

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





. 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 private foundations)

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

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

A Fo	r the	2013 calendar year, or tax year beginning an	d end	ıng		
B Ch	eck if	C Name of organization			D Employer identifi	cation number
ар	olicable	THE SUSAN TODD HORTON CLASS OF 1910				
	Address change	TRUST F/B/O WELLESLEY COLLEGE				
	Name change	Doing Business As			26-1	369039
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Rooi	m/suite	E Telephone numbe	r
$\overline{\Box}$	Termin- ated	P.O. BOX 187169		:	•	281-4933
	Amende return				G Gross receipts \$	1,244,153.
	Applica-	HAMDEN, CT 06518			H(a) Is this a group re	
_	pending		_		for subordinates	
		PO BOX 187169, HAMDEN, CT 06518			H(b) Are all subordinates in	
I Ta	v.even	npt status X 501(c)(3)	1) or [527	, ,	list (see instructions)
		:► N/A	1701		H(c) Group exemptio	·
		rganization: Corporation X Trust Association Other ►		I Vear		A State of legal domicile: CT
Par		Summary		Licary	or iorniation. 2007 i	1 State of legal definions C1
		riefly describe the organization's mission or most significant activities THE	ORO	TMAS	ZATION'S MI	SSTON IS TO
Activities & Governance	ם	PROVIDE FUNDING TO WELLESLEY COLLEGE FO	R S	CHOL	ARCHIPS AND	OTHER
Pa	_	heck this box I if the organization discontinued its operations or disp				
l er		_	Joseu (01111016		5
Ĝ		umber of voting members of the governing body (Part VI, line 1a)			3	5
∞5		umber of independent voting members of the governing body (Part VI, line 1b))			0
<u>ë</u>		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			5	0
3		otal number of volunteers (estimate if necessary)			6	53,966.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			7 <u>a</u>	24,308.
-+	b N	et unrelated business taxable income from Form 990-T, line 34			7b	
					Prior Year	Current Year
9		ontributions and grants (Part VIII, line 1h)			0.	0.
Revenue		rogram service revenue (Part VIII, line 2g)		<u> </u>	0.	0.
ا <u>چ</u>	10 in	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		ļ	382,513.	-57,960.
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ļ	0.	0.
	12 T	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12			382,513.	-57,960.
		rants and similar amountsipaid (Part IX, column (A), lines 1-3)			50,000.	50,000.
	14 B	enefits paid to or for members (Part IX column (A), line 4)		ļ	0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	D)	ļ	0.	0.
Expenses	16a P	rofessional fundralsing teles (Pagt IX, 2014mn (A) Jine 11e)		<u> </u>	0.	0.
ğ	ь Т	otal fundraising expenses (Part IX, column (D) line 25)	<u>. </u>			
ш	17 O	ther expenses (Part A) column (A) lines 11a 11d 11f 24e) otal expenses Add lines 3-17 (must equal Part IX, column (A), line 25)		<u> </u>	19,626.	20,848.
	18 T	otal expenses Add-lines 3-1. (must equal Part IX, column (A), line 25)		ļ	<u>69,626.</u>	70,848.
	19 R	evenue less expenses Subtract line 18 from line 12			312,887.	-128,808.
Ces				Be	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)			1,833,656.	2,762,926.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			880,239.	1,312,219.
캺	22 N	et assets or fund balances. Subtract line 21 from line 20			953,417.	1,450,707.
Pai	₹Ⅱ	Signature Block		_		
Unde	penalti	es of perjury, I declare that I have examined this return, including accompanying sched	ules and	d statem	ents, and to the best of m	y knowledge and belief, it is
true, o	correct,	and complete. Declaration of prepares (other than officer) is based on all information of	which j	preparer	has any knowledge.	
		Stockman			5/14	114
Sign	4	Signature of officer			Date	
Here	I.	JOHN B LOEHMANN, TRUSTEE				
		Type or print name and title				
	1	Print/Type preparer's name Preparer's signature			Date Check	PTIN
Paid		DWARD F. CLEARY			5/14/14 if setf-emptoy	red P00651269
Prepa	F-	irm's name T. M. BYXBEE COMPANY, P.C.			Firm's EIN	06-1386456
Use C		Firm's address P.O. BOX 187169			;	
	·	HAMDEN, CT 06518			Phone no. (2	03)281-4933
Mav	the IR	6 discuss this return with the preparer shown above? (see instructions)		· · · ·		X Yes No
	1 10-29-		ctions.			Form 990 (2013)

