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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 Open to Public

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

Inspection

A	For th	ne 2012 calendar year, or tax year beginning and ending					
В	Check i	C Name of organization	D Employer identifie	cation number			
	applica	THE SUSAN TODD HORTON CLASS OF 1910					
	Add char	TRUST F/B/O WELLESLEY COLLEGE					
	Nam char	e	26-1	369039			
Ē	initia retua	Description of the second of t					
F	Tem	Un- D O BOY 197169	• • • • • • • • • • • • • • • • • • •	281-4933			
F		nded City Assessment of the state and ZID and a	G Gross receipts \$	1,488,014.			
⊢	tretui App		H(a) Is this a group re				
L	tion pend		for affiliates?	Yes X No			
				H(b) Are all affiliates included? Yes No			
_	-		_				
				list. (see instructions)			
		ite: N/A	H(c) Group exemptio				
			ear of formation: 2007 N	A State of legal domicile: CT			
Р	art I	<u> </u>					
e	1	Briefly describe the organization's mission or most significant activities: THE ORGA					
ä		PROVIDE FUNDING TO WELLESLEY COLLEGE FOR SCH					
Governance	2	Check this box fthe organization discontinued its operations or disposed of in	nore than 25% of its net as	ssets.			
ò	3	Number of voting members of the governing body (Part VI, line 1a)	3	5			
ু ক		Number of independent voting members of the governing body (Part VI, line 1b)	4	5			
cur. vities	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		0			
J LUIJ Activities	6	Total number of volunteers (estimate if necessary)	6	0			
e d	7 7	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	103,586.			
⊸	1	Net unrelated business taxable income from Form 990-T, line 34		24,392.			
_			Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	0.	0.			
, ,	9	Program service revenue (Part VIII, line 2g)	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-163,830.	382,513.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-163,830.	382,513.			
5 —	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000.	50,000.			
•	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
•	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses	16:	a Professional fundraising fees (Part IX; column (A), line 11e)	0.	0.			
jec		Total fundraising expenses.(Part IX, column (D), line-25)	7	et a series of a series			
Ä	17	Other expenses (Part X ₇₇ column (A), lines 11a 11d, 11f 24e)	19,917.	19,626.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,917.	69,626.			
	10	Revenue less expenses Subtract line 18 from line 12 4	-233,747.				
= 5	19 3	nevertue less experises-subtract line 10 from line 12 49	I = 				
Net Assets or	a	Total access (Bort V. line 16) CDI-N. UI	Beginning of Current Year 1,792,792.	End of Year 1,833,656.			
SSC	g 20	Total assets (Part X, line 16)	992,095.	880,239.			
e e	21	Total liabilities (Part X, line 26)	800,697.	953,417.			
_	art I	Net assets or fund balances. Subtract line 21 from line 20	000,037.	333,417.			
_							
		natties of perjury, I declare that I have examined this return, including accompanying schedules and sta		ly knowledge and beller, it is			
tru	e, corr	ect, and complete. Dictaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	2/45			
		Executive of affiner	Date	5/13			
Sig	gn	Signature of officer JOHN B LOEHMANN, TRUSTEE	Date				
He							
_		Type or print name and title	T5				
		Print/Type preparer's name Preparer's signature	Date Check [PTIN			
Pa	id	PAMELA J. MATOCHA Pamela J. Matan, C	12 5/13/13 If self-employ				
Pro	parer	Firm's name T. M. BYXBEE COMPANY, P.C.	Firm's EIN	06-1386456			
Us	e Only	Firm's address P.O. BOX 187169					
HAMDEN, CT 06518 Phone no. (203)281-4933							
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)		X Yes No			
232	001 12	-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2012) TRUST F/B/O WELLESLEY COLLEGE 26-1369039 Page	<u>; 2</u>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
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 BENEFITTING	—
	WELLESLEY STUDENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		4o
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 50,000 . including grants of \$ 50,000 .) (Revenue \$	_)
	GRANT TO WELLESLEY COLLEGE TO SUPPORT TEN WELLESLEY STUDENTS FOR THEIR	
	SUMMER SCIENCE RESEARCH PROJECTS.	
		_
		_
4b	(Code) (Expenses \$)
		—
		_
		—
		$\overline{}$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	- '
		—
		—
		—
		—
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program service expenses ► 50,000.	_
<u>4e</u>	Total program service expenses ► 50,000.	112)
	FOIII 330 (2)	, 1 G J

