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DLN: 93493130012272

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

2010

Open to Public

Department of the Treasury

Form **990**

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

	r the 2	I	· -	·	Inspection		
3 Che	ck if ap	plicable C Name of organization WESTMINSTER COLLEGE		D Employe	ridentification number		
– Add	ress cha			25-098:	1156		
– Nar	ne chan	Doing Business As ge		E Telephon	e number		
- Init	al returi	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(724) 94	46-7139		
– Ter	mınated	319 S MARKET STREET		(, = , , ,			
- Am	ended re			G Gross rece	eipts \$ 99,826,150		
- App	lication	NEW WILMINGTON, PA 16172 pending					
		F Name and address of principal officer	H(a)		ffiliates? Yes No		
		DR RICHARD DORMAN	ii(a) Istnisag	group return for af	milates / Yes / No		
		319 S MARKET STREET NEW WILMINGTON, PA 16172	H(b) Are all a	ffiliates include	ed?		
		NEW WIEMINGTON, I A 10172	If"No,	" attach a lı	st (see instructions)		
Tax	κ-exem	pt status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527	H(c) Group	exemption	number 🟲		
w	ebsit e:	: WWW WESTMINSTER EDU					
(Forn	n of orga	anization	L Year of form	nation 1852	M State of legal domicile PA		
	rt I	Summary					
		riefly describe the organization's mission or most significant activities					
		ROMOTE EDUCATION, THE DEVELOPMENT OF SKILLS, KNOWLEDGE, AND	PERSONAL	QUALITIES	5		
3	_						
<u> </u>	-						
caovemance	2 C	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 25	% of its net	assets		
		umber of voting members of the governing body (Part VI, line 1a)	3	1			
ර ර		lumber of independent voting members of the governing body (Part VI, line 1b)	4				
Acuviues &		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5				
Ę		otal number of volunteers (estimate if necessary)		6			
₹		otal unrelated business revenue from Part VIII, column (C), line 12		7a	9 0		
	ьΝ	et unrelated business taxable income from Form 990-T, line 34		71	0		
			Prior	Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		5,117,024	7,155,396		
Revenue	9	Program service revenue (Part VIII, line 2g)	50,124,812	53,434,565			
e Ace	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 2,160,				
立	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		215,734	201,917		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	57,617,579	65,693,298			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,908,200			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	•	0 .908	<u> </u>		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0			
8	13	10)		20,966,818	21,617,433		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0		
ਡੌ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,394,875					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	:	14,736,579	15,764,736		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	!	56,611,597	59,918,058		
	19	Revenue less expenses Subtract line 18 from line 12		1,005,982	5,775,240		
800 200 300 300 300 300 300 300 300 300 3			Beginning Ye		End of Year		
net Assets of Fund Bafances	20	Total assets (Part X, line 16)		54,336,301	182,365,693		
2 E	21	Total liabilities (Part X, line 26)					
E E	22	Net assets or fund balances Subtract line 21 from line 20		34,565,892			
Par	t II	Signature Block		,			
Jnder	penalt	cies of perjury, I declare that I have examined this return, including accompanying sch					

knowledge : knowledge.

Sign Here	****** Signature of officer KENNETH J ROMIG VP OF FINANCE/TREAT Type or print name and title								
	Print/Type preparer's name SUSAN M KIRSCH	Preparer's signature SUSAN M KIRSCH	Date	Check if self- employed	PTIN				
Paid Preparer	Firm's name FSCHNEIDER DOWNS & CO INC	Firm's EIN							
Jse Only	Firm's address 1133 PENN AVENUE PITTSBURGH, PA 15222				Phone no (412) 261- 3644				
lay the IRS discuss this return with the preparer shown above? (see instructions)									

4a

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Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission THE MISSION OF WESTMINSTER COLLEGE IS TO HELP MEN AND WOMEN DEVECHARACTERISTICS WHICH HAVE DISTINGUISHED HUMAN BEINGS AT THEIR B

THE MISSION OF WESTMINSTER COLLEGE IS TO HELP MEN AND WOMEN DEVELOP COMPETENCIES, COMMITMENTS, AND CHARACTERISTICS WHICH HAVE DISTINGUISHED HUMAN BEINGS AT THEIR BEST THE LIBERAL ARTS TRADITION IS THE FOUNDATION OF THE CURRICULUM CONTINUALLY DESIGNED TO SERVE THIS MISSION IN A RAPIDLY CHANGING WORLD THE COLLEGE SEES THE WELL-EDUCATED PERSON AS ONE WHOSE SKILLS ARE COMPLEMENTED BY EVER DEVELOPING VALUES AND IDEALS IDENTIFIED IN THE JUDEO-CHRISTIAN TRADITION WESTMINSTER'S QUEST FOR EXCELLENCE IS A RECOGNITION THAT STEWARDSHIP OF LIFE MANDATES THE MAXIMUM POSSIBLE DEVELOPMENT OF EACH PERSON'S CAPABILITIES

- - Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
 - allocations to others, the total expenses, and revenue, if any, for each program service reported

 (Code) (Expenses \$ 35,960,652 including grants of \$ 22,535,889) (Revenue \$ 31,496,228)
 - INSTRUCTIONAL EXPENDITURES- FACULTY AND RELATED EXPENDITURES FOR COURSES OF STUDY WESTMINSTER COLLEGE OFFERS 40 MAJORS AND SERVES 1,603 UNDERGRADUATE, GRADUATE AND ADULT STUDENTS ANNUALLY, LEADING TO BACHELOR OF ARTS, BACHELOR OF SCIENCE, BACHELOR OF MUSIC AND MASTERS OF EDUCATION DEGREES
- 4b (Code) (Expenses \$ 7,367,446 including grants of \$) (Revenue \$ 6,452,796)

 STUDENT SERVICES EXPENDITURES- NON-ACADEMIC SUPPORT SERVICES PROVIDED TO THE STUDENT BODY BY THE FOLLOWING DEPARTMENTS STUDENT AFFAIRS OFFICE, REGISTRAR, DEAN OF CHAPEL, ADMISSIONS AND FINANCIAL AID, THE CAREER CENTER, ATHLETICS, HEALTH CENTER, COUNSELING CENTER, MULTI-CULTURAL AFFAIRS, THEATER PRODUCTIONS AND RADIO AND TV PRODUCTION
- 4c (Code) (Expenses \$ 5,326,146 Including grants of \$) (Revenue \$ 4,664,918)

 ACADEMIC SUPPORT EXPENDITURES SUPPORT FOR INSTRUCTION AND RESEARCH BY THE FOLLOWING DEPARTMENTS DEAN OF THE COLLEGE, AUDIO VISUAL SERVICES, INFORMATION SYSTEMS, FACULTY DEVELOPMENT, ART GALLERY, LIBRARIES, HONORS PROGRAM, CHEMICAL HYGIENE, CULTURAL ARTIFACTS AND THE
- 4d Other program services (Describe in Schedule O) See also Additional Data for Description
 (Expenses \$ 7,293,220 including grants of \$) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	Compliance

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•		1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,704			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
Ī	The state of the state of game and the form state of the	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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		
9 -	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	75		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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	1		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ta	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ OH , PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRENNETH J ROMIG
 319 S MARKET STREET
 NEW WILMINGTON, PA 16172

