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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning and ending		
В	Check if	Please C Name of organization	D Employer identifi	cation number
	applicabl	" USS ITHE SUSAN TODD HORTON CLASS OF 1910		
Γ	Addre	sa label or mortism to /o territ not the contract		
Ē	Name	type D. D. D.	26-1	369039
F	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	iretum Termir	P Specific D O DOY 197160	· ·	281-4933
누	lated Amend			
늗	return Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,008,619.
<u> </u>	tion pendir	HAMDEN, CI 00318	H(a) Is this a group re	
	•	F Name and address of principal officer: JOHN B LOEHMANN	for affiliates?	Yes X No
		PO BOX 187169, HAMDEN, CT 06518	H(b) Are all affiliates inc	cluded? Yes No
1	Tax-ex	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
J	Websit	te: ▶ N/A	H(c) Group exemptio	n number 🕨
<u>K</u>	Form of	organization: Corporation X Trust Association Other L	ear of formation: 2007	A State of legal domicile: CT
P	art I	Summary		
æ	, 1	Briefly describe the organization's mission or most significant activities: THE ORGA	NIZATION'S MI	SSION IS TO
Governance	<u> </u>	PROVIDE FUNDING TO WELLESLEY COLLEGE FOR SCH	OLARSHIPS AND	OTHER
Ē	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		5
Activities &	5	Total number of employees (Part V, line 2a)		0
<u>:</u>	ءَ ا			0
	7-			-3,631.
Ă	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		-3,549.
		_	Prior Year	Current Year
2 9	8	Contributions and grants (Part VIII, line 1h)	992,079.	100,000.
enne/	9	Program service revenue (Part VIII 16 Fg) V.F.D.		
S CU10	10	Investment income (Part VIII, column (A), lines 3, 4, and 7\$)	-41,172.	-179,752.
×2	11	Other revenue (Part VIII) olumn (A), lines 5, 6d, 8c, 9c, oc, and 11e) Total revenue - add lines a through 11 (must edual Part VIII, column (A), line 12)		
	12	Total revenue - add lines of through 11 (must equal Party)II, column (A), line 12)	950,907.	-79,752.
		Grants and similar amounts Reid (Part IX, column (A) (Pags 1-3)		25,000.
	14	Benefits paid to or for members (Raft X) column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part JK, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
2	h	Total fundraising expenses (Part IX, column (D), line 25)	नुदेशकासः <u>। १</u>	
₩ ¥	17	Other expenses (Port IV column (A) lines 11s 11d 116/48	708.	12,703.
SCANNED	1 40		708.	37,703.
00	1 .0	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses. Subtract line 18 from line 12	950,199.	-117,455.
Net Assets or	3	T	Beginning of Current Year	End of Year
550	20	Total assets (Part X, line 16)	987,554.	1,397,471.
et کو	21	Total liabilities (Part X, line 26)	229,513.	466,574.
즪	22	Net assets or fund balances. Subtract line 21 from line 20	758,041.	930,897.
Щ	art II ,	Signature Block	<u> </u>	
		Under penalties of persury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration-of-preparer (other than officer) is based on all information of which preparer has any knowle		ge and belief, it is true, correct,
Sig	gn 💮	a doctorar	5/1	///0
He	re	Signature of officer	Date	
		JOHN B LOEHMANN, TRUSTEE		
		Type or print name and title		
		Preparer's Date		er's identifying number structions)
Pai		signature Pamela & Matocha, CPA 5/11/10	self- employed > (see ins	00572001
	parer's	Firm's name (or m M RVVIREE COMPANY D C	EIN ▶	
Us	e Only	yours if P.O. BOX 187169	2.77	
		address, and ZIP+4 HAMDEN, CT 06518	Phone no L	203)281-4933
F. 4 -	ny tha 15		Tritolie ilo.	. X Yes No
		AS discuss this return with the preparer shown above? (see instructions)	instructions	Form 990 (2009)
932	001 02-0	4-10 - LIDA POT PRIVACY ACT AND PARETWORK KERILETION ACT NOTICE SEE THE SENATATE	IDSTRUCTIONS.	FUILL JJV (ZUU9)