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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 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, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X ٠, ٤٠ , , 11 as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III X_ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2012) Form 990 (2012)

Form 990 (2012) TRUST F/B/O WELLESLEY COLLEGE

Part IV Checklist of Required Schedules (continued)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):	٠.		
а	0.000	28a		x
		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2012)

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· , . .	Check if Schedule O contains a response to any question in this Part V							
		i i	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	.	163	NO				
ь	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							
•	(gambling) winnings to prize winners?	1c	·-	1				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	:	•	٠				
	filed for the calendar year ending with or within the year covered by this return			Ž.,				
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 (see instructions)			12				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X_					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_X_					
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)?							
b	If "Yes," enter the name of the foreign country: ▶	١٠.						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	i						
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				
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
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 as charitable contributions?	6a		X				
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l				
	were not tax deductible?	6b		,,,				
7	Organizations that may receive deductible contributions under section 170(c).	· ·	- "	, , , , , , , , , , , , , , , , , , ,				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7€ ∵}-						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	'	X				
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	Kill Committee of the C							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			-: '				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х				
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:	٠.	-					
а	Initiation fees and capital contributions included on Part VIII, line 12		-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		l				
11	Section 501(c)(12) organizations. Enter:		-					
а	Gross income from members or shareholders			l '				
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)			1				
12a	, , , , , , , , , , , , , , , , , , , ,	12a		 				
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	*-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Is the organization licensed to issue qualified health plans in more than one state?	198	-					
h	Enter the amount of reserves the organization is required to maintain by the states in which the			1				
b	organization is licensed to issue qualified health plans	-		l				
_	Enter the amount of reserves on hand			1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
			990	(2012)				

Form 990 (2012)

TRUST F/B/O WELLESLEY COLLEGE

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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			,
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent		,	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	. 1		-,
2				v
_	officer, director, trustee, or key employee?	_2_		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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	
ь	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	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tree by the mental interest of the mental revenue octory		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have local chapters, branches, or affiliates?	104		22
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
	• • • • • • • • • • • • • • • • • • • •	10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	() TF
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	_13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-1
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь		
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 (Section 501(c)(3)s only) a	availah	—— le	
10	for public inspection. Indicate how you made these available. Check all that apply.	. + unab		
40		F	اميدا	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	υπnan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion. 🕨	· —	
	JOHN B. LOEHMANN CPA - (203)281-4933			
	2319 WHITNEY AVE, HAMDEN, CT 06518			

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization in	or any related	I organization compensat						ated any current officer, director, or trustee.				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one			than i	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of		
	week		cer an	dad	irecto	y/trus	186)	from	from related	other		
	(list any	핥		ŀ				the	organizations	compensation		
	hours for	0.0	8			ated		organization	(W-2/1099-MISC)	from the		
	related	ustea	Ē		8) pen		(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	gonal		흏	yee y	_			organizations		
	line)	Individual trustes or director	Institut	Officer	Key employee	Highest compensated employee	Forme			Organizations		
(1) JOHN B. LOEHMANN	0.30											
TRUSTEE		X	-	_	-			0.	0.	0.		
(2) KENNETH G. BARTELS	0.10											
TRUSTEE		X	<u> </u>		└	ļ.,		0.	0.	0.		
(3) DEBRA D. DEVAUGHN	0.10		ĺ							_		
TRUSTEE	- 10	X		_		<u> </u>		0.	0.	0.		
(4) CAMERAN MASON	0.10		ĺ		İ							
TRUSTEE	0.10	X	<u> </u>	-	<u> </u>	-	_	0.	0.	0.		
(5) PATRICIA A. GALINDO	0.10								_			
TRUSTEE		X	_			├	-	0.	0.	0.		
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Form 990 (2012)