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	tion (that a	che		Ш		Rep comp	(E) Reportable compensation		(F) Estima amount o	ated fother	
		per week	o =	=		_	Highest compensat employee		organiz	m the zation (W-	from related organizations	,	from t	the
		(describe 역 한 기						. 0	rganızatı relat					
		for related	8 de la	tiona	Office	emp	18 G	Former					organıza	itions
		organizations	Individual trustee or director	Tri	Ť	employee) per	<u> </u>						
		on Schedule O))tee	Institutional Trustee		Φ	sated							
See A	Additional Data Table	,												
												+		
												_		
1b	Sub-Total				٠.	•	٠	 -						
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ							
d								•		1,029,744		0		261,226
2	Total number of individuals (inc \$100,000 in reportable comper	-				ted	above) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete Sc.					еу е	mploy	ee, o	r highes	t compens	ated employee			
4	·					nans	· sation	and o	therco	mnensation	from the	3		No
•	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes			
5									r individual for					
services rendered to the organization? If "Yes," complete Schedule I for such person									•	5		No		
_s	ection B. Independent Con	itractors												
1	Complete this table for your five	highest comper		ndep	ende	ent o	ontra	tors	that red	ceived more	than			
	\$100,000 of compensation from the organization (A) (B)										(C)			

(A) Name and business address	(B) Description of services	(C) Compensation			
SODEXO INC AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	FOOD SERVICE	3,292,861			
BRIDGES & COMPANY INC 209 PINE CREEK ROAD WEXFORD, PA 15090	CONSTRUCTION SERVICES	2,080,537			
JEEMCO INC 411 EAST NESHANNOCK AVE NEW WILMINGTON, PA 16142	CONSTRUCTION SERVICES	501,277			
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 232282206	PROFESSIONAL FEES	335,287			
EBSCO 17-19 WASHINGTON STREET TENAFLY, NJ 07670	ELECTRONIC SERVICES	316,940			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►10					

Form 9	•	<u>'</u>					Pa	ge 9
Pall		Statement of Revenu	le		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e and 1f es 1a-1f \$	906,273 6,249,123 956,582	7,155,396			314
Program Service Revenue		EDUCATIONAL SERVICES AUXILIARY SERVICES All other program service rev Total. Add lines 2a-2f	enue 	Business Code 611710 900099		42,406,342 11,028,223		
	4 5 6a b	Investment income (includin and other similar amounts). Income from investment of tax-exe Royalties	empt bond proceeds	(II) Personal	4,375,234			4,375,234
ıue	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 33,924,214 32,553,424 1,370,790	(II) O ther 844,604 -844,604	30,798 526,186			30,798 526,186
Other Revenue	c 9a b c	s of contributions reported on I See Part IV, line 18 Less direct expenses	a b draising events	b				
	11a b c			629,363 Business Code	171,119			171,111
	12	Total revenue. See Instruction	ons		65,693,298	53,434,565		5,103,337

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		Схрспэсэ	general expenses	Скрепзез
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,535,889	22,535,889		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,094,075	756,190	120,348	217,537
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	15,408,989	14,209,426	679,999	519,564
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	805,942	697,513	59,141	49,288
9	Other employee benefits	3,119,119	2,709,640	230,809	178,670
10	Payroll taxes	1,189,308	1,042,263	80,203	66,842
а	Fees for services (non-employees) Management				
b	Legal	24,102		24,102	
с	Accounting	78,850		78,850	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	120,515		120,515	
g	Other	1,142,588		 	69,812
12	Advertising and promotion	108,609	<u> </u>	 	840
13	Office expenses	3,355,278		+	127,820
14	Information technology	350,432		+ +	6,962
15	Royalties	,	,	,	·
16	Occupancy	2,237,991	2,167,222	42,553	28,216
17	Travel	1,330,664		 	49,761
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_,			
19	Conferences, conventions, and meetings	32,642	29,378	1,861	1,403
20	Interest	789,277	789,277		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,744,693	1,640,450	95,909	8,334
23	Insurance	273,068	82,918	187,820	2,330
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FOOD SERVICE	3,219,873	3,153,315	22,087	44,471
ь	PLANT FACILITIES	638,087	211,054	427,033	
c	OTHER	318,067	406,132	-111,090	23,025
d					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	59,918,058	55,947,464	2,575,719	1,394,875
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			253,000	1	325,869	
	2	Savings and temporary cash investments			13,656,971	2	15,991,097	
	3	Pledges and grants receivable, net		147,036	3	1,004,109		
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and				
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	ers, and					
ets		Schedule L				6		
ssets	7	Notes and loans receivable, net			2,021,303	7	1,730,385	
⋖	8	Inventories for sale or use			437,626	8	440,714	
	9	Prepaid expenses and deferred charges			660,701	9	1,102,010	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	92,335,456				
	ь	Less accumulated depreciation	10b	22,245,047	67,743,534	10c	70,090,409	
	11	Investments—publicly traded securities			20,858,468	11	59,176,569	
	12	Investments—other securities See Part IV , line 11 \cdot \cdot \cdot		•	58,333,183	12	32,271,133	
	13	Investments—program-related See Part IV, line 11	ents—program-related See Part IV, line 11					
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11	•		224,479	15	233,398	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			164,336,301	16	182,365,693	
	17	Accounts payable and accrued expenses .			1,578,651	17	1,388,595	
	18	Grants payable				18		
	19	Deferred revenue			809,161	19	674,612	
	20	Tax-exempt bond liabilities			16,220,000	20	18,860,000	
<u>6</u> 8	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21		
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			11,162,597	25	9,732,004	
	26	Total liabilities. Add lines 17 through 25			29,770,409	26	30,655,211	
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27				
õ		through 29, and lines 33 and 34.						
먑	27	Unrestricted net assets			64,933,718	27	68,710,230	
Fund Balance	28	Temporarily restricted net assets		26,990,638	28	38,717,711		
Ξ	29	Permanently restricted net assets			42,641,536	29	44,282,541	
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34.	nd con	nplet e				
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fo	ınds			32		
Net	33	Total net assets or fund balances			134,565,892	33	151,710,482	
2	34	Total liabilities and net assets/fund balances			164,336,301	34	182,365,693	
					i .		1	

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65,6	593,298
2	Total expenses (must equal Part IX, column (A), line 25)	2		· ·	918,058
3	Revenue less expenses Subtract line 2 from line 1	3		5,7	75,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		134,5	565,892
5	Other changes in net assets or fund balances (explain in Schedule O)	5		11,3	369,350
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		151,7	10,482
Pai	Tt XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII		•	ア	No
1	Accounting method used to prepare the Form 990			ies	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

DLN: 93493130012272

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization

WEST	AITINZIE	ek College				
-		25-098				
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See	instructio	ns		
	organi:	zation is not a private foundation because it is (For lines 1 through 11, check only one box)				
1	<u> </u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)).			
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4	ı	A medical research organization operated in conjunction with a hospital described in section 170(b hospital's name, city, and state)(1)(A)(iii)).Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a government	ental unit de	scribe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)				
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).				
7	Г	An organization that normally receives a substantial part of its support from a governmental unit or described in section 170(b)(1)(A)(vi) (Complete Part II)	r from the g	eneral	public	
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	\sqcap	An organization that normally receives (1) more than 331/3% of its support from contributions, me	embership f	ees, ar	nd gros	5 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no r	more than 3	3 1/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 51	1 tax) from	busine	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)				
10	Г	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4)				
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, o one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated	See sectio		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described section 509(a)(2)	•		•	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Typ check this box	e III suppo	rtıng o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons described in (i	ıı) 		Yes	No
		and (III) below, the governing body of the the supported organization?	1	.1g(i)		
		(ii) a family member of a person described in (i) above?		1g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	1:	1g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning nt?	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

