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DLN: 93493129011763

990 T

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

	Revenue				1	Inspection
		calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-2012	<u> </u>	D Employer	identification number
_	eck if ap Iress cha	Westminster College			87-02124	470
_	ne char	Doing Business As		_	E Telephone	
_	ıal retur		d to street add====\\ D ===='	<u></u>	(801)832	2-2139
_	mınated	1840 South 1300 Fact	ed to street address) Room/su	ite	G Gross receip	ots \$ 107,529,085
_	ended r	City or town, state or country, and ZIP + 4 Salt Lake City, UT 84105 pending				
		F Name and address of principal officer		H(a) Is thu	s a group ret	urn for
		Michael Bassis		affilia		⊤Yes ▼ No
		1840 S 1300 E Salt Lake City, UT 84015		H/h) Are all	affiliates incl	uded?
						st (see instructions)
Tax	x-exem	pt status	4947(a)(1) or 527		p exemption	
W	ebsite	: ► www westminstercollege edu				
		anization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		L Year of for	mation 1886	M State of legal domicile U
Pa	rt I	Summary				
Activities & Governance	v	riefly describe the organization's mission or most sign Vestminster College is a private comprehensive libera egrees in liberal arts and professional programs		e Cıty, UT offe	rıng undergra	aduate and graduate
уеш				5 11 2	50/ 51 I	
5		heck this box 🔭 if the organization discontinued its			1	1
დ ე		lumber of voting members of the governing body (Part lumber of independent voting members of the governir			3	
anne		otal number of individuals employed in calendar year			5	
(F)		otal number of volunteers (estimate if necessary) .			6	
1		otal unrelated business revenue from Part VIII, colur			7a	_
		let unrelated business taxable income from Form 990			71:	,
				Prio	Year	Current Year
a.	8	Contributions and grants (Part VIII, line 1h) $$.			5,753,423	7,383,077
an ne	9	Program service revenue (Part VIII, line 2g)		79,670,467	· · · · · · · · · · · · · · · · · · ·	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4		9,689,348		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			480,764	538,196
	12	Total revenue—add lines 8 through 11 (must equal P 12)			95,594,002	92,189,587
	13	Grants and similar amounts paid (Part IX, column (A			25,215,100	27,429,063
	14	Benefits paid to or for members (Part IX, column (A),	, lıne 4)			C
ge	15	Salaries, other compensation, employee benefits (Pa 5-10)	art IX, column (A), lines		37,638,478	40,100,160
Expenses	16a	Professional fundraising fees (Part IX, column (A), III	ne 11e)			0
хbе	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,08€				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11c			22,918,080	23,845,075
	18	Total expenses Add lines 13–17 (must equal Part I			85,771,658	
	19	Revenue less expenses Subtract line 18 from line 1	2		9,822,344	815,289
net Assets or Fund Bafances					of Current ear	End of Year
sset Seal	20	Total assets (Part X, line 16)		1	87,732,559	184,654,639
5일	21	Total liabilities (Part X, line 26)			53,271,572	
ŽΞ	22	Net assets or fund balances Subtract line 21 from li	ne 20	1	34,460,987	135,276,276
	t II	Signature Block				
nowl	ledge a ledge.	ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of ****** Signature of officer		r) is based on a	all information	
Here		Sydney Tervort Managing Director Type or print name and title				
Paid		Preparer's signature		Check if self- employed • F	Preparer's tax (see instruction	payer identification number ins)
Prepa Use (arer's Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN Þ	

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

┌Yes ┌No

Par	t III	Statement of Pro				Т	
			•	ise to any qu	lestion in this Part 11	<u> </u>	
1	Brief	ly describe the organiz	ation's mission				
hal cce tud har	lenged ept resp ents to nging w	to experiment with ideonsibility for their own lead lives of learning, orld We do this by offe	as, raise question learning, to disco accomplishment, ring distinctive ac	s, critically over and purs and service, ademic prog	examine alternatives sue their passions, ai , and to help them de grams that emphasize	, nd to act with responsibility velop skills and attributes ci	ns We encourage students to Our purposes are to prepare itical for success in a rapidly courage active, experiential,
2	the pi	rıor Form 990 or 990-l	EZ?		rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Ye	es," describe these new	v services on Sch	edule O			
3	servi	he organization cease of ces?			t changes in how it c	onducts, any program 	┌ Yes ┌ No
4	Desc exper	ribe the organization's nses Section 501(c)(3	program service a 3) and 501(c)(4) o	accomplishm organizations	and section 4947(a	hree largest program service)(1) trusts are required to re ach program service reported	port the amount of
4a	(Code	e) ((Expenses \$	74,422,150	ıncludıng grants of \$	27,349,873) (Revenue \$	86,135,422)
	,	,				rams 636 students graduated in th	e 2011-2012 academic year
4b	(Cod	e) ((Expenses \$		including grants of \$) (Revenue \$)
	-						
4 c	(Code	e)((Expenses \$		including grants of \$) (Revenue \$)
	-						
4d	Othe	er program services ([Describe in Sched	ule O)			
		penses \$		ing grants of	f\$) (Revenue \$)
4e	Tota	al program service expe	enses ⊢ \$	74,422,15	0		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	Yes	
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 temporarily restricted endowments, permanent endowments, 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	
b	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		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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 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 Ma	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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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	
		F:	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 159			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	1		
C	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		105	
24	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?]	Vaa	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
_				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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 or securities	_		
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		No
_		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
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No
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	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.a
	file Form 8282?	7 c		No
d	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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	- '''-		INO
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources 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		No
	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by		<u> </u>	
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	lNο