(A) Name and title	(B) Average hours per	Pos (do not check box, unless p		Posi heck a ss per	(C) Position neck more than one is person is both an id a director/trustee)			(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated amount of	
	week (list any hours for related organizations below line)	director	Institutional trustee			Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o c	other ompens from the organization and relation organization	ation ne ition ited
										+		
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		<u> </u>		_								
		<u> </u>				L				-		
1b Sub-total				 		>		0.	C).		0.
d Total (add lines 1b and 1c)				ed al	bov	e) wł	no re	0 . eceived more than \$100).		0.
compensation from the organization											Yes	0 No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for:									mployee on		. ,	x
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atioi	n and	j ot					-
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni				. _4		<u> </u>
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedu	le J 1	or s	uch	per	son_		· · · · · · · · · · · · · · · · · · ·			<u> </u>	X
Complete this table for your five highest countries the organization. Report compensation for										nsatio	n from	
(A) Name and business			INC					(B) Description of s		Com	(C) pensati	on
												
										_		
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2 Total number of independent contractors	(includina but r	not li	mite	d to	the	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ						0				For	m 990	(2012)

232008 12-10-12

	<u>. </u>		Check if Schedule O conta	ams a response t	o any question	(A)	(B)	(C)	_ (D)
 	- · · ·	-	garan in Tolka (Bibb) kir K	4		Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
۶ 	-	. '			4		exempt function revenue	business revenue	sections 512, 513, or 514
တ္တ	4		Federated campaigns	1a	/	-			310,07314
au				······ ···		. ·		• •	-
Contributions, Gifts, Grants and Other Similar Amounts						\. ``	1 	~,	
							=		
			=						
Sin			Government grants (contribute			, ,			•
e ți		T	All other contributions, gifts, grant	i		,	,,,	,	^*
음탕			similar amounts not included above			, i		45.	
פֿב			Noncash contributions included in lines	1a-1f \$, ,	
O @		<u>n</u>	Total. Add lines 1a-1f	· · · · · ·	Business Cada	,			-
4.	_			1	Business Code		<u> -</u>	-	
/ice	2	_		ì					
ile ue		b							
m S		С							
Program Service Revenue		d							
Č		е							
_			All other program service reve				J	, 5 ₁ ;	e jalana jaga la
		9		aludalanda lakasa			(13, 702)	4 71 2	
	3		Investment income (including						
			other similar amounts)			13,735.		4,140.	9,595.
	4		Income from investment of tax	•					
	5		Royalties					6.	1
	_		_	(i) Real	(ii) Personal	13		-	
	6		Gross rents						the state of
			Less: rental expenses	-		Part of the	學是一個的	原理 别是一个	
			Rental income or (loss)		<u> </u>	Partillar of all lette		Grishian i d	liafoul 1.
	ļ.		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·		1.45	_ t	- - -	
	7	а	Gross amount from sales of	(i) Secunties	(ii) Other			height.	
			assets other than inventory	1,474,279.			[4.特/]。		
		b	Less: cost or other basis			3.	, ,	·	
			and sales expenses	1,105,501.			to mar exist a fill		5- 28 x x x x x x x
			Gain or (loss)	368,778,		e s	· .	, - '	r' v
			<u> </u>		<u> </u>	368,778.		99.446.	269,332.
re	8	а	Gross income from fundraising	• •			7.1	÷	
Гe			including \$,	:	, , , , , ,
Pe.			contributions reported on line	•			3	-	
Other Revenu			Part IV, line 18					•	-
₹			Less: direct expenses	b					
			Net income or (loss) from fund		·				
	9	а	Gross income from gaming ac			ļ			-
		_	Part IV, line 19			1			
	ı			b			'		
	l		Net income or (loss) from gam	_	<u></u> _		<u> </u>		
	10	а	Gross sales of inventory, less			-			
				a	<u> </u>	1	-	•	
			Less: cost of goods sold	b		}	·		-
	<u> </u>	C	Net income or (loss) from sale			ļ			
	<u> </u>		Miscellaneous Revenu	e	Business Code	{			
	11	а				ļ			
	l	b							
	Ì					i.	1	i	
		С							
		d	All other revenue						
		d	All other revenue						278.927.