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.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 25-0981156

Name: WESTMINSTER COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
PETER M ANDINO TRUSTEE	1 50	Х						0	0	0
GEORGE R BERLIN TRUSTEE	1 50	Х						0	0	0
ROBERT W BUEHNER JR TRUSTEE	1 50	Х						0	0	0
GARY D BROWN TRUSTEE	1 50	Х						0	0	0
CHARLES R BURKE JR TRUSTEE	1 50	Х						0	0	0
WILLIAM L CARLTON TRUSTEE	1 50	Х						0	0	0
LEONARD M CARROLL TRUSTEE	1 50	Х						0	0	0
PAUL F DECKER TRUSTEE	1 50	Х						0	0	0
JAMES C DEWAR TRUSTEE	1 50	Х						0	0	0
CONNIE A DUNN TRUSTEE	1 50	Х						0	0	0
DEBORAH S FOSTER TRUSTEE (ENTERED 7/01/10)	1 50	Х						0	0	0
ROBIN W GOOCH TRUSTEE (ENTERED 7/01/10)	1 50	Х						0	0	0
BARBARA BRADEN GUFFEY TRUSTEE	1 50	Х						0	0	0
ANN H HALDEMAN TRUSTEE	1 50	Х						0	0	0
WILLIAM M HAZEN TRUSTEE	1 50	Х						0	0	0
PETER Y HERCHENROETHER TRUSTEE	1 50	Х						0	0	0
RONALD E HUSTWIT TRUSTEE	1 50	Х						0	0	0
ROBERT C JACKSON TRUSTEE	1 50	Х						0	0	0
WILLIAM N JACKSON TRUSTEE	1 50	Х						0	0	0
ROBERT JAZWINKSI TRUSTEE	1 50	Х						0	0	0
CAROLYN J JONES TRUSTEE	1 50	Х						0	0	0
DEBORA PLATT MAJORAS TRUSTEE	1 50	Х						0	0	0
THOMAS S MANSELL TRUSTEE	1 50	Х						0	0	0
DOREEN A MCCALL TRUSTEE	1 50	Х						0	0	0
WAYNE A MILLER TRUSTEE (ENTERED 7/01/10)	1 50	Х						0	0	0

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	(che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MARCIA E PRATT TRUSTEE	1 50	×						0	0	0	
LINDA WRIGHT SIMPSON TRUSTEE	1 50	Х						0	0	0	
GLENN H THOMPSON TRUSTEE	1 50	Х						0	0	0	
JULIE A WEAGRAFF TRUSTEE	1 50	Х						0	0	0	
VALERIE DAY WILDEN TRUSTEE	1 50	X						0	0	0	
JEFFREY T WILEY TRUSTEE	1 50	Х						0	0	0	
JOHN T WEISEL CHAIR	3 50	Х		x				0	0	0	
THOMAS A TUPITZA VICE-CHAIR	2 00	Х		х				0	0	0	
RICHARD H DORMAN PRESIDENT	40 00	Х		х				260,414	0	83,616	
KENNETH J ROMIG TREASURER/VP OF FINANCE	40 00			х				142,229	0	44,964	
JO EANN MILLER SECRETARY	40 00			x				40,319	0	17,070	
GLORIA C CAGIGAS VICE PRES INSTITUTIONAL ADVANCEMENT	40 00					Х		126,841	0	22,609	
JESSE T MANN VICE PRESIDENT ACADEMIC AFFAIRS	40 00					Х		135,511	0	31,697	
GAIL L MILLER PROFESSOR	40 00					Х		102,198	0	14,264	
BRADLEY P TOKAR DEAN OF ADMISSIONS	40 00					Х		103,337	0	22,696	
DARWIN W HUEY PROFESSOR	40 00					х		118,895	0	24,310	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code) (Expenses \$ 7,293,220 including grants of \$) (Revenue \$ 10,820,623) EDUCATIONAL AND AUXILIARY ENTERPRISE EXPENDITURES- PROVIDE ROOM AND BOARD FOR RESIDENT STUDENTS, TELEPHONE SYSTEM, BOOKSTORE, SUMMER CAMPS AND ACTIVITIES AND TEMPORARY FACULTY HOUSING

DLN: 93493130012272

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

_	zations Complete Part III			
Name of the organization WESTMINSTER COLLEGE			Employer ide	entification number
WESTFINSTER COLLEGE			25-098115	6
Part I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	7 organization.
1 Provide a description of the org	ganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV	
2 Political expenditures			▶	\$
3 Volunteer hours				
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
Enter the amount of any excise	e tax incurred by the organization	under section 4955	5 ▶	\$
2 Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3 If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 for this year?		┌ Yes
4a Was a correction made?				┌ Yes ┌ No
b If "Yes," describe in Part IV				
Part I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50	01(c)(3).
1 Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	o other organizations	s for section 527	\$
3 Total exempt function expendit	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	\$
4 Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
organization made payments F amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political org	s funds Also enter the ganızatıon, such as a
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received
			iunus 11 none, enter -o	
			iunus 11 none, enter -o	and promptly and directly delivered to a separate political organization If none,
			iunus 11 none, enter -o	and promptly and directly delivered to a separate political organization If none,
			iunus Trinone, enter -o	and promptly and directly delivered to a separate political organization If none,
			iulius Trilone, enter -o	and promptly and directly delivered to a separate political organization If none,
			iulius Trillolle, eliter -0	and promptly and directly delivered to a separate political organization If none,
			iulius Trillolle, eliter -0	and promptly and directly delivered to a separate political organization If none,
			iulius Trillolle, eliter -0	and promptly and directly delivered to a separate political organization If none,
			iulius Trillolle, eliter -0	and promptly and directly delivered to a separate political organization If none,
			iulius Trillolle, eliter -0	and promptly and directly delivered to a separate political organization If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl						
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).									
		(:	(a)		(a)		(a)		(b)	
		Yes	No		A moui	nt				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of									
а	Volunteers?		Νo							
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No							
c	Media advertisements?		Νo	1						
d	Mailings to members, legislators, or the public?		No							
e	Publications, or published or broadcast statements?		Νo							
f	Grants to other organizations for lobbying purposes?		Νo							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				829				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο							
i	Other activities? If "Yes," describe in Part IV		Νo							
j	Total lines 1c through 1:					829				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo							
b	If "Yes," enter the amount of any tax incurred under section 4912			1						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912									
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?									
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n				
			_		Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		<u> </u>				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2						
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3						
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,			ectio	n				
1	Dues, assessments and similar amounts from members	1								
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).									
а	Current year	2a								
b	Carryover from last year	2b								
С	Total	2c								
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3								
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4								
5	Taxable amount of lobbying and political expenditures (see instructions)	5				-				
	art IV Supplemental Information	1 -								
	eappionionial aniormation									