Pai	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	-
	THE ORGANIZATION'S MISSION IS TO PROVIDE FUNDING TO WELLESLEY	COLLEGE
	FOR SCHOLARSHIPS AND OTHER EDUCATIONAL-RELATED PROGRAMS BENEF	
	WELLESLEY STUDENTS.	
	WHIDHIGHT OTOBINIO.	
2	Did the organization undertake any significant program services during the year which were not listed on	
~		Yes X No
	the prior Form 990 or 990-EZ?	Tes LA_INO
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes LA No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 25,000 · including grants of \$ 25,000 ·) (Revenue \$)
	GRANTS FOR THE BENEFIT OF WELLESLEY COLLEGE	
		_ -
		-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		•
		·
		
14	Other program conjects (Describe in Schedule O.)	
4d		
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ►\$ 25,000.	Form 990 (2009)
		rorm 330 (2009)

Checklist of Required Schedules

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 X 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • 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 487 If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No Yes If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III X 16 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 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) TRUST F/B/O WELLESLEY COLLEGE 26-1369039 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was X 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Form **990** (2009)

36

37

X

X

If "Yes," complete Schedule R, Part V, line 2

.

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

26-1369039

009) TRUST F/B/O WELLESLEY COLLEGE
Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		_X_
b	If "Yes," enter the name of the foreign country:	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_	ŀ	7.7
a	If "Von " indicate the number of Forms 2000 field during the user	7c		<u>X</u>
	tr "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]	
-	honofit contract?	7-	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>y</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	-′''		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		İ	
	at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	l		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5	:		
b	Enter the number of voting members that are independent			
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		<u> X</u>
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		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		_X_
6	Does the organization have members or stockholders?	6		<u> X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use			
	to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	.		
	taxable entity during the year?	16a		X
b	If "Yes," 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ion: 🕨	•	
	JOHN B. LOEHMANN CPA - (203)281-4933			
	2319 WHITNEY AVE, HAMDEN, CT 06518			
		Form	990 (20091

Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			- (0				(D)	(E)	(F)	
Name and Title	Average hours	 (cl		Posi		app	lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	institutional trustee	Officer		Highest compensated Employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JOHN B. LOEHMANN	0.30							0.	0.	•	
TRUSTEE	0.30	<u> </u>	\vdash	-	_	 		J	0.	0.	
KENNETH G. BARTELS TRUSTEE	0.10	х						0.	0.	0.	
PETER V.K. DOYLE	-				İ						
TRUSTEE	0.10	X	<u> </u>		_	_		0.	0.	0.	
JULIE ANNE MCNARY TRUSTEE	0.10	x						0.	0.	0.	
CAMERAN MASON											
TRUSTEE	0.10	x				<u> </u>		0.	0.	0.	
MARISSA LYN JAFFE TRUSTEE	0.10	x						0.	0.	0.	
		L	_		_	<u> </u>					
		<u></u>									
						-					
					-						
					-		_				

Form 990 (2009)

TRUST F/B/O WELLESLEY COLLEGE

Par	T VII Section A. Officers, Directors, Tru	stees, Key Er	y Employees, and Highest Co			<u>est</u>	Compensated Employ							
	(A)	(B)			-	>)			(D)	(E)			(F)	
	Name and title	Average	١		Posi				Reportable	Reportable			timate	_
		hours per week	Ė		all	_	app		compensation from the organization	compensation from related organizations (W-2/1099-MISO		com	ount o other oensa om the	tion
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			orga and	anizati I relati nizatio	on ed
											_			
											_			
											_			
							-							
							-				_			
		<u> </u>				<u> </u>		<u> </u>						
	Total	 					<u> </u>		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100	,000 in reportable				0
	compensation from the organization			-			-			· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nighest compensated er			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	ation	anc	d oti	her compensation from			4		x
5	Did any person listed on line 1a receive or a									ices rendered to		-		
	the organization? If "Yes," complete Sched	ule J for such	pers	on .							<u></u>	5		X
1	ction B. Independent Contractors Complete this table for your five highest countries the organization. NONE	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation fi	rom	
	(A)								(B)			(C		_
	Name and business	address	·			-	<u>.</u>	-	Description of s	ervices		omper	isatio	n
								_				_		
	Total number of independent contractors (i \$100,000 in compensation from the organization)		ot lu	mite	d to		se lis O	sted	sabove) who received n	nore than		Form	990 /	20001

