			×		
6	Did the bond issue qualify for an exception to rebate?		x		х		х		x		

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DLN: 93493132024431

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** WELLESLEY COLLEGE 04-2103637 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Τо From Yes No Yes Yes No Andrew B Evans 800,000 789,875 Νo Νo Mortgage Andrew Shennan 598,350 503,998 Mortgage Yes 1,293,873 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

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

**NonCash Contributions** 

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

Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	X	13	_	NA			
	Art—Historical treasures .			Ĭ				
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	269	3,994,239	Cost/Selling Price			
0	Securities—Closely held stock $$ .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxidermy							
	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other ► ()							
6	O ther ▶()							
7	O ther ▶()							
8	O ther ► ()							
9	Number of Forms 8283 received for which the organization compl		<u>-</u>		29		ı ı	
	Down the control of the				1 20 45-4 1		Yes	No
va	During the year, did the organiza							
	must hold for at least three year			on, and which is not required	d to be used			
	for exempt purposes for the enti					30a		No_
	If "Yes," describe the arrangement of the organization have a gif			roway of any non-standard	contributions?	31	Yes	
		•		·			163	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
Ь	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	acacine illi alt II					1		

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
SchM_P01_S00_L32a	1 '	Sale of non cash securities - Wellesley College uses a firm, RBC Dain Rauscher to sell all donated publicy traded securities
SchM_P01_S00_L33	, ,	Accounting for Works of Art - Wellesley College does not report as revenue any gifts for works of art In addition, the College does not capitalize works of art as assets on its balance sheet

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 04-2103637

Name: WELLESLEY COLLEGE

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As Filed Data -

DLN: 93493132024431

OMB No 1545-0047

Open to Public

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on

> Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization WELLESLEY COLLEGE

**Employer identification number** 

04-2103637

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	1	The Form 990 was prepared by management with a full review by the finance office. The Audit Committee of the Board of Trustees will review the Form 990 and all required schedules prior to its filing with the IRS. The Form 990 with all required schedules will be made available to the full Board of Trustees prior to its filing with the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest policies are in place for trustees, officers, and all employees. Trustees and officers are required to disclose, at least as often as annually and when a potential conflict issue arises, financial or personal interests which may give rise to conflicts of interest. The Clerk of the Board of Trustees provides an annual report to the trustees summarizing the conflict or potential conflict issues. At least annually, the trustees shall review the College's relationships with significant vendors or service providers serving the College to assure that such relationships are in the best interest of the College and are otherwise consistent with the terms of the conflict of interest policy. Select department heads and other employees on an annual bisis, will make a written disclosure to the Vice President for Finance and Treasurer of reportable conflicts of interest as defined in the conflict of interest policy. Employees will be responsible for completing and returning a disclosure form to the Vice President for Finance and Treasurer. The responses may be modified by the employee at any time during the year if there are any changes. The Vice President for Finance and Treasurer or his designee will review all forms and take any appropriate action that may be necessary.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation of the president and other officers of the College are determined by the Compensation Committee, a subcommittee of the Board of Trustees. The Compensation Committee will use various comparability data from an independent compensation consultant as well as other market surveys. Key employees are compensated based upon the guidelines that the College has for administrative and faculty employees. These guidelines include review of the market by looking at salaries for comparable positions and a merit program based on performance.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	· ·	A copy of the Business Conduct Policy which includes the conflict of interest policy is given to all new employees upon hire. Both the Business Conduct Policy and the financial statements are available online on the College website.

DLN: 93493132024431

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** WELLESLEY COLLEGE 04-2103637 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (d) (c) (e) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status (if section 501(c)(3)) or foreign country) entity Wellesley College Alumnae Association 106 Central Street Alumnae association MA 501 (C)(3) 11 Wellesley, MA 02481 04-2105817 WB Daycare Inc 106 Central Street Wellesley College Supporting daycare 501(C)(3) Babson College Wellesley, MA 02481 04-2982305

Part III Identific because I				<b>s a Partnership</b> (C d as a partnership d			wered "	'Yes" c	n For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	rtionate	Code amount ır Sched	i) V—UBI box 20 of ule K-1 1065)	( <b>j</b> Gener mana parti	ral or iging
								Yes	No			Yes	No
				s a Corporation or			ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share o Incol	f total	Sh end-	(g) nare of -of-year essets	<b>(h)</b> Percentage ownership		

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in P	Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		<b>1</b> c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		<b>1</b> g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes	
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1р		No
Other transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)		<b>1</b> r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	elationships and transaction thre	esholds		
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		( <b>c)</b> : involve	ed
1) Wellesley College Alumnae Association	m		6	5,450
2) WB Daycare Inc	m		199	9,485
3)				
4)				
5)				

#### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
			-							╀	
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Software ID: Software Version:

**EIN:** 04-2103637

Name: WELLESLEY COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	che	')		1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
A lecıa DeCoudreaux Chaır of the Trustees	12	Х						0	0	0		
Sidney R Knafel Vice Chair of the Trustees	10	x						0	0	0		
Alicia M Cooney Trustee	3	Х						0	0	0		
Alison Li Chung Trustee	2	Х						0	0	0		
Beth K Pfeiffer Trustee	3	Х						0	0	0		
Betsy Wood Knapp Trustee	2	х						0	0	0		
Bunny Winter Trustee	3	×						0	0	0		
Dorothy Chao Jenkins Trustee	2	Х						0	0	0		
Douglas Bennet Trustee	2	х						0	0	0		
Elizabeth Strauss Pforzheimer Trustee	2	Х						0	0	0		
Ellen Gill Miller Trustee	2	Х						0	0	0		
Ellen Goldberg Luger Trustee	2	Х						0	0	0		
Ioannis Miaoulis Trustee	2	х						0	0	0		
James T Kloppenberg Trustee	2	Х						0	0	0		
Joan Wallace-Benjamın Trustee	2	х						0	0	0		
Karen Gentleman Trustee	2	Х						0	0	0		
Katherine Stone Kaufmann Trustee	2	Х						0	0	0		
Laura R Malkın Trustee	2	х						0	0	0		
Lında Wertheimer Trustee	3	Х						0	0	0		
Lindsey C Boylan Trustee	2	Х						0	0	0		
Lois Juliber Trustee	2	Х						0	0	0		
Lynn Dıxon Johnston Trustee	2	Х						0	0	0		
M Amy Batchelor Trustee	2	Х						0	0	0		
Mahnaz Ispahanı-Bartos Trustee	2	Х						0	0	0		
Namı Park Trustee	2	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion ( that a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Norton H Reamer Trustee	3	х						0	0	0		
Pamela A Melroy Trustee	3	х						0	0	0		
Patricia J Williams Trustee	2	x						0	0	0		
Ruth J Chang Trustee	3	Х						0	0	0		
Stephen W Kıdder Trustee	2	Х						0	0	0		
Thomas E Faust Jr Trustee	2	Х						0	0	0		
William S Kaiser Trustee	2	Х						0	0	0		
H Kım Bottomly President	70			х				537,853	0	110,161		
Andrew Shennan Provost and Dean of the College	60			х				269,598	0	133,880		
Andrew B Evans VP for Finance and Treasurer	60			х				291,489	0	83,472		
Cameran M Mason VP for Resources and Public Affairs	60			х				323,368	0	45,552		
Deborah F Kuenstner Chief Investment Officer	60			х				588,421	0	31,695		
Adele J Wolfson Associate Dean of the College	60				х			213,639	0	38,088		
Debra S DeMeis Dean of Students	60				х			183,975	0	63,048		
Donna Ng Associate VP for Finance	60				х			203,002	0	56,374		
Jennifer C Desjarlais Dean of Admissions and Student Fin Svce	60				х			170,874	0	24,830		
Joanne E Berger-Sweeney Associate Dean of the College	60				x			188,917	0	36,245		
Kathleen R Browne Dırector- Investments	60				х			264,278	0	32,184		
Louis E Sousa Director- Investments	60				х			531,625	0	45,581		
Claire T Loranz Director- Digital Technologies	35					х		289,922	0	16,264		
Eleanor C Tutty Assoc Dir HR-Benefits Mgr	35					х		273,858	0	9,907		
Linda M Church Assistant VP for Finance	35					х		292,170	0	19,243		
Rosamond V White Admin Director	35					х		364,289	0	13,233		
Sylvia S Hiestand Director, Slater Center	35					х		336,749	0	15,767		
Diana C Walsh President Emerita	0						х	215,216	0	0		

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week	1	tin at Institutional Trustee	ррІу	Highest compensat	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Micheline E Jedrey VP for Information Services	0		σ·		<u>e</u>	Х	418,612	0	24,188
Patricia M Byrne VP for Administration	0					х	509,060	0	21,53!

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment rental	4,424,247	3,882,147	523,588	18,512
Printing and publications	1,382,361	1,145,740	34,207	202,414
Postage and shipping	655,888	499,673	17,099	139,116
Study away expenses	3,181,527	3,181,527	0	0
Non-payroll taxes	881,186	798,586	68,756	13,844