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

As Filed Data -

DLN: 93493130012272

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
WESTMINSTER COLLEGE

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

<u> </u>
es 🗆 No
es ΓNo
7.
area
the Year
the rear
es Γ No
es Γ No
es 「No
es
5.
f vice,
f vice,
5. f vice,

Cat No 52283D

Schedule D (Form 990) 2010

'ar	Titl Organizations Maintaining Co	llections of Art	<u>, His</u>	torical	Treas	sures, or Ot	her	Similar <i>I</i>	\ss €	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne followi	ng that a	are a sıgnıfıcar	nt use	of its colle	ctio	n	
а	Public exhibition		d	√ Lo	an or ex	change progra	ıms				
ь	Scholarly research		e	┌ ot	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co	allactions and avala	ın hav	w thou fu	rthar tha	organization's		mnt nurnos	o in		
•	Part XIV	onections and expla	III IIOV	w they lu	rtner tne	e organization s	s exer	npt purpos	e III		
5	During the year, did the organization solicit o							ar	_		_
	assets to be sold to raise funds rather than t									Yes	✓ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answered	"Yes	s" to Form	1 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ts no	t		Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ung table	<u> </u>						
	, ,	·							A moı	ınt	
c	Beginning balance					1	lc				
d	Additions during the year					1	Ld				
e	Distributions during the year					1	le				
f	Ending balance						Lf				
2a	Did the organization include an amount on Fo	orm 990. Part X. line	217				1		Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								ĺ		,
	rt V Endowment Funds. Complete		n ans	wered '	"Yes" to	Form 990, I	Part :	IV, line 10).		
	<u> </u>	(a)Current Year)Prior Yea) Two Years Back		hree Years Ba		e) Four Y	ears Back
.a	Beginning of year balance	78,557,979		72,362	2,333	94,297,41	5				
b	Contributions	1,160,761		986	6,409	523,75	7				
c	Investment earnings or losses	14,976,165		9,24	1,879	-18,618,51	_		_		
d	Grants or scholarships	1,547,958		1,634	4,064	1,614,59	0				
e	Other expenditures for facilities and programs	2,236,670		2,398	8,578	2,225,73	6				
f	Administrative expenses								+		
g	End of year balance	90,910,277		78,557	7,979	72,362,33	3				
2	Provide the estimated percentage of the yea	r end halance held a	15			<u> </u>					
а	Board designated or quasi-endowment	14 610 %									
_	Permanent endowment 48 420 %										
Ь	remanent endowment F										
c Ba	Term endowment 4 36 970 % Are there endowment funds not in the posses	ssion of the organize	ation 1	that are	hald and	administered	forth	۵			
ď	organization by	ssion of the organize	201011	tilat are	neia ana	adiiiiiistered	101 (11	•		Yes	No
	(i) unrelated organizations							3	a(i)	Yes	
	(ii) related organizations		•					3	a(ii)		Νo
b	If "Yes" to 3a(II), are the related organizatio	·							3Ь		
	Describe in Part XIV the intended uses of th										
a l	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Forn	n 990, I	Part X, line 1	.0.				
	Description of investment				t or other vestment)			(c) Accumulat depreciation		(d) Boo	ok value
a	Land					302,7	700				302,700
b	Buildings					69,995,4	165	14,680,	644	5	5,314,821
c	Leasehold improvements										
d	Equipment					8,014,0	020	5,603,	857		2,410,163
e	Other					14,023,2	271	1,960,	546	1.	2,062,725

70,090,409

Part VII Investments—Other Securities. See Fo	orm 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)Financial derivatives		, , , , , , , , , , , , , , , , , , ,
2)Closely-held equity interests		
3)0 ther		
A) COMMINGLED FUNDS	18,672,413	
B) FIXED INCOME	13,598,720	
	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	32,271,133	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line		(b) Paak value
(a) Descripti	on	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.		<u> </u>
Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
DEPOSITS HELD IN CUSTODY FOR OTHERS	374,797	
ANNUITY PAYABLE	461,611	
POSTRETIREMENT BENEFIT OBLIGATIONS	6,584,755	
GOVERNMENT STUDENT LOAN FUNDS	2,310,841	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	9,732,004	
	5,732,004	

che	Idle D (101111 990) 2010					Page 4
Par	t XI Reconciliation of C	hange in Net Assets from Foi	m 990 to	Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), lıne 12)			1	65,693,298
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	59,918,058
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	5,775,240
4	Net unrealized gains (losses) o	n investments			4	9,882,926
5	Donated services and use of fa	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	1,486,424
9	Total adjustments (net) Add lir	nes 4 - 8			9	11,369,350
10	Excess or (deficit) for the year	per financial statements Combine lin	es 3 and 9		10	17,144,590
Par	XII Reconciliation of R	evenue per Audited Financia	l Statem	ents With Revenue	per R	eturn
1	Total revenue, gains, and othe	r support per audited financial statem	ients		1	54,499,232
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a	9,882,926		
b	Donated services and use of fa	acılıtıes	. 2b			
c	Recoveries of prior year grants	s	. 2c			
d	Other (Describe in Part XIV)		2d	734,824		
e	Add lines 2a through 2d .				2e	10,617,750
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	43,881,482
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a	120,515		
b	Other (Describe in Part XIV)		. 4b	21,691,301		
c	Add lines 4a and 4b				4c	21,811,816
5		d 4c. (This should equal Form 990, Pa	-		5	65,693,298
		xpenses per Audited Financia	al Staten	nents With Expense	s per	
1	Total expenses and losses per statements	r audited financial			1	38,841,066
2		t not on Form 990, Part IX, line 25				
а	Donated services and use of fa		2	a		
b	Prior year adjustments		2	ь		
С	Other losses		. 20	c		
d	Other (Describe in Part XIV)		20	d 3,065,852	2	
e	Add lines 2a through 2d				2e	3,065,852
3	Subtract line 2e from line 1 .				3	35,775,214
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4	120,515	5	
b	Other (Describe in Part XIV)		4	b 24,022,329		
c	Add lines 4a and 4b				4c	24,142,844
5	Total expenses Add lines 3 ar	nd 4c. (This should equal Form 990, P	art I, lıne 1	8)	5	59,918,058
Par	t XIV Supplemental Inf	ormation	_			
Part		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X				
	Ident if ier	Return Reference		Explana	ion	
		PART III, LINE 1A	HISTORI IN THE F	LEGE OWNS A NUMBER C TREASURES, NONE O	OFPII FWHI	CH ARE RECORDED SE ITEMS HAVE