THE SUSAN TODD HORTON CLASS OF 1910

	n 990 (COLLEGE	Υ	46-1369	U39 Page 9
Pa	rt VII	Statement 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
fts, grants amounts	b b	Membership dues 1b Fundraising events 1c				513, 01 514
ributions, gi other similar	е	Related organizations 1d 1e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 100,000.			-	
ng p	g	Noncash contributions included in lines 1a-1f \$				
O e	<u>h</u>	Total. Add lines 1a-1f	100,000.	1.16		
ram Service Revenue	2 a b c d		. ,			
5	е					
۵.	f	All other program service revenue				
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	6,415.		788.	5,627.
i	5	Royalties	1.5 -1 11 .1.	5 West 5 1 5		
	6 a b c				* 15 	
-	d	Net rental income or (loss)				
İ	7 a	Gross amount from sales of (i) Secunties (ii) Other			:	1
		Less: cost or other basis and sales expenses 1,088,371.			•	
		Gain or (loss)	106 167	3.5 W	4 410	-181748.
evenue		Net gain or (loss)	-186,167.		-4,419.	-181/48.
Other Revenue Program Service Revenue		Part IV, line 18 a Less: direct expenses b				
		Net income or (loss) from fundraising events Gross income from gaming activities. See	- ; -}			
	ь	Part IV, line 19 a Less: direct expenses b		3.7 3.7		
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	0 Y L	1. 1. 2.		
	b	and allowances			•	
t		Miscellaneous Revenue Business Code	. 1	1.1		
	11 a				-	
	С					
ł	d	All other revenue			<u></u>	
1	е	Total. Add lines 11a-11d				4 - 2
93200 02-04	12 9 -10	Total revenue. See instructions.	79,752.	0.	-3,631.	-176121. Form 990 (2009)

TRUST F/B/O WELLESLEY COLLEGE

Form 990 (2009)

26-1369039 Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 25,000. 25,000 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Payroll taxes 10 Fees for services (non-employees): Management а b 1,800 1,800 Accounting C Lobbying d : + - e Professional fundraising services, See Part IV, line 17 Investment management fees f g Advertising and promotion 12 Office expenses 13 14 Royalties 15 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,878 10,878. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 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.) 25 25 FOREIGN TAXES b c d All other expenses 12,703. 0. 37,703. 25,000. Total functional expenses. Add lines 1 through 24f 25 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

Form 990 (2009)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	493,651.	2	264,258
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
İ	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	12'		
-	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		· ,	,
	Part II of Schedule L		6	_
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10				1
	basis. Complete Part VI of Schedule D 10a	3. 14.		
	b Less: accumulated depreciation 10b	1	10c	
11	Investments - publicly traded securities	493,903.	11	822,551
12	Investments - other securities. See Part IV, line 11		12	310,662
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	<u>. </u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	987,554.	16	1,397,471
17	Associate associated and associated associated	229,513.	17	466,574
18	Cronto naviable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,	5-5 (* * * * * * * * * * * * * * * * * * *	-	· · ·
"	highest compensated employees, and disqualified persons. Complete Part II	A Company	_	
21 22		C. C. C. C.	22	-
23	of Schedule L Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
24	Secured mortgages and notes payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	229,513.	26	466,574
	Organizations that follow SFAS 117, check here	Sign trade of the Control of the Con	20	<u> </u>
.				-
	lines 27 through 29, and lines 33 and 34.	Truck of the	27	• •
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	. A.	29	
:	Organizations that do not follow SFAS 117, check here	1		
5	complete lines 30 through 34.			^
30	Capital stock or trust principal, or current funds	0.	30	0
į́ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	030 907
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	758,041.	32	930,897
33	Total net assets or fund balances	758,041.	33	930,897
34	Total liabilities and net assets/fund balances	987,554.	34	1,397,471

THE SUSAN TODD HORTON CLASS OF 1910

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

TRUST F/B/O WELLESLEY COLLEGE 26-1369039 Page **12** Form 990 (2009) Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 separate 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 X 3a Act and OMB Circular A-133?