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax 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	4		No				
5	filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	Did the organization have members or stockholders?	6		Νo				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	•						
Re	venue Code.)			ı				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No				
11a	Has the organization provided a complete 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 the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	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?							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		No				
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No				
Se	ection C. Disclosure							
17								
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (50.1(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 made these available. Check all that apply

Own website Another's website V Upon request

(801)832-2133

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 ►
 Sydney Tervort
 1840 South 1300 East
 Salt Lake City, UT 84105

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for related organization) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for the director/trustee)	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				eck x, oth		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC	I
	See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per week (describe	Position (do not check more than one box, compe unless person is both an officer and a director/trustee) 2/1099						Repo compo froi organiz	(D) (E) Portable Reportable compensation from related ation (W- organization (W- 2/1099)		(F) Estimated amount of othe compensation from the organization an related	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former			MISC)	organiza	
See Additiona	al Data Table												
1b Sub-				<u> </u>	<u> </u>	<u> </u>		<u> </u> ►					
c Tota	Il from continuation sheets t	to Part VII, Sec	tion A					>					
	al (add lines 1b and 1c) .				•		•	P		2,241,969			284,363
	l number of individuals (inclu 0,000 of reportable compens						apove) wno	receive	a more tha	ın		
												Yes	No
	the organization list any forn ne 1a? <i>If "Yes," complete Sch</i>				e, k	ey e	mploy	ee, c	r highes	t compens			
4 For a organ	iny individual listed on line 1 nization and related organiza	la, is the sum of	f report	able (n from the	3 Yes	
	any person listed on line 1a i	receive or accru	· · ıe comp	• oensa	• ition	• fror	n any	• unre	• • lated org	anızatıon o	<u> </u>	4 Yes	
servi	ices rendered to the organiza	ation? <i>If</i> "Yes," (complet	e Sch	edul	e J f	or suci	h per	son .			5	No
Section	n B. Independent Cont	tractors											
\$100	plete this table for your five 0,000 of compensation from thin the organization's tax yo	the organizatio											
	Nam	(A) ne and business add	dress							Desci	(B) ription of services	Compe	
Jensen Desig Three Joel Co Reisterstown,	ourt , MD 21136									Printing			145,185
Grant Thornto 175 West Jac Chicago, IL 6	ckson 20th Floor									Audıt			127,365
	chanical Systems Service S									Maintenance	/repair		288,211
Januar, 01 0													
	number of independent contr ,000 of compensation from t			ot lin	nıted	to	those	lıste	d above)	who receiv	ved more than		

Part V	7444	Statement of Revenue				
	1 -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#¥	1a	Federated campaigns 1a				
豆豆	b	Membership dues 1b				
% €	С	Fundraising events 1c 122,143				
£ξ	d	Related organizations 1d				
% <u>=</u>	e e	Government grants (contributions) 1e 986,374				
음. 음.음	f	All other contributions, gifts, grants, and 1f 6,274,560	.	-]]
更更	'	similar amounts not included above				
温音	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$	7,383,077			
O m	"		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e E		Business Code	_			
Lley.	2a	Tuition and Fees	81,648,938	81,648,938		
28	b	Auxiliary enterprises	4,486,484	4,486,484		
မှည	C					
₹	d					
ج ج	e					
Program Serwce Revenue	f	All other program service revenue				
Š		Tetal Add lines 25, 25	00.127.157			
	g 3	Total. Add lines 2a-2f	86,135,422			
		Investment income (including dividends, interest and other similar amounts)	397,744			397,744
	4	and other similar amounts) Income from investment of tax-exempt bond proceeds	89,362			89,362
	5	Royalties	1,463			1,463
		(i) Real (ii) Personal				_,
	6a	Gross rents (1) Keal (11) Ersonal	-			
	ь	Less rental	1			
		expenses Rental income	-			
	C	or (loss)				
	d	Net rental income or (loss)	0			
		(I) Securities (II) Other	_			
	7a	Gross amount 12,880,511 from sales of				
		assets other than inventory				
	ь	Less cost or 15,234,725				
		other basis and sales expenses				
	С	Gain or (loss) -2,354,214				
	d	Net gain or (loss)	-2,354,214			-2,354,214
Other Revenue	8a	Gross income from fundraising events (not including \$122,143				
>		of contributions reported on line 1c)				
ď		See Part IV, line 18				
Ĭ.	ь	107,643 Less direct expenses b 104,773	1 1			
₹	c	Net income or (loss) from fundraising events	2,870			2,870
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
	b	Less direct expenses b	_			
	C 100	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b]			
	С	Net income or (loss) from sales of inventory 🕨	o			
		Miscellaneous Revenue Business Code				
	11a	O ther Revenue	154,178	154,178		
	b	Interest-Accts Receivable 525990	160,580	160,580		
	c	Commissions 611710	187,978	187,978		
	d	All other revenue	31,127	31,127		
	e	Total. Add lines 11a-11d	F33.063			
	12	Total revenue. See Instructions	533,863 92,189,587	86,669,285		-1,862,775
	1		, -00,007	- 5,555,255		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	neck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b,	(0)	(B)	, [(c) [(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	27,349,873	27,349,873		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	79,190	79,190		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,468,065	287,750	936,268	244,047
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	29,237,470	24,223,752	3,900,069	1,113,649
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,300,129	1,773,214	395,279	131,636
9	Other employee benefits	4,957,560	3,573,037	1,093,213	291,310
10	Payroll taxes	2,136,936	1,725,793	323,896	87,247
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	36,422		36,422	
C	Accounting	95,235		95,235	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,864,145	976,357	868,302	19,486
12	Advertising and promotion	292,922	278,847	13,325	750
13	Office expenses	2,589,009	2,199,057	323,431	66,521
14	Information technology	1,364,343	1,085,390	278,337	616
15	Royalties	6,328	6,328		
16	Occupancy	1,612,529	125,406	1,487,086	37
17	Travel	2,835,073	2,653,040	138,126	43,907
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	160,677	111,994	43,243	5,440
20	Interest	1,949,686	1,430,472	519,214	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,635,980	2,667,696	968,284	
23	Insurance	713,503	255,558	457,945	
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)				
a	Memberships/Subscriptions	332,392	217,010	94,255	21,127
b	Campus Repair & Maint	939,598	208,792	729,077	1,729
С	Food	2,477,198	2,172,503	266,468	38,227
d	Misc other	2,562,635	1,017,934	1,524,276	20,425
e					
f	All other expenses	377,400	3,157	374,243	
25	Total functional expenses. Add lines 1 through 24f	91,374,298	74,422,150	14,865,994	2,086,154
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 17.876.418 2 16.221.241 Savings and temporary cash investments 3 5,512,514 3,976,911 1.723.231 2.419.377 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 4, 106, 150 4,025,210 7 8 0 547.955 9 519,431 9 Prepaid expenses and deferred charges 127,450,484 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 37,268,634 b Less accumulated depreciation 92,558,221 10c 90,181,850 11 0 11 67,091,771 65,626,918 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 15 0 15 187,732,559 184,654,639 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6,968,458 17 7,036,628 17 Accounts payable and accrued expenses . 18 18 19 2,848,464 19 2,600,032 20 31.375.000 20 30.355.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 9.827.089 23 7,088,879 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,252,561 25 2,297,824 D 26 53,271,572 26 49,378,363 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 66,705,430 27 Unrestricted net assets 68,567,384 21,012,980 28 17,587,044 28 Temporarily restricted net assets Fund 29 46,742,577 29 49,121,848 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 134,460,987 33 135,276,276 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 187.732.559 34 184.654.639