a Investment expenses not in		7b 4a 120,515	1 1	33,773,214
b Other (Describe in Part XIV)c Add lines 4a and 4b)	4b 24,022,329	4c	24,142,844
	and 4c. (This should equal Form 99	O, Part I, line 18)	5	59,918,058
Part XIV Supplemental I		es 3, 5, and 9, Part III, lines 1a and 4, Pa		lungs 1h and 2h
		art XIII, lines 2d and 4b Also complete t		
Ident if ier	Return Reference	Explanat	ion	
	PART III, LINE 1A	THE COLLEGE OWNS A NUMBER OF		
		HISTORIC TREASURES, NONE OF IN THE FINANCIAL STATEMENTS	THE	SE ITEMS HAVE
		ARE GENERALLY DISPLAYED IN N		•
	PART III, LINE 4	THE COLLEGE'S COLLECTION OF		FACTS OF
		CULTURAL AND EDUCATIONAL S FROM STONE TOOLS (6,000 B C)	IGNIF	ICANCE RANGE
		TABLETS (2,000 B C), AN EGYPT: COPTIC ITEMS (5TH CENTURY A	IAN M	UMMY (300 B C),
		ARMOR (18TH CENTURY A D) TO	CÜRR	ENCY BEARING THE
		PORTRAIT OF SADDAM HUSSEIN COLLECTION PROVIDES A CONN	IÈCTI	ON TO THE PAST
		FOR STUDENTS OF HISTORY AND CAMPUS AND IN THE SURROUND	INGC	OMMUNITY IN
		ADDITION, SOME ITEMS IN THE LOANED TO MUSEUMS AND HIST		
		EXPANDING THEIR EDUCATIONA COLLECTION IS HIGHLIGHTED O		
		RESEARCH MATERIALS (CT SCAN EDUCATIONAL MATERIALS) A FO		•
		RECONSTRUCTED A BUST OF TH	E 2,00	0+YEAR-OLD
		VISAGE OF A WOMAN WHO LIVE OF THE ARTIFACTS ENCOURAGE	DINA	NCIENT EGYPT ALL
		BY BRINGING HISTORY TO LIFE A	AS STU	JDENTS SEE
		FIRSTHAND THE ITEMS ABOUT W		
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CO INVESTMENT FUNDS ESTABLISH		
		COLLEGE'S MISSION ITS ENDOV		
		DESIGNATED BY THE BOARD OF AS ENDOWMENTS AS REQUIRED		
		ACCEPTED ACCOUNTING PRINC ASSOCIATED WITH ENDOWMENT	IPLES	, NET ASSETS
		FUNDS DESIGNATED BY THE BOAFUNCTION AS ENDOWMENTS, AR	ARD O	F DIRECTORS TO
		REPORTED BASED ON THE EXIST	ENCE	OR ABSENCE OF
		TRUSTEES HAS ELECTED TO BE	GOVE	RNED BY THE
		COMMONWEALTH OF PENNSYLV	RN PO	LICY THAT ALLOWS
		A NONPROFIT ENTITY TO CHOO PERCENTAGE OF THE AVERAGE I	MARKE	ET VALUE OF THE
		ENDOWMENT'S PERMANENTLY RI AS INCOME EACH YEAR HOWEV		
		PRESERVATION OF THE REAL VA MUST BE TAKEN INTO CONSIDER		
		ELECTS A SPENDING RATE ON A BOARD OF TRUSTEES MUST ELEC		•
		SPENDING RATE OF BETWEEN 2% ENDED JUNE 30, 2011, THE COLL		
		SPENDING RATE, BASED ON A TH AVERAGE OF HISTORICAL END-C	HREE-	YEAR MOVING
		MARKET VALUES THE LAST QUA	RTER	USED TO
		JUNE 30, 2011 WAS THE QUARTE	REND	DED DECEMBER 31,
		RESTRICTED NET ASSETS THE O	RIGIN	AL VALUE OF GIFTS
		DONATED TO THE ENDOWMENT . VALUE OF SUBSEQUENT GIFTS T	ОТНЕ	ENDOWMENT THE
		UNDISTRIBUTED AMOUNTS EARI UNRESTRICTED NET ASSETS IN	ACCO	RDANCE WITH ACT
		141, THE COLLEGE HAS ADOPTE INVESTMENT POLICY, OF WHICH	I A SE	CTION
		SPECIFICALLY RELATES TO THE COLLEGE CONSIDERS THE FOLL	ONIWC	G FACTORS IN
		PROTECTING THE CORPUS OF THE		
		PRESERVING THE SPENDING POVOBTAINING MAXIMUM INVESTM		
		REASONABLE RISK AND OPERAT 4 COMPLYING WITH APPLICABL		
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE IS EXEMPT FROM FUNDER SECTION 501(C)(3) OF THE	EDER	AL INCOME TAXES
COLLIGIO CADENTIN 40		CODE OF 1986 ACCORDINGLY, INCOME TAXES HAS BEEN MADE	NO PR	OVISION FOR
		FINANCIAL STATEMENTS EFFEC	TIVE	FOR THE YEAR
		INCOME TAXES TOPIC OF THE A	ccou	NTING STANDARDS
		CODIFICATION (ASC) CLARIFYIN	SREC	OGNIZED IN AN
		PRESCRIBES A RECOGNITION TH	HRESH	OLDAND
		MEASUREMENT PRINCIPLES FOR DISCLOSURE OF TAX POSITIONS		
		BE TAKEN ON A TAX RETURN TH ASSESSED THE TAX POSITIONS		
		EXPECTS TO TAKE IN ITS TAX REIMPLEMENTATION HAD NO IMPA	ETURN	S THE
		STATEMENTS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS	Y HAS	BEEN RECORDED
		HAS NO UNRECOGNIZED TAX BE	NEFIT	
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION BENEFIT COST 1,486,4	24	
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 629,363 105,461	RENT	AL EXPENSES
PART XII, LINE 4B - OTHER		SCHOLARSHIPS AND GRANTS 22	,535,8	389 LOSS ON ASSET

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As Filed Data -

DLN: 93493130012272

MB No 1545-004

2010

Open to Public

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Schools

Name of the organization WESTMINSTER COLLEGE

Employer identification number

25-0981156

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
	Describes accountable fallows 2	-		
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4с	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	- 5a		N o_
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		1		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE WESTMINSTER COLLEGE NONDISCRIMINATION POLICY IS INCLUDED ON THE COLLEGE WEBSITE, IN ALL OFFICIAL PUBLICATIONS, IN ALL EMPLOYEE ADVERTISING, AND IN ALL STUDENT RECRUITMENT MATERIALS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	IN THE COURSE OF OUR BUSINESS AS A COLLEGE, THE INSTITUTION RECEIVES FEDERAL GRANTS AND PARTICIPATES IN THE FOLLOWING GOVERNMENTAL AGENCY FINANCIAL AID OR ASSISTANCE PROGRAMS FEDERAL PELL GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK STUDY GRANT, FEDERAL FAMILY EDUCATION LOAN PROGRAM, PENNSYLVANIA INSTITUTIONAL ASSISTANCE GRANT, PENNSYLVANIA NEW ECONOMY TECHNOLOGY SCHOLARSHIP (NETS), PENNSYLVANIA PARTNERSHIP FOR ACCESS TO HIGHER EDUCATION (PATH), PENNSYLVANIA ACADEMIC EXCELLENCE SCHOLARSHIP AWARD PROGRAM (AES), PENNSYLVANIA WORKFORCE ADVANCEMENT GRANT FOR EDUCATION PROGRAM (WAGE)