Form 990 (2012) TRUST F/B/O WELLESLEY COLLEGE

Part IX | Statement of Functional Expenses

Cheek if Schedule O Contains a response to any question in the Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grains and other assistance to operaments and organizations in the United States. See Part IV, Ilin 21 Grains and other assistance to governments, organizations, and individuals cutside the United States. See Part IV, Iline 21 Grains and other assistance to governments, organizations, and individuals cutside the United States. See Part IV, Iline 22 Grains and other assistance to governments, organizations, and individuals cutside the United States. See Part IV, Iline 25 Compensation of current officers, decotors, trustees, and lay employees Compensation of current officers, decotors, trustees, and lay employees Compensation of current officers, decotors, trustees, and lay employees Compensation of current officers and contributions (include section 40 (Ib)) and persons decorbed in section 4958(I(I)) and persons decorbed in section 4958(I(I)) and persons decorbed in section 4958(I(I)) and persons decorbed in sections 4958(II) and 450(I) employees Persons and vages Person and vages Payrol taxes Processional fundations genues. See Part IV, line 17 Investment management fees Other circums of Ib) and the person of the person o	Section	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
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organizations in the bluiled States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 In annie and other assistance to governments, organizations, and individuals in the United States. See Part IV, line 15 and 16 Benefits paid to refor members Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and sty employees Compensation of current officers, directors, trustees, and trustees of the current officers, directors, trustees, and trustees of the current officers of trustees of trustee		•	Total expenses	Program service	Management and general expenses	Fundraising
2 Grants and other assistance to Individuals in the United States See Part IV, line 22 in the United States See Part IV, lines 15 and 16 United States, See Part IV, lines 15 and 16 United States, See Part IV, lines 15 and 16 United States, See Part IV, lines 15 and 16 United States, See Part IV, lines 15 and 16 United States, See Part IV, lines 15 and 16 United States, See Part IV, lines 16 United States, See Part IV, lines 16 United States, See Part IV, lines 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient management fees 19 Other, Clinical States, See Part IV, line 17 Universitient See Part IV, lines	1	Grants and other assistance to governments and				
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13 Office expenses Information technology	12					
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2a FOREIGN TAXES 419. 419. 50 All other expenses 50 Total functional expenses. Add lines 1 through 24e 69, 626. 50, 000. 19, 626. 0.		_				
15 Royalties Cocupancy Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2a FOREIGN TAXES 419. 419. 55 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		1.6				
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Depreciation, depletion, and amortization Insurance 11 Insurance 12 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 10 FOREIGN TAXES 10 Insurance 11 Insurance 12 Other expenses on Schedule 0.) 13 FOREIGN TAXES 14 Insurance 15 Total functional expenses. Add lines 1 through 24e 16 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	15					
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 15 FOREIGN TAXES 16 All other expenses 17 Total functional expenses. Add lines 1 through 24e 18 Payments of travel or local public officials 16 (957)	16	^				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. 419. 50 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17	_				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses				
20 Interest 16,957. 16,957. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 69,626. 50,000. 19,626. 0. 10.		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. b C C D Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19	Conferences, conventions, and meetings			_	
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. All other expenses Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20		16,957.		16,957.	
23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. b C C D C C C C C C C C C C C C C C C C	22	Depreciation, depletion, and amortization				ļ
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOREIGN TAXES 419. 419. b C C C C C C C C C C C C C C C C C C	23					
a FOREIGN TAXES 419. 419. b	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				,
b	a		419.		419.	
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 69,626. 50,000. 19,626. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 69,626. 50,000. 19,626. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 69,626. 50,000. 19,626. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Total functional expenses. Add lines 1 through 24e 69,626. 50,000. 19,626. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· ————————————————————————————————————	69,626.	50,000.	19,626.	0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
educational campaign and fundraising solicitation.		·				
		r— i				<u></u>