Pa	Reconciliation of Net Assets 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		92,1	189,58
2	Total expenses (must equal Part IX, column (A), line 25)	2		91,3	374,29
3	Revenue less expenses Subtract line 2 from line 1	3			315,28
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		134,4	160,98
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-
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		135,2	276,270
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i				
	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 on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
За	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?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization Westminster College

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number**

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box 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 (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		(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	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493129011763

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

ntema	al Revenue Service	► Attach to	Form 990. ► See separate instructions.		Inspection	
	me of the organiz	zation		Employer identifica	ation number	
we	stminster College			87-0212470		
Pa			Advised Funds or Other Similar Fu		s. Complete if t	he
	organız	ation answered "Yes" to Form				
	T - t - 1 b t		(a) Donor advised funds	(b) Funds and o	other accounts	
1 2	Total number at	ributions to (during year)				
3	33 3	ts from (during year)				
4	Aggregate value					
5	Did the organiza	ation inform all donors and donor ac	dvisors in writing that the assets held in dono ne organization's exclusive legal control?	or advised	┌ Yes ┌ N	—— lo
6	used only for ch conferring impe	naritable purposes and not for the b rmissible private benefit	nd donor advisors in writing that grant funds enefit of the donor or donor advisor, or for an	ny other purpose	┌ Yes ┌ N	lo
Pa	rt III Conser	rvation Easements. Complet	te if the organization answered "Yes" to	o Form 990, Part I	V, line 7.	
2	Preservation Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space		ertified historic struc	· ·	
		•		Held at the	End of the Year	
а	Total number of	f conservation easements		2a		2
b	Total acreage r	estricted by conservation easemer	nts	2b		1
C	Number of cons	ervation easements on a certified	historic structure included in (a)	2c		1
d	Number of cons	servation easements included in (c)	acquired after 8/17/06	2d		2
3	Number of cons	ervation easements modified, trans	sferred, released, extinguished, or terminate	d by the organization	during	
	the taxable yea	r ►				
4	Number of state	es where property subject to conse	rvation easement is located 🛌 👤 1			
5		ızatıon have a wrıtten policy regard the conservation easements it holo	ling the periodic monitoring, inspection, hand ds?	lling of violations, and	d 「Yes FN	lo
6	Staff and volunt	teer hours devoted to monitoring, ir	nspecting and enforcing conservation easem	ents during the year	-	
7	A mount of expe ► \$		cting, and enforcing conservation easements	during the year		
8	Does each cons		e 2(d) above satisfy the requirements of sec	tion	✓ Yes	lo
9	balance sheet,		s conservation easements in its revenue and of the footnote to the organization's financial sements			
Par			tions of Art, Historical Treasures, o d "Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	art, historical tr	reasures, or other similar assets he	AS 116, not to report in its revenue stateme eld for public exhibition, education or researc financial statements that describes these it	:h in furtherance of pi		
b	historical treas		AS 116, to report in its revenue statement a or public exhibition, education, or research ir ms			
	(i) Revenues in	ncluded in Form 990, Part VIII, line	e 1	► \$		_
	(ii) Assets incl	uded in Form 990, Part X		► \$	634,57	0
2	If the organizat	·	storical treasures, or other similar assets fo FAS 116 relating to these items			-