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493130012272

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

s	TMINSTER COLLEGE					
					25-0981156	
•	rt I General Informatio "Yes" to Form 990, Pa			the United States.	Complete if the organiz	zation answered
	For grantmakers. Does the	organızatıon	maıntaın recor	ds to substantiate the	amount of the grants	or
	assistance, the grantees' eli-	gibility for the	grants or ass	istance, and the selec	tion criteria used to aw	ard
	the grants or assistance?					☐ Yes ☐ No
	For grant makers. Describe in Pa United States	art V the organ	ızatıon's procedı	ures for monitoring the us	se of grant funds outside t	he
	Activites per Region (Use Part	V ıf addıtıonal	space is needed	1)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SCOTLAND MUSIC TOUR	235,304
	SOUTH AMERICA	0	0	PROGRAM SERVICES	ECUADOR SPRING BREAK WORK TRIP	30,73
	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	COLLABORATIVE FACULTY/STUDENT RESEARCH-WESTERN GALILEE COLLEGE, AKKO, ISRAEL	21,864
	SOUTH AMERICA	0	0	PROGRAM SERVICES	FACULTY/STAFF TRAVELING OUTSIDE OF THE US	2,300
	NORTH AMERICA	0	0	PROGRAM SERVICES	FACULTY/STAFF TRAVELING OUTSIDE OF THE US	1,300
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	STUDY ABROAD PROGRAM	FALL 2010 AND SPRING 2011 STUDY ABROAD	30,607
	SOUTH AMERICA	0	0	STUDY ABROAD PROGRAM	FALL 2010 AND SPRING 2011 STUDY ABROAD	3,128
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	STUDY ABROAD PROGRAM	FALL 2010 AND SPRING 2011 STUDY ABROAD	8,52
	EAST ASIA AND THE PACIFIC	0	0	STUDY ABROAD PROGRAM	FALL 2010 AND SPRING 2011 STUDY ABROAD	1,287
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	23,979,52
-	Sub-total	0	0			333,762
	Total from continuation sheets	 	1			23 980 800

0

to Part I

Par	Part IV, l	ine 15, for any					olete if the organiza received more than		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,								
	_								
2	Enter total nun	nber of recipie	ent organizations lis	ted above that are i	recognized as chari	ties by the foreign (country, recognized	as 🕨	1
3	tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
								Schedule F	(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	if the organization a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
			!		assistance	assistance	(book, FMV, appraisal, other)
			<u>. </u>				
			<u> </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		1		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 25-0981156

Name: WESTMINSTER COLLEGE

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I

Department of the Treasury

Internal Revenue Service

DLN: 93493130012272

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Inspection

NECTALNETED COLLECT						Linployer Identification	on number
WESTMINSTER COLLEGE						25-0981156	
Part I General Information	n on Grants and	d Assistance				•	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	sıstance?					✓ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	sistance to Go 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 503 Enter total number of other organ						_	
For Privacy Act and Paperwork Reduction				Cat No 50055P			le I (Form 990) 2010

► Attach to Form 990

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ACADEMIC AND FINANCIAL ASSISTANCE SCHOLARSHIPS	1472	22,535,889		N/A	N/A

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

Ident if ier	Return Reference	Explanation
	,	SCHEDULE I, PART I, LINE 2 A LIST OF SCHOLARSHIP RECIPIENTS IS ON FILE AT THE INSTITUTION AND IS
MONITORING GRANTS		AVAILABLE UPON REQUEST ALTHOUGH THERE MAY BE RECIPIENTS WHO ARE RELATED TO PERSONS HAVING AN
IN THE U S		INTEREST IN THE INSTITUTION, SUCH RECIPIENTS ARE SELECTED ON AN EQUAL, OBJECTIVELY DETERMINED
		BASIS WITH OTHER RECIPIENTS ALL STUDENTS RECEIVING SCHOLARSHIPS ARE JUDGED WORTHY BY THE
		INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, OR OTHER SIMILAR
		STANDARDS CRITERIA FOR ALL SCHOLARSHIPS IS PUBLISHED AND MADE AVAILABLE TO ALL STUDENTS AND
		THEIR FAMILIES

DLN: 93493130012272

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WES	STMINSTER COLLEGE		. ,				
			25-09811	156			
Pa	rt I Questions Regarding Compensation		<u> </u>				
						Yes	Νο
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p						
		V	Housing allowance or residence for personal u				
	Travel for companions	<u></u>	Payments for business use of personal reside				
	·	-					
		<u> </u>	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organizerimbursement orprovision of all the expenses described				1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire				2	Yes	
3			, Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensation comm	ııttee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII	, Section A , line $f 1a$ with respect to the filing or	ganızatıon			
а	Receive a severance payment or change-of-control payr	men	t from the organization or a related organization	n?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental i	non	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based	l co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III				
5	Only 501(c)(3) and 501(c)(4) organizations only must conform persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of						
а	The organization?				5a		No
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any				
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr				7		No
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regin Part III		·		8		No
9	If "Yes" to line 8 did the organization also follow the reh	uitta	shle presumption procedure described in Regula	ations		Ì	

section 53 4958-6(c)?

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

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

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

(A) Name		(R) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) RICHARD H DORMAN	(I) (II)	241,334 0	0	19,080 0	48,544 0	35,072 0	344,030 0	0 0
(2) KENNETH J ROMIG	(I) (II)	142,139 0	0	90	11,354 0	33,610 0	187,193 0	0
(3) JESSE T MANN	(I) (II)	135,253 0	0	258 0	10,821	20,876 0	167,208 0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE FOR THE CONVENIENCE OF THE COLLEGE, THE PRESIDENT OCCUPIES THE RESIDENCE PROVIDED (MACK MANSE) AT NO CHARGE TO THE PRESIDENT PERSONAL SERVICES(E.G., CLEANING SERVICES) THE COLLEGE MANSE IS THE PROPERTY OF WESTMINSTER, THEREFORE IT IS MAINTAINED BY THE PHYSICAL PLANT DEPARTMENT CLUB MEMBERSHIPS IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER BUSINESS ASSOCIATES OF THE COLLEGE, THE COLLEGE PAYS OR REIMBURSES THE PRESIDENT FOR, THE INITIAL FEES AND PERIODIC DUES FOR MEMBERSHIP IN THE DUQUESNE CLUB AND THE NEW CASTLE COUNTRY CLUB DIRECT EXPENSES FOR UTILIZATION OF THE CLUBS WILL BE THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN ATTRIBUTABLE TO COLLEGE BUSINESS
SUPPLEMENTAL INFORMATION		SCHEDULE J, PART II WESTMINSTER COLLEGE ACCOUNTED FOR THE PERSONAL USE OF VEHICLE ON BEHALF OF RICHARD H DORMAN ON A SEPARATE 2010 FORM W-2 THE AMOUNT OF THE PERSONAL USE OF VEHICLE WAS \$2,132 FOR THE 2010 CALENDAR YEAR

Schedule J (Form 990) 2010

Schedule K

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493130012272

Open to Public **Inspection**

Internal Revenue Service Name of the organization WESTMINSTER COLLEGE

Department of the Treasury

(Form 990)