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Open to Public Inspection

Employer identification number

THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE 26-1369039 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a X Type I b Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No_ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? X 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9) governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes WELLESLEY <u>04-2</u>1036372 25,000. X X X COLLEGE

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

Schedule A (Form 990 or 990-EZ) 2009

25.000.

· 4: _

	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					_	
4	Total. Add lines 1 through 3						
5	The portion of total contributions		<u>.</u>		7/5 1		
_	by each person (other than a	1			, · · · · ·		
	governmental unit or publicly				÷; ,;		
	supported organization) included	17		1000		,	
	on line 1 that exceeds 2% of the				., `, `,	,	
	amount shown on line 11,				A STATE OF THE STA	. ' . '	
	column (f)		100	1477 - 13.5 m			
6	Public support. Subtract line 5 from line 4.			2 5 -	-3	,	
	ction B. Total Support	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4) 2000	(5) 2000	(0) 200.	(4) 2000	(0,2000	
8	Gross income from interest,						
J	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		1 ,	- 1.			
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>		
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	ū	•		•		
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage	<u></u>			· · · P
						44	%
	Public support percentage for 2009 (•	.,,		15	
15	Public support percentage from 2008 33 1/3% support test - 2009. If the o						
102	• •	-					k and ⊾
	stop here. The organization qualifies						- -
0	33 1/3% support test - 2008.If the o	•					
4	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			· ·	•	=	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
	organization meets the "facts-and-cire		-		-		▶⊟
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instructions	<u> </u>

Pa	rt III Support Schedule for (<u>Organizations</u>	Described in	Section 509(a	(Complete only	if you checked the bo	ox on line 9 of Part I.)
	tion A. Public Support			г			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-			•			
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to			ļ	•		
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	!					
c	Add lines 7a and 7b			<u> </u>			
	Public support (Subtract line 7c from line 6)	对自"李称"的。在	- 1 th 7 1 1 1 1 .	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Array dam		•
	tion B. Total Support				, ,		·
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6		(-)				
	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties and income from similar sources					ŀ	
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses		-				
	acquired after June 30, 1975						
	• • •			 			
11	Add lines 10a and 10b Net income from unrelated business			-			
••	activities not included in line 10b,						
	whether or not the business is				{		
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				<u> </u>		
	assets (Explain in Part IV.) · · ·				-		
	Total support (Add lines 9, 10c, 11, and 12)	L <u></u> j		<u> </u>	<u></u>	<u> </u>	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here				<u> </u>		<u></u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (I	ine 8, column (f) di	ivıded by line 13, d	column (f))		15	%
	Public support percentage from 2008					16	%
<u>Sec</u>	tion D. Computation of Inves	stment Income	e Percentage			- ·	
17	Investment income percentage for 20	09 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2008. If the	•	-				and
_	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						
						edule A (Form 990	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE SUSAN TODD HORTON CLASS OF 1910

TRUST F/B/O WELLESLEY COLLEGE

Employer identification number 26-1369039

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
		· · · · · · · · · · · · · · · · · · ·	Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	<u> </u>	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		
b			· · · · · · · · · · · · · · · · · · ·
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	.,	
3	Number of conservation easements modified, transferred, re		
	year >	, , , , , , , , , , , , , , , , , , ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		[
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati		
_	include, if applicable, the text of the footnote to the organizar		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	•
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	-	
	these items:		3
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			> \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		g 11 F 1 = 1 = 2
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		
-			