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal Tre</u>	asures, or Ot	<u>he</u>	<u>r Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	lowing th	at are a significai	nt u	se of its co	llection	ו	
а	Public exhibition		d	\sqcap	Loan or	exchange progra	ms				
b	Scholarly research		e	Γ	Other						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the organization's	s ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ıılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	ation answered		es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ons or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able	Г			Amou	ınt	
c	Beginning balance					-	1c		Aillot		
d	Additions during the year						Ld				
e	Distributions during the year						le				
f	Ending balance					_	lf				
2a	Did the organization include an amount on Fo	orm 000 Bart V I.s.	2 2 1 2			Ŀ				Yes	
			211						J	res) NO
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete		2 200	or	nd "Voc'	' to Form 990	Dar	t IV Juno	10		
ΓŒ	Endowment Funds. Complete	(a)Current Year)Prior		(c)Two Years Back				e)Four Y	ears Back
1a	Beginning of year balance	58,945,411	`		,491,292	46,849,34	_	•	Ì		
b	Contributions	3,440,382			466,534	1,402,23	8				
С	Investment earnings or losses	-2,781,913		8	3,968,850	5,149,82	4				
d	Grants or scholarships	-902,896			-917,403	-925,75	9				
e	Other expenditures for facilities and programs	-1,203,513		-1	1,063,862	-984,35	7				
f	Administrative expenses										
g	End of year balance	57,497,471		58	3,945,411	51,491,29	2				
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	2 000 %									
ь	Permanent endowment - 14 000 %										
c	Term endowment ► 84 000 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	are held a	and administered	for	the			
	organization by							,		Yes	No
	(i) unrelated organizations			•			٠		3a(i)	Yes	
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•					•		3b		No
4						<u> </u>					
Par	t VI Land, Buildings, and Equipme	int. See Follii 99	U, Pa						T		
	Description of property				Cost or otles (investme			(c) Accumi depreciat		(d) Bo	ok value
	and					2,577,	798				2,577,798
b I	Buildings		•			102,420,	880	21,2	77,540	8	1,143,340
c l	_easehold improvements					2,519,	452	1,29	90,580		1,228,872
d I	Equipment		•	<u></u>		11,359,	421	8,44	11,730		2,917,691
	Other			1		8,572,	933		58,784		2,314,149
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)		•	▶		9	0,181,850
								Sched	ule D (I	orm 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Tabal (Caluma (b) about a sual farm 000 Dark V and (D) to a 42 \	65 636 018	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) December of investment tune	(h) Book walue	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	<u> </u>
management and the second control of the sec		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15. Otion	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. Pition 5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. Pition 5.)	
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government grants refundable - gov	5.) (, line 25. (b) Amount 1,981,918	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 1	92,189,587
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	91,374,298
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	815,289
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	815,289
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retui	
1	Total revenue, gains, and other support per audited financial statements	1	92,189,587
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	92,189,587
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	92,189,587
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Ret	
1	Total expenses and losses per audited financial	1	91,374,298
2	statements		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	91,374,298
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		5 - 75 - 77 - 5
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	91,374,298
Da	** YIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Income tax status The College is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, accordingly, no provision for income taxes is made in the financial statements. As required by GAAP, the College has identified and evaluated its significant tax positions for which the statute of limitations remain open. The open tax years are the years ended June 30, 2009 through June 30, 2012 for federal tax purposes and Utah tax purposes. The College applied the more likely than not criteria to all tax positions and determined no material unrecognized tax benefits or liability should be recognized. In addition, there have been no material changes in unrecognized benefits as of June 30, 2012, and is it not expected that there will be a material change in the 12 months following June 30, 2012. There have been no related tax penalties or interest, which would be classified as a tax expense in the statement of activities.
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Theintended use of endowment funds is to provide scholarships to students and support the activities of the College through distribution of earnings to the operating fund in a manner consistent with donor restrictions
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	The college received donations of collection and works of art These collections further the college's exempt purpose by enhancing the educational experience for the students by using them for discussions and research in the classroom as wells as for public exhibition
Part II, Line 9	Part II, Line 9 Organization Reporting of conservation easements	Westminster College obtained the easements as part of a purchase agreement with the City of Salt Lake recorded on March 10, 2011 The easements are on approximately 1 acre of the total 4 6 acres Because the easements were part of the purchase, we do not separately account for them in the financial statements or footnotes

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129011763

OMB No 1545-0047

2011

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

Inspection
Employer identification number

Westminster College 87-0212470 Part I YES NO 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 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 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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 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					
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		Westminster College's non-discrimination policy is as follows Employment Policy Westminster College does not discriminate with regard to race, color, religion, gender, sexual orientation, age, national or ethnic origin, disability, or a person's status as a veteran Education Policy Westminster College administers all of its educational programs, related support services, and benefits in a manner which does not discriminate against students or prospective students with regard to race, color, religion, gender, sexual orientation, age, national or ethnic origin, disability, or a person's status as a veteran The admissions application, scholarship application, academic catalog, class schedules and all other materials sent to prospective students and members of the general community served by the College include the College's statement as noted above. Westminster College complies with federal and state non-discrimination laws and will not discriminate in admission and financial aid against any person because of race, color, sex, religion, national origin or physical handicap					
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		Westminster College participates in various financial assistance programs as authorized by Title IV of the Higher Education Act of 1965 and administered by the U.S. Department of Education					

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493129011763

OMB No 1545-0047

Statement of Activities Outside the United States

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

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

Name of the organization

Employer identification number

/act	minster College				' '	
. = 3 [ster Conege				87-0212470	
Pa	rt I General Informatio			ne United States. C		ation answered
	"Yes" to Form 990, Pa					
1	For grantmakers. Does the dassistance, the grantees' elig	_			_	
	the grants or assistance?	•	-	•		F Yes
	the grants of assistance					j* res j No
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's procedur	es for monitoring the use	e of grant funds outside tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed ?)		
	, , , , , , , , , , , , , , , , , , , ,		,	,		
	(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
	See Add'l Data					
	-					
За	Sub-total		1			1,379,000
b	Total from continuation sheets to Part I					60,000

c Totals (add lines 3a and 3b)