Employer identification number

25-0981156

Pa	rt I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pi	rıce	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer) Pool ancing
										Yes	No	Yes	No	Yes	No
A	NEW WILMINGTON MUNICIPAL AUTHORITY- SERIES 2007	25-1739535	64920RAS2	06-27-2007	17,102	,753	SEE P <i>i</i>	ART V			x		x		x
В	NEW WILMINGTON MUNICIPAL AUTHORITY- SERIES 2011	25-1739535		04-28-2011	3,000	,000	TO FUND THE CONSTRUCTION OF STUDENT HOUSING			Х		х		х	
_															
_															
Pa	rt III Proceeds														
					А	\		ı	В		С			D	
1	A mount of bonds retired														
2	A mount of bonds legally defea	ased													
3	Total proceeds of issue	Total proceeds of issue					2,753		3,000,000						
4	Gross proceeds in reserve fur	nds				1,301	,944								
5	Capitalized interest from proc	eeds													
6	Proceeds in refunding escrow				1	12,302	7,716								
7	Issuance costs from proceed:	s				207	07,525 41,000		41,000						
8	Credit enhancement from prod	ceeds				281	281,203								
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds				3,009	,365		2,959,000						
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion	n			200	09		20	11						
					Yes	No	0	Yes	No	Yes		No	Ye:	s	No
14	Were the bonds issued as par	t of a current refund	ing issue?		×				Х						
15	Were the bonds issued as par		Х				Х								
16	Has the final allocation of pro	Х			Х										
17	Does the organization maintal allocation of proceeds?	х			Х										
Par	t IIII Private Business U	Jse									•				
				A			E			C			D		
i					Yes	No	•	Yes	No	Yes		No	Ye	5	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Х

Part III Private Business Use (Continued)

		A	\		В		С	1	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?	х			×				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х		x					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		×					

	post-issuance compliance of its tax-exempt bond liabilities?		^		^				
Pai	t IV Arbitrage								
		А			В	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		Х				
	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
ь	Name of provider				•				
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		×				
6	Did the bond issue qualify for an exception to rebate?		Х		Х				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION		THE ADVANCE REFUNDING OF THE AUTHORITIES COLLEGE REVENUE BONDS (WESTMINSTER COLLEGE) SERIES 1998 - THE PROCEEDS OF WHICH WERE USED TO FINANCE INSTALLATION OF A CAMPUS DATA NETWORK, INSTALLATION OF A SATELLITE AND VIDEO RESOURCES, UPGRADING TELEPHONE CAPABILITIES, AND ELECTRICAL REFURBISHMENT OF THE COLLEGE'S RESIDENCE HALLS, (II) THE CURRENT REFUNDING OF THE AUTHORITY'S WESTMINSTER COLLEGE NOTE, SERIES OF 2006, THE PROCEEDS OF WHICH WERE USED TO FINANCE THE CONSTRUCTION AND EQUIPPING OF STUDENT HOUSING FACILITIES LOCATED ON THE COLLEGE'S CAMPUS, (III) THE RENOVATION OF APPROXIMATELY EIGHT STUDENT RESIDENCE HALLS AND MCGILL LIBRARY, IMPROVEMENTS TO THE ATHLETIC FIELD AND CERTAIN MISCELLANEOUS CAPITAL EXPENDITURES, (IV) THE FUNDING OF A DEBT SERVICE RESERVE FUND, AND (V) THE PAYMENT OF THE COSTS OF ISSUING AND INSURING THE BONDS

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DLN: 93493130012272

Employer identification number

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

WESTMINSTER COLLEGE

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

2010

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2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	Complete if the organizat									(c) C	orrected?
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	1 (a) Name of disq	ualıfıed	person		(b) Desc	<u> </u>	No				
Section 4958										100	
Section 4958											
Section 4958											
Section 4958											
Section 4958											
Section 4958											
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due default? Yes No Yes No Yes No Yes No Yes Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistance in the component of the complete in the component of the componen	section 4958	, on line	• • • e 2, abo	ve, reimbursed by	the organization .			•	* \$		
(a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due default? Yes No Yes No Yes No Yes No Yes Total						or For	m 990-	F7 Part\	/ line 38	Ra	
Total	(a) Name of interested person and	(b) Loan to or from the		(c)O riginal	(d)Balance due	(e)	In	Approved by board or		(g)Writ	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation (1) ENROLLED STUDENT		То	From			Yes	No	Yes	No	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation and the organization											
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation and the organization							+				
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation (1) ENROLLED STUDENT											
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation (1) ENROLLED STUDENT											
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation (1) ENROLLED STUDENT		<u> </u>	<u> </u>	<u>.</u> ▶	 \$						
(a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of grant or type of assistation	Part IIII Grants or Assistar	ice Be	nefitt	ing Intereste	d Persons.	/, line :	27.			l	
(1) ENROLLED STUDENT				b) Relationship be	tween interested pe			mount of g	rant or t	ype of assi	stance
	(1) ENROLLED STUDENT		FAI								9,000

Part TV Bus	iness Transact	tions Involving T	nterested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	m answered res on	101111 330, 1 arc 1 v , 111	10 200, 200, 01 20C.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
	organization			Yes	No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493130012272

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization WESTMINSTER COLLEGE

Employer identification number

					25-0981156			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining c amounts		contribut	ion
1	Art—Works of art			-3				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
jood	ls							
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	Х	8	956,582	FAIR MARKET VAL	UE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts .		_					
	Other ► (<u>ARTIFICATS</u>)	X	5	0	N/A			
	Other ▶()							
	Other ▶()							
	Other ► ()	L						
29	Number of Forms 8283 received by for which the organization complete		<u>-</u>		29		1 1	0
20-	Down the way did the energy		- h.,h., h., h	ouko wana anka di su Birink F. I	1 20 46-4-4		Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire					30a		No
	If "Yes," describe the arrangement						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Ident if ier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION UTILIZED AN UNRELATED THIRD PARTY BROKERAGE FIRM TO SELL GIFTS OF PUBLICLY TRADED SECURITIES
NON REPORTING OF REVENUE	PART I, LINE 33	THE COLLEGE OWNS A NUMBER OF PIECES OF ART AND HISTORIC TREASURES, NONE OF WHICH ARE RECORDED IN THE FINANCIAL STATEMENTS THESE ITEMS HAVE BEEN GIVEN TO THE COLLEGE OVER A NUMBER OF YEARS, ARE GENERALLY DISPLAYED IN VARIOUS LOCATIONS AROUND CAMPUS AND ARE INSURED THE VALUE OF NONCASH CONTRIBUTIONS IS NOT DETERMINED BY THE COLLEGE AND NO GIFT CREDIT IS ISSUED TO THE DONOR IN ORDER TO RECEIVE GIFT CREDIT, A DONOR MUST HAVE THE ITEM APPRAISED BY AN INDEPENDENT OUTSIDE APPRAISER THIS PROCESS DOES NOT APPLY TO THE RECEIPT OF A STOCK GIFT WHEN WESTMINSTER COLLEGE RECEIVES A STOCK GIFT, THE GIFT IS VALUED AT THE AVERAGE OF THE STOCK'S HIGH AND LOW TRADING PRICE, AS INDICATED IN THE WALL STREET JOURNAL, ON THE DATE OF TRANSFER TO THE COLLEGE THIS METHOD PROVIDES AN OBJECTIVE DETERMINATION OF THE VALUE OF THE GIFT