	. THE SUS	AN TODD HO	RTON CLAS	S OF 1910					
Sche		/B/O WELLE				26-1	36903	Q P	ane 2
	rt III Organizations Maintaining C				er Si				
3	Using the organization's acquisition, accessi								
	(check all that apply):	,	,						•
а	Public exhibition	c	Loan or ex	change programs					
ь	Scholarly research	•		5 . 5					
С	Preservation for future generations		 -			· · · · · ·			
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's ex	empt j	purpose in P	art XIV.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if organization a	answered "Yes" to Fo	rm 99	0, Part IV, lir	e 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other assets no	ot inclu	ıded			
	on Form 990, Part X?		-			Γ	Yes		No
ь	If "Yes," explain the arrangement in Part XIV			• • • • • • • • • • • • • • • • • • • •	•				3
		·	-				Amour	ıt	
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 Fe	orm 990, Part X, line	21?			[Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pai	rt V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) TI	hree years bac	k (e) Fou	r years	back
1a	Beginning of year balance			17)-	<u> </u>		<u> </u>		
ь	Contributions			1.3 27	<u>. </u>	. '			
C	Net investment earnings, gains, and losses			1	 	· ,			<u> </u>
d	Grants or scholarships			1, 4 . J. E. 2,	, ,		<u> </u>	_	
е	Other expenditures for facilities				1				
	and programs			1-1					
f	Administrative expenses	<u> </u>		[1] - 1, 1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	<u> </u>		1		
9	End of year balance			1			<u> - ` </u>		
2	Provide the estimated percentage of the year		as:						
а	Board designated or quas⊦endowment ▶		_%						
a b	Permanent endowment	%	%						
C	Permanent endowment ► Term endowment ►	% %							
C	Permanent endowment	% %		and administered for	the or	ganızation			
C	Permanent endowment ► Term endowment ► Are there endowment funds not in the posse by:	% % ession of the organiz	ation that are held a					Yes	No
C	Permanent endowment ► Term endowment ► Are there endowment funds not in the posse by: (i) unrelated organizations	% ssion of the organiz	ation that are held a				3a(i)	Yes	No
с 3а	Permanent endowment Term endowment Are there endowment funds not in the posse by: (i) unrelated organizations (ii) related organizations	% % ssion of the organiz	ation that are held a				3a(ii)	Yes	No
с 3а	Permanent endowment ► Term endowment ► Are there endowment funds not in the posse by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations	% ssion of the organiz	ation that are held a				3a(ii)	Yes	No

(a) Cost or other

basis (investment)

0. Schedule D (Form 990) 2009

(d) Book value

e Other

Description of investment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

THE SUSAN TODD HORTON CLASS OF 1910

Schedule D (Form 990) 2009 TRUST F/B/O WELLESLEY COLLEGE 26-1369039 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Other 2260 SH ALLEGIANT TRAVEL CO 106,604. END-OF-YEAR MARKET VALUE 695 SH FIRST SOLAR INC 94,103. END-OF-YEAR MARKET VALUE 1628 SH RESEARCH IN MOTION 109,955. END-OF-YEAR MARKET VALUE Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) 310,662. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (b) Amount (a) Description of liability Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

uncertain tax positions under FIN 48.

932053 02-01-10 THE SUSAN TODD HORTON CLASS OF 1910

	dule D (Form 990) 2009 TRUST F/B/O WELLESLEY COLLEGE		<u> 26-1369039 </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	ncial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<u>.</u>	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
-		8		-
8	, , , , , , , , , , , , , , , , , , , ,	9		
9	Total adjustments (net). Add lines 4 through 8			
10 Do:	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		Deturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts 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		4 1	
C	Recoveries of prior year grants 2c		_	
d	Other (Describe in Part XIV.)		_	
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV.)	•	7	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses pe	r Return	····
1	Total expenses and losses per audited financial statements	-		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	-
ے a	Donated services and use of facilities		1	
		<u>-</u>	-	
b		 -	┥	
C		•		
d			┥╻	
e	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1		3	
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		-}·	
b	Other (Describe in Part XIV.)		-	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	art IV, lines	1b and 2b; Part V, line 4;	; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pi	ovide any a	dditional information.	
				