1,439,000

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(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 nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

Part IIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Institutional Scholarships	Sub-Saharan Africa	1	9,778	Student Account		N/A	Book
Institutional Scholarships	Europe	4	39,931	Student Account		N/A	Book
Institutional Scholarships	East Asia & the Paci	3	29,481	Student Account		N/A	Book

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)	Γ	Yes	[·	. 1	۷o
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	F	· N	۷o
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)	Г	Yes	⊳	. 1	۷o
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	⊡	- N	۷o
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	V	· N	۷o
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	<u>ح</u> ا		۷o

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

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.

ldentifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		The costs of providing the college's various programs and other supporting services, including foreign transactions, have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services. We are not required to show foreign transactions separately for financial statement reporting purposes. The method used to account for the total expenditures by region included an evaluation of all expenses that included a cross border transaction fee and an accumulation of total expenditures related to undergraduate and graduate academic/international trips.

Identifier	Return Reference	Explanation
Additional Supplemental Information		Part III, column (a) The College pays grants or assistance to students on the first day of classes for each respective semester. To determine the residential status at the time the grant is paid, the College compares the first day of classes for both institutions. The student is considered to be a "foreign individual" within one week of the start of classes at the foreign institution.

Schedule F (Form 990) 2010

Software ID: 11000144 **Software Version:** 2011v1.5

EIN: 87-0212470

Name: Westminster College

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
Sub-Saharan Africa	0	0	Grantmakıng	Study Abroad	10,000					
South Asia	0	0	Program Services	Student Services	37,000					
South Asia	0	0	Program Services	Academic Support	1,000					
Europe	0	0	Program Services	Instruction	4,000					
East Asia & the Pacific	0	0	Program Services	Institutional Suppor	1,000					
South America	0	0	Program Services	A cademic Support	7,000					
South America	0	0	Program Services	Instruction	5,000					
Sub-Saharan Africa	0	0	Program Services	Graduate Trip	199,000					
North America	0	0	Program Services	Student Services	2,000					
North America	0	0	Program Services	Instruction	5,000					
Central America & Caribbe	0	0	Program Services	Graduate Trıp	113,000					
Europe	0	0	Program Services	Student Services	4,000					
Europe	0	0	Program Services	A cademic Support	21,000					
Europe	0	0	Program Services	Undergraduate Trıp	212,000					
Europe	0	0	Program Services	Graduate Trıp	245,000					
Europe	0	0	Grantmakıng	Study Abroad	40,000					
South Asia	0	0	Program Services	Undergraduate Trıp	87,000					
East Asia & the Pacific	0	1	Program Services	Student Services	29,000					
East Asia & the Pacific	0	0	Program Services	A cademic Support	27,000					
East Asia & the Pacific	0	0	Program Services	Instruction	110,000					
East Asia & the Pacific	0	0	Program Services	Undergraduate trip	92,000					
East Asia & the Pacific	0	0	Program Services	Graduate Trıp	159,000					
East Asia & the Pacific	0	0	Grantmakıng	Study Abroad	29,000					
	l		1	1						

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493129011763

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public

Internal Revenue Service		Attac	h to Form 99	tions.	Inspection			
Name of the organization Westminster College							ntification number	
_						87-0212470		
Pa	art I Fundraising Ad	ctivities. Comple	te if the	organiza	tion answered "Yes"	to Form 990, Part I\	/, line 17.	
1	Indicate whether the orga	nızatıon raısed fund:	s through	any of the	following activities Ch	neck all that apply		
а	Mail solicitations			е	Solicitation of no	n-government grants		
b	Internet and e-mail s	olicitations		f	,	-		
C	Phone solicitations			g	Special fundraisi	ng events		
d	☐ In-person solicitation	าร						
2a	Did the organization have or key employees listed i						Γ _{Yes}	
b	If "Yes," list the ten highe to be compensated at lea							
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No				
_								
_								
	al			.				
3	List all states in which the licensing	e organization is regi	istered or	licensed t	ı to solicit funds or has b	reen notified it is exemp	t from registration or	

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete ıf the organızatı 990-EZ, lıne 6a. Lıst	on answered "Yes" to events with gross reco	Form 990, Part IV, leepts greater than \$5	ne 18, or reported
			(a) Event #1 2011 Schol Gala	(b) Event #2 2012 Schol Gala	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
φ.	,		(event type) 206,886	(event type) 5 22,900	(total number)	229,786
Revenue	1 2	Gross receipts Less Charitable	102,843			122,143
ě	3	contributions Gross income (line 1 minus line 2)	104,043	·		107,643
	4	Cash prizes				1
ω.	5	Non-cash prizes	51,896	5		51,896
Expenses	6	Rent/facility costs				
ă	7	Food and beverages	21,163	48		21,211
Direct	8	Entertainment				
Δ	9	Other direct expenses .	28,987	2,679		31,666
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)	🛌	(104,773)
	11	Net income summary Combine III	nes 3 and 10 in column ((d)		2,870
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)	<u> ►</u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspei	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3			
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No			
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity					
	formed to administer charitable (gamıng?		· · · · F Yes F	- No			
13	Indicate the percentage of gamii	ag activity operated in		1 1				
a				13a				
b								
14		f the person who prepares the organiza						
	Name ►							
	Address ►							
	revenue?	ntract with a third party from whom the			_ No			
		ed by the third party 🟲 \$						
С	If "Yes," enter name and address	S						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation ► \$							
	Description of services provided	>						
17 a		Employee er state law to make charitable distribu		· · ·	- No			
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-			
_		activities during the tax year > \$		hadala C /				
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see				
	Identifier	ReturnReference	Explana	tion				
		•	•					