Schedule M (Form 990) 2010

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DLN: 93493130012272

OMB No 1545-0047

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
WESTMINSTER COLLEGE

Employer identification number

25-0981156

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE WESTMINSTER FINANCIAL MANAGEMENT TEAM REVIEWS THE FORM 990 AND SEEKS INPUT REGARDING THE SAME FROM THE PRESIDENT THE COLLEGE'S TRUSTEES ARE PROVIDED WITH ACCESS TO A SECURE WEBSITE WHERE THEY ARE ABLE TO REVIEW THE COLLEGE'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2011 THE COLLEGE'S TRUSTEES ARE INVITED TO PARTICIPATE IN A TELECONFERENCE WITH MEMBERS OF THE COLLEGE'S ADMINISTRATION WHO ARE RESPONSIBLE FOR PREPARING THE COLLEGE'S TAX RETURN DURING THE TELECONFERENCE, THE COLLEGE'S FINANCIAL ADMINISTRATORS REVIEW THE COMPLETE TAX RETURN WEBSITE ACCESS TO A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE TRUSTEES PRIOR TO THE FILING OF THE RETURN WITH THE INTERNAL REVENUE SERVICE

ldentifier Retur Referer	—
FORM 990 PART VI, SECTION LINE 12C	THE COLLEGE IS REQUIRED TO ANNUALLY (1) REVIEW THE COLLEGE'S CONFLICT OF INTEREST POLICY, (2)

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION FOR THE PRESIDENT OF THE COLLEGE WAS DETERMINED BY A SPECIALLY APPOINTED COMMITTEE OF THE BOARD OF TRUSTEES WHO WAS EMPOWERED BY THE BOARD OF TRUSTEES TO NEGOTIATE AN EMPLOY MENT CONTRACT WITH THE PRESIDENT THE MEMBERS OF THE SPECIAL COMPENSATION COMMITTEE WERE INDEPENDENT, NONE WERE COMPENSATED BY THE COLLEGE, NOR DOES A COMPENSATION ARRANGEMENT EXIST BETWEEN THE COLLEGE AND ANY FAMILY MEMBER OF ANY OF THEM OR ANY BUSINESS IN WHICH ANY OF THEIR FAMILY MEMBERS HAVE AN INTEREST WHEN THE PRESIDENT'S EMPLOY MENT AGREEMENT WITH WESTMINSTER COLLEGE WAS RENEWED ON NOVEMBER 1, 2010, THE COMMITTEE REVIEWED THE COMPENSATION PAID TO THE PRESIDENTS OF THE 30 COLLEGES TO WHICH WESTMINSTER REGULARLY COMPARES ITSELF WITH RESPECT TO TUITION AND FEES, ENDOWMENT RETURNS AND OTHER METRICS BASED ON THIS DATA, THE COMMITTEE WAS SATISFIED THAT THE COMPENSATION OFFERED TO DR DORMAN REFLECTED THE FAIR MARKET VALUE FOR THE SERVICES TO BE RENDERED TO THE COLLEGE THE AGREEMENT EXECUTED BETWEEN WESTMISTER COLLEGE AND DR DORMAN EXTENDED THE EMPLOYMENT OF DR DORMAN TO SERVE THE COLLEGE PURSUANT TO TERMS AND CONDITIONS OF THE AGREEMENT AS PRESIDENT OF THE COLLEGE UNTIL JUNE 30, 2016 THE PRESIDENT'S BASE SALARY SHALL BE SUBJECT TO ANNUAL REVIEWS BY THE GOVERNANCE COMMITTEE OR ITS DESIGNEE, AND MAY BE INCREASED WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	, , ,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST IN ADDITION, THE COLLEGE'S FINANCIAL STATEMENTS MAY BE VIEWED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE AT HTTP //EMMA MSRB ORG/

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 9,882,926 PENSION BENEFIT COST 1,486,424 TOTAL TO FORM 990, PART XI, LINE 5 11,369,350

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	FORM 990, PART XII, QUESTION 2	THE COLLEGE'S AUDIT AND COMPLIANCE COMMITTEE ASSUMES THE RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT AND OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT AUDITORS

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

DLN: 93493130012272

OMB No 1545-0047

Schedule R (Form 990) 2010

2010

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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.

► See separate instructions.

Cat No 50135Y

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** WESTMINSTER COLLEGE 25-0981156 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization

				ble as a Partner created as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lu	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	(f) total income		(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V- amount in bo Schedule (Form 10	x 20 of K-1	(j Gene mana part	ral or aging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "\	'es" on	Form	990,	Part IV,
	(a) d EIN of related organiz		(b) Primary activity	(c) Legal domicile (state or foreign country)	·	(d) Direct cor enti) ntrolling	(e) Type of er (C corp, S or trust	ntity corp,		(f) f total income	Shai end-o	y) e of f-year ets		(h) Percentage ownership
See Additional Data Table				,,											
										1					

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	55A, or 36.)		
Not e.	. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
a Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift,	grant, or capital contribution to other organization(s)			1b		No
c Gift, 9	grant, or capital contribution from other organization(s)			1 c		No
d Loans	s or loan guarantees to or for other organization(s)			1d		No
e Loans	s or loan guarantees by other organization(s)			1e		No
f Sale	of assets to other organization(s)			1 f		No
g Purcl	hase of assets from other organization(s)			1 g		No
h Exch	ange of assets			1h		No
i Lease	e of facilities, equipment, or other assets to other organization(s)			1 i		No
j Lease	e of facilities, equipment, or other assets from other organization(s)			1 j		No
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Perfor	rmance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sharı	ng of facilities, equipment, mailing lists, or other assets			1m	1	No
n Shari	ing of paid employees			1n		No
o Reim	bursement paid to other organization for expenses			10		No
p Reim	bursement paid by other organization for expenses			1р		No
q Othe	r transfer of cash or property to other organization(s)			1 q		No
r Other	r transfer of cash or property from other organization(s)			1r		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds		
	(a)	(b)	(c)	(d) Method of determin	aina ama	ount
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni
(1)						
(2)						
-						
(3)						
(4)						
(4)						
(5)						
(5)		1	1	I		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Return to Form

Software ID: Software Version:

EIN: 25-0981156

Name: WESTMINSTER COLLEGE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
DALE L MULLEN MEMORIAL FUND 101 E WASHINGTON STREET NEW CASTLE, PA16103	PHILANTHROPY	PA		Т		547,954	100 000 %
MAUDE MYERS TRUST ONE WEST FOURTH STREET 2ND FL WINSTONSALEM, NC27101	PHILANTHROPY	PA		Т		253,727	100 000 %
JANE SMILEY BROWNLEE SCHOLARSHIP FUND 101 E WASHINGTON STREET NEW CASTLE, PA16103	PHILANTHROPY	PA		Т		1,018,667	100 000 %
MARY LOWE FAIR MEMORIAL SCHOLARSHIP 1900 E 9TH STREET CLEVELAND, OH44114	PHILANTHROPY	PA		Т		46,369	100 000 %
REV & MRS SCOTT THOMPSON FUND 220 E TWELFTH STREET JEFFERSONVILLE, TN47130	PHILANTHROPY	PA		Т		2,307	100 000 %
BARBARA ANN & FRANKLIN T JONES SCHOLARSHIP FUND 220 E TWELFTH STREET JEFFERSONVILLE, TN47130	PHILA NTHROPY	РА		Т		1,101	100 000 %
MABEL C KOCHER LIBRARY FUND 220 E TWELFTH STREET JEFFERSONVILLE, TN47130	PHILANTHROPY	PA		Т		4,051	100 000 %
ROBERT W CALDWELL 220 E TWELFTH STREET JEFFERSONVILLE, TN47130	PHILA NTHROPY	РА		Т		4,085	100 000 %