_	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

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

|--|

2 Employer identification number 26-1369039 X Yes 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 THE SUSAN TODD HORTON CLASS OF 1910 COLLEGE TRUST F/B/O WELLESLEY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Governments an	id Organizations in the s box if no one recipien	e United States. C	complete if the organian \$5,000. Use Pa	Inization answered "Y	es" to Form 990, Part (Form 990) if addition	IV, line 21, for any al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY MA 0.2481	04-2103637	501(0)(3)	25 000	0			TO FUND THE DEAN OF STUDENTS DISCRETIONARY FUND
1							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	and government o	rganizations					1

Schedule I (Form 990) 2009

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

THE SUSAN TODD HORTON CLASS OF 1910

TRUST F/B/O WELLESLEY COLLEGE

Schedule I (Form 990) 2009

Part III

Page 2

26-1369039

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. ACKNOWLEDGEMENT OF THE APPICATION OF THE GRANTS WITHIN THE SUPPORTING (d) Amount of non-cash assistance PART I, LINE 2: THE ORGANIZATION REQUIRES WRITTEN (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ORGANIZATION SCHEDULE I,

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2009
Open To Public Inspection

OMB No 1545-0047

Name of the organization THE SUSAN TODD HORTON CLASS OF 1910

Employer identification number

TRO	OST F/B	70	MRT.	PESPEA COPP	<u>rgr</u>	 			<u> 6-13</u>	<u>6903</u>	9	
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. (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Excess Benefit Transactions (section 501(c)(4) organizations only). (c) Cometer (b) Description of transaction Yes 4 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Note That I are the section 501(c)(4) organization solved in the section 501(c)(4) organization solved in the section 501(c)(4) organization solved in the section 501(c) Cometer (c)												
	anization ansv	vered	"Yes"	on Form 990, Part IV,	line 25a o	r 25b, or For	<u>iii 990-E</u>	Z, Part	V, line 40	b		
1 (a) Name of dis	squalified per	son			(b) i	Description (of transa	ction			(c) Con	ected?
											Yes	No
									. .			
												
												
							-	-				-
							-			-	 	
2 Enter the amount of tax imp	osed on the	raani	zation r	managers or disqualifi	ed person	e during the	VOOT UD	dor			L	
		•		nanagers or disqualin	ed person	is during the	•		▶ \$			
				ursed by the organiza	tion .							
	,,,		.,	and the trigal man		••••						
Part II Loans to and/o	r From Int	eres	ted P	ersons.								
Complete if the orga	anization ansv	vered	"Yes" o	on Form 990, Part IV,	line 26, or	Form 990-E	Z, Part \	, line 38	Ba.			
(a) Name of interested	(b) Loan			(c) Original principal	(d) Bal	ance due	(e)	In	(f) App	oroved ard or	(g) W	ntten
person and purpose	the orga	nizatio	on?	amount			defa	ult?		ittee?	agree	ment?
	То	Fr	om				Yes	No	Yes	No	Yes	No
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Total	_!	<u> </u>	l	> \$	L		-	L		L		
Part III Grants or Assis	tance Ber	refiti	na In	terested Persons	 S.		l	•	· · ·		l	
			_	on Form 990, Part IV,								
(a) Name of interested			7	b) Relationship between		sted person	and		(c) Am	ount an	d type of	
(2)			,		ganization					assistan		
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Part IV Business Trans	antiona la		<u> </u>	terested Person								
			•									
		vered		on Form 990, Part IV,				1			(e) Sha	ring of
(a) Name of interested	person			elationship between in erson and the organiz		(c) Amo transa			Descript transacti		òrganiz	ation's
			"	a.a a.o organiz		1		1			reven	
JOHN B LOEHMANN			TOTTO	STEE		1	,800	TT M	VQ 1	XBEE	Yes	No_X
COURT D HORITIMAN			TVO	, <u>, 1919</u>		-	, 000	-	. DI	VDEC		<u> </u>
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE 0

(Form 990)

932211 02-03-10

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.