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493129011763 OMB No 1545-0047

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

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

Inspection

Employer identification number

Westminster College						87-0212470	
1 Does the organization maintain the selection criteria used to av 2 Describe in Part IV the organization	records to substanti ward the grants or as	ate the amount of the sistance?					F Yes □
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(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 5							0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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) UCOPE	22	26,700		Book Value	
(2) TEACH	3	8,000		Book Value	
(3) SEO G	226	218,661		Book Value	
(4) Institutional Scholarships	2149	25,533,057		Book Value	
(5) Endowed Scholarships	412	899,330		Book Value	
(6) Annual Scholarships	168	664,125		Book Value	

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The college reports are regularly reviewed to be certain funds are used for proper purposes. Federal grant reporting and reconciliation occurs monthly and during the yearly A-133 audit. Awarding practices are reviewedforcompliance with federal regulations. Students are reviewed yearly for continued and new fund eligibility to be sure academic standards and other grant-specific criteria have been met.

Schedule I (Form 990) 2011

DLN: 93493129011763

OMB No 1545-0047

Employer identification number

Compensation Information

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**

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WC	Summister College	87-0212470				
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1 a						
	990, Part VII, Section A, line 1a Complete Part III t First-class or charter travel	o prov	Vide any relevant information regarding these items Housing allowance or residence for personal use			
	Travel for companions	<u>'</u> -	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	, -				
	Discretionary spending account	_	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism termbursement orprovision of all the expenses described.			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	t appl	у			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant☐ Form 990 of other organizations		Compensation survey or study Approval by the board or compensation committee			
	of the same of the organizations	1*	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I , Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymei	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
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, li compensation contingent on the net earnings of	ne 1a	, dıd the organızatıon pay or accrue any			
а	The organization?			6a		Νo
b	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, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the i	-ehutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(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) W Curtis Ryan	(ı) (ıı)	188,354		13,896		30,350	232,600		
(2) Stephen Morgan	(I) (II)	238,699		540		43,495	282,734		
(3) Richard Chapman	(ı) (ıı)	135,215		16,248		18,933	170,396		
(4) Michael Bassis	(ı) (ıı)	352,656	208,850	8,232		36,643	606,381		
(5) Kenneth Meland	(ı) (ıı)	143,544		1,050		20,512	165,106		
(6) Joel Bauman	(ı) (ıı)	130,463		315		16,517	147,295		
(7) Jerry Van Os	(ı) (ıı)	128,168		15,084		11,668	154,920		
(8) James Stimpson	(ı) (ıı)	154,024				26,384	180,408		
(9) James Seidelman	(ı) (ıı)	239,632		27,799		40,064	307,495		
(10) George White	(ı) (ıı)	147,677				24,825	172,502		

Schedule J (Form 990) 2011 Page **3**

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Name of the organization Westminster College

Department of the Treasury Internal Revenue Service

Employer identification number

DLN: 93493129011763

OMB No 1545-0047

2011

Open to Public

Inspection

07 0212470

	87-0212470													
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e (1	f) Description	of Purpose	(g) De	(g) Defeased Beha		On alf of suer		Pool ancing
									Yes	No	Yes	No	Yes	No
A_	Salt Lake County Utah	87-6000316	79567PDG5	04-10-2007	18,270,0	()()	advance refund ege revenue bo			X		Х		Х
В	Salt Lake County Utah	87-6000316	79567PCS0	05-10-2005	16,715,0	00 proj	To finance construction projects and debt service reserve			Х		Х		X
Pa	rt III Proceeds													
					Α		E	В				 	D	
1	A mount of bonds retired													
_2	A mount of bonds defeased											<u> </u>		
_3	Total proceeds of issue				18	,270,00	16,715,000							
4	Gross proceeds in reserve fu				1	,611,45	50	193,859						
5														
6	-			15	752,86	5 2	8,280,000							
7	Issuance costs from proceeds				14,67	70	51,762				T			
8	Credit enhancement from pro	oceeds												
9	Working capital expenditures	s from proceeds												
10	Capital expenditures from pr	roceeds			2	2,549,541 8,267,906								
11	Other spent proceeds											1		
12	Other unspent proceeds											1		
13	Year of substantial completion	on												
					Yes	No	Yes	No	Yes		No	Yes	s	No
14	Were the bonds issued as pa	art of a current refun	iding issue?			Х	Х							
15	5 Were the bonds issued as part of an advance refunding issue?			x			x							
16	6 Has the final allocation of proceeds been made?			Х		Х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х		Х								
Pai	rt IIII Private Business	Use												
					A		_	3		C			D	
					Yes	No	Yes	No	Yes		No	Yes	<u>; </u>	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

Χ

Sche	edule K (Form 990) 2011									Page 2
Par	t IIII Private Business Use (Continued)				1					
		-	A			B 		<u>C</u>		D
3a	Are there any management or service contracts that may result in private use?	e business	Yes	No X	Yes	No X	Yes	No	Yes	No
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fir property?									
С	c Are there any research agreements that may result in private business use of bond-financed property?			х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local government.		ı							
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х		Х					
Pai	rt IV Arbitrage								•	•
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	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?		X		x					
2	Is the bond issue a variable rate issue?		Х		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									