Form 990 (2013)

Form 990 (2013) TRUST F/B/O WELLESLEY COLLEGE
Part IV Checklist of Required Schedules

26-1369039 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			_ v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		х
40	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	12a		х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 -	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			T
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
••	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		T	Γ
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2013)

Form 990 (2013) TRUST F/B/O WELLESLEY COLLEGE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	ļ	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		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		_x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		_x_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250	<u> </u>	-^-
20				1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		x
07	complete Schedule L, Part II	26		
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	07		v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)	00.		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u>X</u>	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	} .		l
	Part V, line 1	34	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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-charitable related organization?			ļ
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
		Form	990	(2013)

Form 990 (2013) TRUST F/B/O WELLESLEY COLLEGE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(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 return	ns?	2b_		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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," to line 3b, provide an explanation in Schedule	0	3b	X	İ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a		ļ	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a]	X
b	If "Yes," enter the name of the foreign country				İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			l
	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 ser	vices 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 will	as required	_		v
	to file Form 8282?		7с		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			l
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intelligence of the Experimental property, did the organization file Experimental property.				
9	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		'''		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		х
9	Sponsoring organizations maintaining donor advised funds.	any time during the year			
а	Did the organization make any taxable distributions under section 4966?		9a		l
	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	10a			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		}
11	Section 501(c)(12) organizations. Enter				1
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ĺ
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			l
С	Enter the amount of reserves on hand	13c			
14a	,,,,	•	14a		<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	14b	000	(0040)
			Form	フサリ	(2013)

Form 990 (2013) 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 C) See ir	structions			
	Check if Schedule O contains a response or note to any line 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	1a	5	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					ŀ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	5	5		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				1	j
_	officer, director, trustee, or key employee?		. , -	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	supervision			
J	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 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		3 100	5		X
	Did the organization have members or stockholders?			6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or a	nnoint i	one or	T		
/a	-	фронц	Site of	7a		X
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	etockho	lders or	'a		
D		Stocking	iders, or	7b		X
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar by the	following:	''	-	
8		sai by illi	: TOTOWING	8a	X	!
	The governing body?			8b		Х
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achad a	t the	80		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu a	t trie	9	x	
500	tion B. Policies (This Section B requests information about policies not required by the Internal F	Pavanua	Code)	1 -		
000	tion B. Fonoics (This Section B requests information about policies not required by the internal re-	icverrac			Yes	No
10-	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanters	affiliates	100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	лартого	, armaroo,	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	J, 55.5.	5g	1		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					-
·	In Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		х
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 approx	al hv in	dependent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
_	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ıth a			
ioa	taxable entity during the year?	ZITICITE W		16a		x
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-	ate its n	articination	100	<u> </u>	
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?	2.112000		16b		1
Sec	tion C. Disclosure			1.00		'
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 (Sect	on 501(c)(3)s only)	availat	ole	-
10	for public inspection. Indicate how you made these available. Check all that apply	,	(-)(-)			
	Own website Another's website X Upon request Other (explain	n ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	nd finai	ncial	
13	statements available to the public during the tax year.		F			
20	State the name, physical address, and telephone number of the person who possesses the books	and rece	ords of the organization	ation 1	-	
20	JOHN B. LOEHMANN CPA - (203)281-4933	2.00				
	2310 WITTINEY AVE HAMDEN CT 06518					

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

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

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

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

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

4					compensate					(F)
(A)	(B)			(C Posi	C) Ition			(D)	(E)	(F)
Name and Title	Average	(do	o not check more than one			than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both at officer and a director/trustee			is boti ir/trus	h an I tee)	compensation	compensation from related	amount of other	
	week							from the	organizations	compensation
	(list any hours for	direct				_		organization	(W·2/1099·MISC)	from the
	related	9	tee			sate		(W-2/1099-MISC)	(11 2/1000 111100)	organization
	organizations	ruste	Itus		,ee	E E		(** 27 1000 111100)		and related
	below	dual	tous	_	oldu	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1) JOHN B. LOEHMANN	0.30									
RUSTEE		X						0.	0.	0
2) KENNETH G. BARTELS	0.10									
RUSTEE		X						0.	0.	0
3) DEBRA D. DEVAUGHN	0.10						ŀ			
RUSTEE		X						0.	0.	0
4) CAMERAN MASON	0.10							_		_
RUSTEE		X						0.	0.	0
5) PATRICIA A. GALINDO	0.10							•		•
RUSTEE		X	<u> </u>			ļ		0.	0.	0
					<u> </u>	ļ				
		-								
		_	<u> </u>		ļ					
		ł								
				_		-				
		-			Ì					
		\vdash	-							
		┨								
	-	├		\vdash		├				
		1								
		\vdash		-	-	I^-				
		1								
										·
		1								
		<u> </u>	<u> </u>	-			-			
		1								
		t		\Box	lΤ	Ì				
		1	1							
		1	Į.	1		1				
		1	1	1		1				
		-								