2009
Open to Public Inspection

Name of the organization

THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE

Employer identification number 26-1369039

Schedule O (Form 990) 2009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL-RELATED PROGRAMS BENEFITTING WELLESLEY STUDENTS.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEES
FORM 990, PART VI, SECTION B, LINE 11: COPY OF FORM 990 IS PROVIDED TO ALL TRUSTEES FOR REVIEW AND COMMENT PRIOR TO ITS FILING
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE A
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT PREPARED.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: KENNETH G. BARTELS - 595 MADISON AVE, NEW YORK, NY 10022
PETER V.K. DOYLE - 106 CENTRAL STREET, WELLESLEY, MA 02481
JULIE ANNE MCNARY - 106 CENTRAL STREET, WELLESLEY, MA 02481
CAMERAN MASON - 106 CENTRAL STREET, WELLESLEY, MA 02481
MARISSA LYN JAFFE - 106 CENTRAL STREET, WELLESLEY, MA 02481
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: JOHN B LOEHMANN
(D) DESCRIPTION OF TRANSACTION: T.M. BYXBEE COMPANY, P.C. WAS PAID

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

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE SUSAN TODD HORTON CLASS OF 1910

TRUST F/B/O WELLESLEY COLLEGE

S1.800 DURING 2009 FOR ACCOUNTING AND TAX SERVICES. JOHN B LOCHMANN. CPA

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IS	AN	OFFICER	AND	SHAREHOLDER	IN T.M.	BYXBEE	COMPANY				
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Schedule R (Form 990) 2009 Employer identification number Open to Public Inspection OMB No 1545-0047 2009 Direct controlling Direct controlling 26-1369039 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section 501(c)(3)) 0 Public charity **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 0 Exempt Code Total income section 501(C)(3) 9 ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MASSACHUSETTS 1910 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE SUSAN TODD HORTON CLASS OF ► Attach to Form 990. TRUST F/B/O WELLESLEY COLLEGE Primary activity Primary activity SCHOOL Name, address, and EIN of related organization Name, address, and EIN of disregarded entity WELLESLEY COLLEGE - 04-2103637 Name of the organization 02481 Department of the Treasury Internal Revenue Service 106 CENTRAL ST WELLESLEY MA SCHEDULE R (Form 990) Parti Part

THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE

Schedule R (Form 990) 2009

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

Page 2

26-1369039

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predoming (related, excluded fre	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
									1		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable as a Corp poration or trust during the tax	ooration or '	Trust (Complete rf t	he organizat	tion answered	"Yes" to Fo	rm 990, Part	IV, line 34 I	because nt	nad one or more	elated
(a) Name, address, and EIN of related organization	Z c	P. P.	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(d) Type of entrty (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pe end-of-year or assets	(h) Percentage ownership
		1 1									
			:								
									-		
932162 02-04-10		i	28						Sch	Schedule R (Form 990) 2009	90) 2009

THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE

Page 3

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Schedule R (Form 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	arts II-1V?	•	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	: : : : : : : : : : : : : : : : : : : :	1a	×
b Gift, grant, or capital contribution to other organization(s)		th X	
Ø		9	×
		3	×
		2 4	×
	: : : .	P .	4
			:
f Sale of assets to other organization(s)		‡	×
g Purchase of assets from other organization(s)	: : : : : : : : : : : : : : : : : : : :	1g	×
h Exchange of assets	:	4	×
ent, or other ass		; =	×
			ļ.,
j Lease of facilities, equipment, or other assets from other organization(s)		=	×
		 ≠ :	×
		 =	×
m Sharing of facilities, equipment, mailing lists, or other assets		E	×
•		ŧ	×
		:	,
		10	×
	: : : : : : : : : : : : : : : : : : : :	<u></u>	×
•		 	
q Other transfer of cash or property to other organization(s)	:	19	×
r Other transfer of cash or property from other organization(s)			×
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	relationships and transaction thresholds	ls.	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	þ _e
(1) WELLESLEY COLLEGE	В	25,(000
			i i
0			
(4)			
(9)			
(9)			
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26-1369039

THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

	3	3	9	(3)	9	(0)	3
Name, address, and EIN of entity	Pnmary activity	nicile oreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	اع الارد اعر	Code V-UBI amount in box 20	9 € □
			Yes No			(Form 1065)	
							-
							+
							+
			_				
							_
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					1		

Schedule R (Form 990) 2009