NΑ Name of provider Term of hedge C Was the hedge superintegrated? Was a hedge terminated? Were gross proceeds invested in a GIC? 4a Χ Χ NΑ NΑ Name of provider b Term of GIC C Was the regulatory safe harbor for establishing the fair market d value of the GIC satisfied? Χ Χ Were any gross proceeds invested beyond an available temporary 5 Χ Χ Did the bond issue qualify for an exception to rebate? Χ Χ

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

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As Filed Data -

DLN: 93493129011763

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

arrial Revenue Service										Tushec		
Name of the organization Nestmınster College							E	mployer i	dent if ica	tion numbe	er	
							8	7-02124	70			
art I Excess Benefit Trar Complete if the organizat										ne 40b		
·				•	•	•		•			(c)	
1 (a) Name of disqu	ualıfıed	person			(b) Desc	ription	of trans	ftransaction			Corrected?	
										Yes	No	
											_	
											+	
2 Enter the amount of tax impose	ed on t	he orgai	nızatıon manac	gers or	disqualified perso	ons dur	ına the v	ear unde	·r			
section 4958								🕨	* \$ 			
3 Enter the amount of tax, if any,	, on lin	e 2, abo	ve, reimbursed	d by th	e organization .			🕨	- \$			
Part II Loans to and/or F Complete if the organiz					. Part IV . line 26	. or Fori	n 990-E	ΞΖ. Part \	/ . line 38	a		
<u> </u>		oan to				,		(f)	-			
a) Name of interested person and		om the	(c)0 rigin	nal		(e)		Approved			(g)Written	
purpose	1	ization?			(d)Balance due	defau	IIt?			agreeme	:nt?	
	To	From	1			Yes	No	Yes	No	Yes	No	
		1					1		+		1	
									_			
											 	
											<u> </u>	
			1									
tal	'	· .	· •	- \$			1					
Grants or Assistan Complete if the orga						lino 1	7					
Complete if the orga	IIIZati				en interested per		27.					
(a) Name of interested pers	on	'			ganization	5011	(c) A m	nount of g	rant or ty	pe of assis	stance	
		- -	- 4114	-110 01	5	-+						
		- -										
		-										
						- 						

			·		
Part IV	Business	Transactions	Involving	Interested	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) Mary Bassis	Family - President	35,994	Special Asst to the Board		Νo

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493129011763

Open to Public

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Westminster College

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

NonCash Contributions

► Attach to Form 990.

Inspection **Employer identification number**

87-0212470

Pa	rt I Types of Property			T				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art			l ig				
	Art—Historical treasures .							
	5	×		527	Cost			
	Clothing and household			327	Cost			
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	14	174,239	Market Value			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Other-	V		F0	Cash			
25	O ther ► (Instr/Pro) Other-	X	1	50	Cost			
26	Other ► (Basket it)	X	111	61,857	Cost			
	O ther-			,				
27	Other ► (Furniture)	Х	3	90,804	Appraisal/Cost			
28	O ther ▶ ()							
29	Number of Forms 8283 received				29			
	for which the organization compl	eted Form 8	8283, Part IV, Donee Ackr	nowledgement	29			
					4 20 11 1 1		Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			l
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31 22-	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							_
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493129011763

OMB No 1545-0047

201

Open to Public Inspection

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

87-0212470

Identifier	Return Reference	Explanation
	Schedule D, Part V, Line 2 a-c	The numbers reflected in the Form 990 Schedule D, Part V, Line 2 a-c are the percentages related to the End of Year Endow ment funds balance prior to the reclassification entry for the College's underwater endow ments (\$928,080 in 2012, \$286,992 in 2011, \$1,178,043 in 2010 moved from term to unrestricted endow ment funds). The percentages from the audited financial statements would be as follows 2012 2011 2010 0% 1% 0% Board designated or quasi-endow ment 84% 78% 84% Permanent endow ment 16% 21% 16% Term endow ment.

Identifier	Return Reference	Explanation
	Form 990, Part V, Line 7h	The College did not receive any contributions of cars, boats, airplanes, and other vehicles and thus was not required to disclose on Form 1098-C

Identifier	Return Reference	Explanation
	Form 990, Part V, Line 7g	The College did not receive any contributions of intellectual property and thus was not required to file Form 8899

Identifier	Return Reference	Explanation
	Form 990, Part I, Line 4	Non-independent Trustee * President Michael Bassis is both an officer and trustee for Westminster College

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The following records of Westminster College are available for public inspection and copying, upon request * Exemption Letter * Audited Financial Statements with A133 for the three fiscal years prior to the date of the request * Tax filings Form 990 and 990T for the three fiscal years prior to the date of the request To make a request to inspect and/or acquire a copy of these records, contact the Managing Director of Financial Affairs, Office of Administrative Services, at 801-832-2133