	_									
ΨR	TIS	ייויי	F.	/R	/n	THW	TRST	EV	COLLEGE	7

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Posi heck i ss pe	C) ition more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) imate ount o other pensal	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W 2/1099-MISC)	(W 2/1099 MIS		fro orga and	om the Inization relate Inization	e on ed
				•									
			_										
						-							
						-							
					_								
										-			
1b Sub-total	<u> </u>				L	l	<u> </u>	0.		0.	-		0.
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	,000 of reportable	0.			0.
compensation from the organization												Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıste	e, ke	ey en	nplo	yee,	or l	highest compensated e	mployee on		3	103	X
For any individual listed on line 1a, is the su and related organizations greater than \$150.	ım of reportab								the organization	•	4		х
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/			dual for services	Ì			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e <i>J f</i>	or s	uch	pers	son					_5_		<u> </u>
1 Complete this table for your five highest co		-								ens	ation fr	om	
the organization Report compensation for (A)	the calendar y	ear (endi	ng v	vith	or w	<u>ithir</u>	the organization's tax (B)	year		(C)	
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices	C	ompen		1
								· · ·					
					-	-							
					_								
													
2 Total number of independent contractors (i	_	ot I	mıte	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨				(0		 			Form 9	90 (2	2013)

			Check if Schedule O cont	ains a response	or note to any lin		(2)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 :	а	Federated campaigns	1a					
اويز	ŧ	b	Membership dues	1b					
S, C	(С	Fundraising events	1c					
불리	(d	Related organizations	1d					
S E	•	е	Government grants (contribut	tions) 1e					
i S	1	f	All other contributions, gifts, gran	its, and					
호			similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	ç	g	Noncash contributions included in lines	1a-1f \$					
9 2		h	Total, Add lines 1a 1f		>			<u> </u>	
					Business Code				
ဗ္	2 8	а							
ē Š	ŀ	b							
Sch	(С							
ran Rev	(d							
Program Service Revenue	(е							
مَ	1	f	All other program service reve	enue					
		<u>g</u> .	Total. Add lines 2a 2f		_	 			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		•	11,960.		4,320.	7,640.
1	4		Income from investment of ta	x-exempt bond (oroceeds 🕨				
	5		Royalties		<u> </u>				
				(ı) Real	(ii) Personal				
	6 8	а	Gross rents						
			Less rental expenses						
ļ			Rental income or (loss)		J				
			Net rental income or (loss)		•				
	7 :	а	Gross amount from sales of	(i) Securities	(II) Other				
1			assets other than inventory	1,232,193	•				
	١	b	Less cost or other basis						
			and sales expenses	1,302,113					
			Gain or (loss)	-69,920					
			Net gain or (loss)		> .	-69,920,		49,646,	-119,566,
e e	8	а	Gross income from fundraisin	_					
l en			including \$						
Other Revenue			contributions reported on line	•		ı			
Ē			Part IV, line 18	a			;		
ᅙ			Less direct expenses	b	`				
			Net income or (loss) from fund	_		 			
	9	а	Gross income from gaming ac Part IV, line 19						
	1	_	Less direct expenses	a b					
			Net income or (loss) from gan		' <u> </u>				
			Gross sales of inventory, less			_			
	10	а	and allowances				ļ		
		h	Less cost of goods sold	a					
			Net income or (loss) from sale	_	`]
		<u>. </u>	Miscellaneous Revenu		Business Code				
	11	2			Dadiness Code				
		a b				*****			
		c							
		d	All other revenue						
		_	Total, Add lines 11a-11d		>	-			
	12	•	Total revenue See instructions.		▶ Ì	-57.960.	0.	53,966.	-111 926
33200 10-29	9				· · · · · · · · · · · · · · · · · · ·				Form 990 (2013)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)								
_	Check if Schedule O contains a response or note to any line in this Part IX On not include amounts reported on lines 6b. (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the United States. See Part IV, line 21	50,000.	50,000.									
2	Grants and other assistance to individuals in											
	the United States See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	i										
	trustees, and key employees											
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
а	Management		-									
b	Legal				······································							
С	Accounting	2,050.		2,050.								
d	Lobbying											
e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)											
12	Advertising and promotion											
13	Office expenses											
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	40 ==0		10 550								
20	Interest	13,752.		13,752.								
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.)											
а	FEDERAL INCOME TAXES	3,299.		3,299.								
b	STATE INCOME TAXES	1,617.		1,617.								
С	FOREIGN TAXES	78.		78.								
d	ADR FEES	52.		52.								
е	All other expenses											
25	Total functional expenses Add lines 1 through 24e	70,848.	50,000.	20,848.	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											
	Check here I if following SOP 98-2 (ASC 958-720)											