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year 1 523,770. 512,241 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a _____10b **b** Less accumulated depreciation 10c 991,253. 1,193,290. 11 11 Investments - other securities. See Part IV, line 11 289,298. 116,596. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 1,792,792. 1,833,656. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 992,095. 880,239. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 880,239. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 953,417. 800,697. 32 Retained earnings, endowment, accumulated income, or other funds 32 800,697. 953,417. 33 Total net assets or fund balances 833,656. Total liabilities and net assets/fund balances Form 990 (2012)

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

За

Form 990 (2012)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Employer identification number Name of the organization THE SUSAN TODD HORTON CLASS OF 1910 26-1369039 TRUST F/B/O WELLESLEY COLLEGE Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 d ____ Type III - Non-functionally integrated 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 \mathbf{x} supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes 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? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of monetary (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes WELLESLEY 50,000. COLLEGE 04-21036372 X X X

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

Schedule A (Form 990 or 990-EZ) 2012

50,000.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and				1				
	membership fees received. (Do not					1			
	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	,		2 -		, -			
	by each person (other than a		-						
	governmental unit or publicly			-12.3		- ,			
	supported organization) included		12		ارا می است است ا	• • • • • • • • • • • • • • • • • • • •			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,	7.				مجاملية الرداء			
	column (f)								
6	Public support. Subtract line 5 from line 4	ren reva	1 7.1 21 B . H C	والمسارع فيطولون	1 grandy - 421 - + 273				
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4								
8	Gross income from interest,								
•	dividends, payments received on			i					
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carned on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)				ļ				
11	Total support. Add lines 7 through 10	,	1	**	7. 1.18.	,			
12		etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is fo			rd. fourth, or fifth t	ax year as a section	n 501(c)(3)			
	organization, check this box and sto						▶□		
Sec	ction C. Computation of Pub		rcentage						
	Public support percentage for 2012 (column (f))		14	%		
	Public support percentage from 201					15	%		
	33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies								
t	33 1/3% support test - 2011. If the				d line 15 is 33 1/3%	or more, check the	is box		
	and stop here. The organization qua						▶□		
17a	10% -facts-and-circumstances tes						or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"						▶□		
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is 1	10% or		
_									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18							• ▶ □		
						edule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	siow, picase comp	nete i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
Ť	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						- <u> </u>
_	merchandise sold or services per-			,			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
•	Gross receipts from activities that						
3	are not an unrelated trade or bus-				j		
					1]	
	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						
	furnished by a governmental unit to	1					
	the organization without charge .						
	Total. Add lines 1 through 5	<u> </u>					
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received	ļ					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtractline 7c from line 6)	- 14 25 2 75 2	· / (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- 2419.	. "崔"次"城市	State of the state of	
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6					ļ	
10	Gross income from interest,	·			Į		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>	<u> </u>	
,	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 carned on						
12	Other income. Do not include gain						
	or loss from the sale of capital	1			I		
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
•	check this box and stop here						๋ . ▶□
Se	ction C. Computation of Publ						
_	Public support percentage for 2012 (column (f))		15	%
16						16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
18							%
	a 33 1/3% support tests - 2012. If the						
13	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
20			•				
<u>20</u>	Frivate roundation, it the organization	ar did flot crieck a	DON OIL INTO 14, 13	74, 01 13D, CI 16CK	557 4114 366 11		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012 Open to Public Inspection

Name of the organization

THE SUSAN TODD HORTON CLASS OF 1910

Employer identification number 26-1369039

Pai	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
3	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
0	for charitable purposes and not for the benefit of the donor or		
		•	Yes No
Pai			
<u> </u>	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	artiv, mer.
1			storically important land area
	Preservation of land for public use (e.g., recreation or ed	· —	storically important land area
	Protection of natural habitat	Preservation of a cen	trfied historic structure
_	Preservation of open space		of a composition accompant on the last
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total according of a constraint according		
a	Total number of conservation easements	• • • • • • • • • • • • • • • • • • • •	2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified historic stru	,,,,,,,,	. 2c
d	Number of conservation easements included in (c) acquired at	rter 8/1//06, and not on a historic struct	ı i
_	listed in the National Register		<u>2d</u>
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
_	year >	annual in tanadad N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the pend	L - L - L - O	
_	violations, and enforcement of the conservation easements it	** * ** *** ** *** **	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and el		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art Historical Treasures or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form 9		7.000.0.
	If the organization elected, as permitted under SFAS 116 (ASC		mont and halance shoot works of ort
Ia	historical treasures, or other similar assets held for public exhi	•	
	the text of the footnote to its financial statements that describ		ance of public service, provide, in Part XIII,
_			t and halanga about works of ort. historical
D	If the organization elected, as permitted under SFAS 116 (ASC	•	•
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		~ •
_			
2	If the organization received or held works of art, historical treat		ai gain, provide
	the following amounts required to be reported under SFAS 11		.
a	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2012