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of the Board of Trustees of Westminster College is responsible for reviewing and making recommendations to the Board of Trustees regarding the terms of contract with the President and the President's compensation, conducting an annual evaluation of the President, and overseeing compensation for the provost, vice presidents, staff who report directly to the President, and covered employees for fairness, effectiveness, and reasonableness. In forming a recommendation regarding the President's compensation, the Committee will rely on comparability data, such as the compensation paid to Presidents and executive officers by similar institutions. This data may include compensation studies by independent organizations, written job offers for positions at similar organizations, and information obtained from the IRS Form 990 filings of similar organizations. The Committee shall fully disclose the proposed employment contract for the President, including its recommendation for compensation and all material financial terms, to the full Board of Trustees for approval. Concurrent with its recommendation regarding compensation, the Committee shall provide an annual report to the Board regarding its evaluation of the President's performance. The President will present to the Committee his or her report on compensation for the provost, vice presidents, staff who report directly to the President, and any covered employee, including comparability data and performance information. The Committee will take and keep minutes that document how it formed its recommendations and approval decisions. The minutes will include the following. The terms of the compensation and the date it was approved, b. The members of the Committee who were present during the Committee meetings and who voted on the recommendation, and c. The comparability data obtained and reviewed and the source of the data.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Process of Identification The Secretary of the Board will collect Statements of Disclosure from all trustees, officers, and key employees each year at the first Board meeting of the College's fiscal year and from all new trustees, officers, and key employees at the time of their appointment. The Audit Committee will review each Statement of Disclosure for actual or potential conflicts of interest, including, but not limited to, the following factors. *Solicitation or acceptance of gifts, gratuities, free travel, or other items of value that could create the appearance of a conflict or an expectation of special treatment in College matters, *Incidents of abuse or misuse of an individual's position for personal or third-party gain or benefit, * Use of the College's staff, services, equipment, materials, resources, or property for personal or third party gain, or representing to third parties that one's authority as a trustee, officer, volunteer, or key employee is more extensive than it is in actuality, * Situations where a trustee, officer, or key employee may be divided between personal interests or the interests of another organization and the best interests of the College, *Engagement in business, professional conduct, or other activities that may be directly or indirectly adverse to the interests of the College, and, * Any arrangements in which a trustee, officer, or key employee provides goods or services to the College as a paid vendor or outside service-provider. The Audit Committee may request additional information from any trustee, officer, or key employee at any time. While an individual's relationships or activities are under review, the individual may not deliberate, debate, or vote until a determination is made. Resolution When the Audit Committee or the Board of Trustees identifies an actual, potential, or apparent conflict of interest, it may take one of the following actions to resolve such conflict. *Waive the conflict of interest as unlikely to affect the trustee's, officer's, volunteer's or k

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Westminster College (the "College") tax return is completed by the Director of Budget, and reviewed by the Managing Director of Financial Affairs and the VP of Finance and Administration Once completed, the documents are reviewed by the Audit Committee and submitted electronically to the full board of trustees Once the trustees have reviewed - the return is transmitted electronically to the IRS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493129011763

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

(Form 990)

Name of the organization Westminster College				Employer i	identification number		
westimister College				87-02124	170		
Part I Identification of Disregarded Entities (Comp	lete if the organization	n answered "Yes"	on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		if the organization	answered "Yes"	on Form 990, I	Part IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(cus Direct controlling entity	Section 5 cont organ	(g) 512(b)(13 trolled nization
(1) Bill and Vieve Gore Endowment Fund						Yes	No
1840 South 1300 East Salt Lake City, UT 841053617 87-6213067	Endowment earnings to Westminster College of Salt Lake City	UT	501(c)(3)	509(a)(3)Ty _l	pe I N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50)135Y		Schedule R (Form 990	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

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

(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

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Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	1	No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f	\vdash	No
g	Purchase of assets from related organization(s)	1g	1	No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	\vdash	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by related organization(s)	11	1	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	1	No
n	Sharing of paid employees with related organization(s)	1 n		No
0	Reimbursement paid to related organization(s) for expenses	10	\vdash	No
p	Reimbursement paid by related organization(s) for expenses	1р		No
q	O ther transfer of cash or property to related organization(s)	1 q	 	No
r	O ther transfer of cash or property from related organization(s)	1r	Yes	

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Bill and Vieve Gore Endowment Fund	r	627,431	End spend rate
(2)			
(3)			
(4)			
(5)			
(6)			

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	lare of end-of-year amo 20 of 9 (Fo		Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000144 **Software Version:** 2011v1.5

EIN: 87-0212470

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												
(B) Average hours		tion	(che	/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
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1 60	Х						0	0	0			
1 60	Х						0	0	0			
1 60	Х						0	0	0			
	(B) Average hours per week 1 60 1 60 1 60 1 60 1 60 1 60 1 60 1 6	(B) Average hours per week Post of all states 1 60 X 1 60 X	(B) Average hours per week Continue to a state of the total state of	(B) Average hours per week Position (che that apply or that apply or dilector week 1 60 X Individual trustee 1 60 X Individual trustee	(B) A verage hours per week	C	C	CD	C			

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Judith Billings Trustee	1 60	х						0	0	0
Martha Felt Barton Trustee	1 60	Х						0	0	0
Gretchen Anderson Trustee	1 60	Х						0	0	0
Jeanne Ambruster Trustee	1 60	Х						0	0	0
Hamıd Adıb Trustee	1 60	Х						0	0	0
Kım T Adamson Trustee	1 60	Х						0	0	0
Mıchael Bassıs President	40 00	Х		х				569,738	0	36,643
Annalisa Steggell-Holcombe Secretary	40 00			х				91,523	0	14,972
W Curtis Ryan Treasurer	40 00			х				202,250	0	30,350
Stephen Morgan VP, Development	40 00				х			239,239	0	43,495
James Seidelman Provost	40 00				х			267,431	0	40,064
James Stimpson Asst Professor	40 00					х		154,024	0	26,384
George White Professor	40 00					Х		147,677	0	24,825
Kenneth Meland Professor	40 00					Х		144,594	0	20,512
Richard Chapman Professor	40 00					Х		151,463	0	18,933
Jerry Van Os Professor	40 00					Х		143,252	0	11,668
Joel Bauman VP, Enrollment Services	40 00						х	130,778	0	16,517