TRUST F/B/O WELLESLEY COLLEGE

Pai	rţ X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	523,770.	574,461.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors,	1	
		trustees, key employees, and highest compensated employees Complete		
		Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under	r	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net	-	7
Ř	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost or other	1	
		basis Complete Part VI of Schedule D 10a		
	ь	Less accumulated depreciation 10b		0c
	11	Investments - publicly traded securities		1,828,324.
	12	Investments - other securities See Part IV, line 11	116,596. 1	360,141.
	13	Investments - program-related See Part IV, line 11	1	3
	14	Intangible assets	1	4
	15	Other assets See Part IV, line 11		5
	16	Total assets. Add lines 1 through 15 (must equal line 34)		6 2,762,926.
	17	Accounts payable and accrued expenses	880,239. 1	1,312,219.
	18	Grants payable	1	8
	19	Deferred revenue	1	9
	20	Tax-exempt bond liabilities	2	20
	21	Escrow or custodial account liability Complete Part IV of Schedule D	2	21
S	22	Loans and other payables to current and former officers, directors, trustees,		
ij		key employees, highest compensated employees, and disqualified persons		
Liabilities		Complete Part II of Schedule L	2	22
Ë	23	Secured mortgages and notes payable to unrelated third parties	2	23
	24	Unsecured notes and loans payable to unrelated third parties	2	24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X of	1	
		Schedule D		25
	26	Total liabilities. Add lines 17 through 25	880,239. 2	26 1,312,219.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1	
S		complete lines 27 through 29, and lines 33 and 34.		
č	27	Unrestricted net assets	2	27
sala	28	Temporarily restricted net assets	2	28
Ď	29	Permanently restricted net assets		29
뒫		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X]	
ō	İ	and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds		30 0.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31 0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		1,450,707.
ž	33	Total net assets or fund balances		1,450,707.
	34	Total liabilities and net assets/fund balances	1,833,656.	$\frac{2,762,926}{}$

-orm	1RUS1 F/B/O WELLESLEY COLLEGE	<u> </u>	. T 2 0 2 0	22	Page 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		,,,,,,,,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>-57</u>	<u>,960.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,848.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>,808.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>,417.</u>
5	Net unrealized gains (losses) on investments	5		<u>626</u>	<u>,098.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,	<u>450</u>	<u>,707.</u>
Pa	t XII Financial Statements and Reporting				·
	Check if Schedule O contains a response or note to any line in this Part XII				
			_		es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	}		-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a]		İ
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both		}		
	Separate basis Consolidated basis Both consolidated and separate basis				l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		i	ļ
	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 Sch	edule O	'		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit		
	Act and OMB Circular A-133?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>3b _</u>	
			F	orm 9	90 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

THE SUSAN TODD HORTON CLASS OF

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

1910

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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). 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 a X Type I b Type II c ___ Type III · Functionally integrated d ____ Type III - Non-functionally integrated 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 f X supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Х the governing body of the supported organization? 11g(i) X 11g(ii) (ii) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (i) or (ii) above? X 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (iii) Type of organization (ii) EIN organization in col. in col. (ı) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No WELLESLEY COLLEGE 04-21036372 Х X X 50,000. 50,000. LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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					1	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	. .					
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			ĺ			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				1		
	ction B. Total Support		J	<u> </u>	·L		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4			(0)			
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the			į			
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			!			
11	Total support. Add lines 7 through 10	- ····					
	Gross receipts from related activities,	etc. (see instructi	ons)		, !	12	·
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stor	here		,	,		▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						ıs 🕨 🗌
-	_				Sch	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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 fa	als to
qualify under the tests listed below, please complete Part II.)		