Schee		/B/O WELLE			ree or Oth				Page Z
Ь	Using the organization's acquisition, accession								
3		on, and other record	is, check any c	i trie ioliowi	ng mar are as	signincarit	us a oi its i	Sollection	nems
	(check all that apply):			r exchange	programa				
а	Public exhibition	d							
b	Scholarly research	е	Cther_						
С	Preservation for future generations						naa in Dad	VIII	
4	Provide a description of the organization's co						ose in Pan	XIII	
	During the year, did the organization solicit or							٦.,	<u>г</u>
-	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang	•	ete if the organ	ization ansv	vered "Yes" to) Form 990	ı, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par					A !!!!			
1a	Is the organization an agent, trustee, custodi					t included		٦.,	
	on Form 990, Part X?						🖵	J Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the to	illowing table:					A	
								Amount	
	Beginning balance					. 1c			
	Additions during the year								
е	Distributions during the year			•		. <u>1e</u>			
f	Ending balance					1f	<u> </u>	7	
	Did the organization include an amount on Fe						L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior ye	ar (c) T	wo years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								
þ	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					ļ			
е	Other expenditures for facilities								
	and programs					ļ			
f	Administrative expenses							<u>. </u>	
g	End of year balance					ļ			
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, coli	ımn (a)) held	d as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are	neld and ad	ministered for	the organi	zation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization:							3b	
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990							
	Description of property	(a) Cost or o	,	Cost or oth basis (other	1	Accumulat epreciation		(d) Bool	value
1a	Land				<u> </u>	-			
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B)	line 10(c))			▶		0.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line 12		26-1369039 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
i) Fınancıal derivatıves			
Closely-held equity interests			
) Other			
(A) 2415 SHS RENTECH NITROGEN			
(B) PARTNERS LP	116,596.	END-OF-YEAR MA	RKET VALUE
(C)			····
(D)			
(E)			
<u>(F)</u>			
(G)			
_(H)			
(1)	116 506		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	116,596.		
Part VIII Investments - Program Related. Se			st or end-of-year market value
(a) Description of investment type	(b) Book value	(c) Method of Valuation: Co	st or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	.=.		· · · · · · · · · · · · · · · · · · ·
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			
(10) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	· · · · · · · · · · · · · · · · · · ·		- · /
Part IX Other Assets. See Form 990, Part X, line 13.7	15		·····
 	Description		(b) Book value
(1)			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		. ▶
Part X Other Liabilities. See Form 990, Part X, II			
(a) Description of liability		(b) Book value	
(1) Federal income taxes		,	
(2)			
(3)			
(4)			
(5)			
(6)			
—			
(7)			
(8)			
(8)			
(8) (9)			

232053 12-10-12

	dule D (Form 990) 2012 TRUST F/B/O WELLESLEY COLLE		26-1369039 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Reven	ue per Return
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	2a	
b	Donated services and use of facilities	2b	<u> </u>
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	F. 1
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Ρá	t:XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		[2.5.]
а	Donated services and use of facilities	2a	, sur
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1111
е	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:		= 1-10
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	्राक्ति अर्थे अर्थे स्थेत
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	TEXIII 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; Par	rt IV, lines 1b and 2b; Part V, line 4; Part
X, lir	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any addition	nal information.
		_	
	·		
_			Schodula D (Form 990) 201

Schedule I (Form 990) (2012) ջ ⊠ **Employer identification number** 26-1369039 Open to Public OMB No 1545-0047 SCIENCE CENTER SUMMER (h) Purpose of grant or assistance PARTICIPATION IN THE RESEARCH PROGRAM Yes TO FUND STUDENT 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 : : : : : : 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 (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. : Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : (d) Amount of 50,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **CLASS OF 1910** COLLEGE (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)3 THE SUSAN TODD HORTON Enter total number of other organizations listed in the line 1 table TRUST F/B/O WELLESLEY 04-2103637 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization WELLESLEY, MA 02481 106 CENTRAL STREET WELLESLEY COLLEGE Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partil Part

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

Schedule I (Form 990) (2012)

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, line 22. Part III can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) (2012) 21 232102 12-18-12

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.

OMB No 1545-0047

2012

Open To Public

Name of the organization THE SUSAN TODD HORTON CLASS OF 1910 **Employer identification number** 26-1369039 TRUST F/B/O WELLESLEY COLLEGE 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. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (e) Onginal (f) Balance due (g) In (c) Purpose by board or committee? with from the principal amount agreement? interested person of loan default? organization organization? To From Yes Νo Yes No Yes No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of (e) Purpose of (d) Type of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

232131

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 TRUST	F/B/O WELLESLEY COL	LEGE	26-1369	039	Page 2
Part IV Business Transactions Involv					
	"Yes" on Form 990, Part IV, line 28a, 2			(e) Sha	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's
				Yes	No
JOHN B LOEHMANN	TRUSTEE	2,250.	T.M. BYXBEE	-	X
		-			
					ļ
		,			
Part V Supplemental Information		<u> </u>		L	<u> </u>
	al information for responses to question	ns on Schedule I. (see	instructions)		
Complete this part to provide addition	al illionnation for responses to question	13 Olf Collegato E (See	mondonomoj.		
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: JOHN I	B LOEHMANN				
(D) DECORTORION OF EDAMON	TOTAL M W DYVDER O	OMDANU D	רודגם סגשיי		
(D) DESCRIPTION OF TRANSAC	TION: T.M. BIABLE C	OMPANI, P.C	WAS PAID		
\$2,250 DURING 2012 FOR ACC	COUNTING AND TAX SER	VICES. JOH	N B LOEHMAN	N, C	!PA
92,100	,				
IS A RETIRED OFFICER AND S	SHAREHOLDER IN T.M.	BYXBEE COME	ANY P.C.		
		·			
					
		-			
		<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 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

TROBE TO THE HEAD BEEN CONTROL TO THE PROPERTY OF THE PROPERTY
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL-RELATED PROGRAMS BENEFITTING WELLESLEY STUDENTS.
EDUCATIONAL RELATED TROOTERS DEREFFICIENCE WEEDELET STOPENTS.
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.
CONFERENCE TO THE TOTAL
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
DEBRA D. DEVAUGHN - 106 CENTRAL STREET, WELLESLEY, MA 02481
CAMERAN MASON - 106 CENTRAL STREET, WELLESLEY, MA 02481
PATRICIA A. GALINDO - 106 CENTRAL STREET, WELLESLEY, MA 02481

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.

2012 Openito Public OMB No 1545-0047

Employer identification number

26-1369039

▼ See separate instructions. 1910 THE SUSAN TODD HORTON CLASS OF ► Attach to Form 990. TRUST F/B/O WELLESLEY COLLEGE Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity $\boldsymbol{arepsilon}$ End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) MASSACHUSETTS Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II organization 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)

(a)	(q)	(0)	(p)	(e)	()	(a)
Name, address, and EIN	Primary activity	Legal domicile (state or	Φ.	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes
WELLESLEY COLLEGE - 04-2103637						
106 CENTRAL ST						
WELLESLEY, MA 02481	SCHOOL	MASSACHUSETTS	501(C)(3)	2		×