Section A. Public Support	red below, picase com	piete / art ii /				
Calendar year (or fiscal year beginning i	in) (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and membership fees received (Do 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 purpor	er-					
3 Gross receipts from activities th are not an unrelated trade or bu iness under section 513		,				
4 Tax revenues levied for the orga- ization's benefit and either paid or expended on its behalf	•					
5 The value of services or facilities furnished by a governmental un the organization without charge	it to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified per						
b Amounts included on lines 2 and 3 receive from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	d					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line	6)				<u> </u>	
Section B. Total Support			1		,	
Calendar year (or fiscal year beginning i	in) 🕨 <u>(a)</u> 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received o securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from busine acquired after June 30, 1975	SSSES					
 c Add lines 10a and 10b 11 Net income from unrelated business not included in line 10 whether or not the business is regularly carried on 						
12 Other income Do not include goor loss from the sale of capital assets (Explain in Part IV)	ain					
13 Total support (Add lines 9, 10c, 11, an		<u> </u>		<u>L</u>		
14 First five years. If the Form 990) is for the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of				-		
15 Public support percentage for 2			column (f))		15	%
16 Public support percentage from				. · · ·	16	%
Section D. Computation of					T I	
17 Investment income percentage			ne 13, column (f))		17	<u>%</u>
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2013.						/ is not
more than 33 1/3%, check this b 33 1/3% support tests - 2012.						and
line 18 is not more than 33 1/39						▶□
20 Private foundation. If the organ						▶□

Cabadula A	(form 000 or 000 ff3) (CLASS OF	1910	_26-1369039 Page 4
Part IV	(Form 990 or 990-EZ) 2	formation D	F/B/U W	ELLESLEY	COLLEGE 10	Port II luo 17a o	17b, and Part III, line 12
	Also complete this pa	rt for any addition	nal information	(See instructions	by Fart II, mile 10,	raitii, iiile i ra oi	170, and rait iii, iiiie rz
	7,100 00111p1010 11110 pa	Troi day adding		1000	-/	·····	
				··· · · · · · · · · · · · · · · · · ·			······································
							
					•		
	·····			·			
			 				
-	· · · · · · · · · · · · · · · · · · ·	· · ·	- 				· · · · · · · · · · · · · · · · · · ·
	·· - ,						
	,,						
-							
							-
				<u>.</u>			
		,					
							
					-		·
							
	<u>. </u>			_,-,-			
							- <u></u>
							

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990
Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

OMB No 1545-0047 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 WELLFCLEY COLLEGE

Employer identification number 26-1369039

Pai	t! Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
			(b) Funds and other accounts
1	Total number at end of year		<u></u>
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 wr	ating that the assets held in donor advised fur	nds
Ū	are the organization's property, subject to the organization's ex	_	Yes No
6	Did the organization inform all grantees, donors, and donor adv	5	
Ü	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	donor advisor, or for any other purpose come	Yes No
Par		nization answered "Ves" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		, into r
•	Preservation of land for public use (e.g., recreation or edi	·	lly important land area
	Protection of natural habitat		
		Preservation of a certified h	istoric structure
_	Preservation of open space	d	
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a conservation	onservation easement on the last
	day of the tax year		Held at the Find of the Tou Veer
_	Total number of appearation appearate		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	skura mahudad m (a)	2b
C	Number of conservation easements on a certified historic structure of conservation easements included in (a) account of	• •	2c
a	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orgai	nization during the tax
	year >	ment in located N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		Yes No
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	-	
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(n)(4)(i	Yes No
	In Part XIII, describe how the organization reports conservation	a annomenta in ita rayanila and aynanga atata	
9	•	•	
	include, if applicable, the text of the footnote to the organization conservation easements	on s infancial statements that describes the or	ganization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nd halance sheet works of art
	historical treasures, or other similar assets held for public exhib	·	
	the text of the footnote to its financial statements that describe		pasio service, provide, in rail XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC		palance sheet works of art, historical
Ü	treasures, or other similar assets held for public exhibition, edu		
	·	ication, or research in furtherance of public se	avice, provide the following amounts
	relating to these items (i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2		curse, or other similar assets for financial care	▶ \$
2	If the organization received or held works of art, historical treas	· · · · · · · · · · · · · · · · · · ·	piovide
_	the following amounts required to be reported under SFAS 116	COO 330) relating to these items	~ \$
a	Revenues included in Form 990, Part VIII, line 1		\$
D	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