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

Schedule R (Form 990) 2012

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

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Schedule R (Form 990) 2012

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.) Part IÌI

	į	re related	1 - 1						Schedule R (Form 990) 2012
		one or mo	(h) ercentage wnership						le R (Forn
		because it had o	}						Schedu
		 rt IV, line 34							
		rm 990, Pa							
		"Yes" to Fo	(e) e of entity orp, S corp, or trust)						
		n answered		_					
		organization	(d) Direct contro entity				;		
		mplete if the							26
		ration or Trust (Col/ear.)	į						
		as a Corpo	Prim						
		janizations Taxable poration or trust during	Z c						
			(a) Name, address, and Ell of related organization						232162 12-10-12
			Soration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more	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 relative organizations treated as a cooporation or trust during the tax year.) (a) (b) (c) (d) (d) (Type of entity or future) Name, address, and EIN Primary activity (see and organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more relative organization or trust during the tax year.) (a) (b) (c) (d) (d) (Type of entity or future) (a) (e) (f) (g) (f) (g) (f) (g) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization arswered "Yes" to Form 990, Part IV, line 34 because it had one or more relative to relative to the complete of the organization or trust during the tax year.) (a)	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 relationary related organization. (a) (b) (c) (d) (c) (cop. 5 ord. 10	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization streader as a corporation or trust during the tax year.) Complete if the organization streader as a comporation or trust during the tax year.) Complete if the organization streader as a comporation or trust during the tax year.) Complete if the organization streader as a comporation or trust during the tax year.) Complete if the organization area organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization or trust during the tax year.) Complete if the organization area organization or trust during the tax year.) Complete if the organization area organization area organization. Complete if the organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization. Complete if the organization area organization area organization area organization area orga	Redestification of Related Organization of Trust Complete if the organization answered "Yes" to Form 930, Part IV, line 34 because it had one or more relative to relative to that during the taxy year.) Pirmay activity Legacone Direct Controlling Type of entity Control Pirmay activity Legacone Pirmay activity Pirmay activity Legacone Pirmay activity Legacone Pirmay activity Legacone Pirmay activity Pirmay activity Legacone Pirmay activity Legacone Pirmay activity Legacone Pirmay activity Pirm	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organizations instead organizations tracked as a corporation or trust Complete if the organization are seen as a corporation or trust charges are a corporation or trust c

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

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Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				res No
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?	ns with one or more re	lated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:	:		×
b Gift, grant, or capital contribution to related organization(s)		:	1	×
c Gift, grant, or capital contribution from related organization(s)		:	10	×
Loans or loan quarantees to or for related organization(s)			19	X
		. :	16	×
6 Dividends from related arreanization(e)			÷	
T DIVIDENTES HOUR PERCENCIALS)	: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :		•
g Sale of assets to related organization(s)	: : : : : : : : : : : : : : : : : : : :		6	4
h Purchase of assets from related organization(s)	: .		# :: :	×
i Exchange of assets with related organization(s)		:	<u> </u>	×
J Lease of facilities, equipment, or other assets to related organization(s)		:		×
			·	· i
k Lease of facilities, equipment, or other assets from related organization(s)			÷ :: ::: :: :	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	:		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	:	#	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	×
o Sharing of paid employees with related organization(s)	:		10	×
			, ,	
		:	10	< ×
4 Delition settlett paid by telated digaritzation (s) for experises	:	:		
r Other transfer of cash or property to related organization(s)		:	- + +	×
s Other transfer of cash or property from related organization(s)				×
2 if the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered	formation on who must complete this line, including covered relationships and transaction thresholds.	:
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	
(1) WELLESLEY COLLEGE	Д	50,000.	САЅН	
(2)				
(3)	•			
(4)				
(5)				
(9)				
232163 12-10-12	27		Schedule R (Form 990) 2012	n 990) 201

26-1369039

THE SUSAN TODD HORTON CLASS OF 1910

TRUST F/B/O WELLESLEY COLLEGE

Schedule R (Form 990) 2012

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,

(k) ercentage wnership					Schedule R (Form 990) 2012
General or Pemanaging of partner?				-	Form (8
Gene 20 man 1 Part Yes			-		 e R (
(h)					Schedu
(h) Disproportionate the allocations? Yes No					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs? 4) Yes No					
d) ant incomi unrelated, I from tax on 512-51					
(c) gal domicile ate or foreign country)					
(a) (b) (b) Leass, and EIN Primary activity (strength					
(a) Name, address, and EIN of entry					

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