moticm	F/F/	WELLESLEY	COLLEGE
TUUDI	$\mathbf{r} / \mathbf{D} / \mathbf{O}$	THE CHEET	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	<u>e</u>
(1) Financial derivatives			
(2) Closely held equity interests	<u> </u>		
(3) Other			
(A) 3800 SHS PACIRA	210 462	TIND OF WEAD WADKER WATTE	
(B) PHARMACEUTICALS	218,462		
(c) 3120 SHS SPIRIT AIRLINES	141,679	. END-OF-YEAR MARKET VALUE	
(D)			
(E)			
(F) (G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	360,141		
Part VIII Investments - Program Related.	300/1111	•	
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>	
Part IX Other Assets.		44.0 5 000 D 4V4 45	
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	(b) Book value	
	Description	(b) Book value	
(1)			
(2)	<u>-</u>		
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.	e 15) .	>	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740) Chec	k here if the text of the footnote has been provided in Part XIII	

332053 09-25-13 Schedule D (Form 990) 2013

▶ Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990. 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, ▶ Attach to Form 990. THE SUSAN TODD HORTON CLASS OF 1910 TRUST F/B/O WELLESLEY COLLEGE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

Open to Public

Inspection

Employer identification number

	TRUST F/B/O WELLESLEY COLLEGE	WELLES	LEY COLLEGE					26-1369039	59039
Part	Part I General Information on Grants and Assistance	ssistance							
1 Doe	1 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	bstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	[
crite	criteria used to award the grants or assistance?	,e,						Yes	% X
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ures for monit	oring the use of grant t	funds in the United	l States				
Part II	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	ernments and	1 Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part IV	, line 21, for any	
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	30 Part II can	be duplicated if addition	onal space is need	ed				
	(L) (E) (E)	(A)	o Method of Method of Method of	to torion (b)	to tournat of	(f) Method of	(a) Description of	torso of orsot	root

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 02481	04-2103637	501(C)3	.000	.0			TO FUND STUDENT PARTICIPATION IN THE SCIENCE CENTER SUMMER RESEARCH PROGRAM
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in th 1 table	e line 1 table				1.
_	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

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

332101 10-29-13

Page 2

26-1369039 Schedule | (Form 990) (2013) TRUST F/B/O WELLESLEY COLLEGE

Part III 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

					Acres de la constant
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) Description of non-cash assistance
		-			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	2, Part III, column	(b), and any other a	dditional information	

Schedule I (Form 990) (2013)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2013

Open To Public Inspection

Name	organizati	
	J	

THE SUSAN TODD HORTON CLASS OF 1910

Employer identification number 26-1369039

Part I Excess Bene		ions (section 5	01(c)(3	3) and s	section 501(c)(4) orga					<u> </u>	<u> </u>			
1 (a) Name of disqualified person		n answered "Yes" on Form 990, Pan (b) Relationship between disqualifi person and organization			t IV, line 25a or 25b, or Form 990 EZ, Part ted (c) Description of transac				-			(d) Corrected?		
					(c) Description of train						Ye	s	No_	
										-,	┼	-		
	·								·					
2 Enter the amount of tax section 49583 Enter the amount of tax,	-	_				ring '	the year under		► \$ ► \$					
Part II Loans to and	d/or From In	terested Per	sons					-						
					, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26;	or if th	e orga	nızatıc	n		
reported an amo	ount on Form 990	D, Part X, line 5,	6, or 2											
	(b) Relationship with organization			n the ization?	(e) Original principal amount	(f) Balance due		(g) in default?		(h) Approved by board or committee? (i) Written agreement?				
			To From					Yes	No	Yes		Yes	No	
			 											
			1											
· · · · · · · · · · · · · · · · · · ·							· -							
		 		-		<u> </u>	-						-	
Total				·	▶ \$					'				
Part III Grants or As		_												
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of assistance	(d) Type assistan					e) Purpose of assistance			
				-	-									
				,										
									-					
									+					

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

Schedule L (Form 990 or 990-EZ) 2013