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## DLN: 93493132031884

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

2012

Form **990** 

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

\ Fo	rthe 2	2012 cal	endar year, or tax year beginni	ng 07-01-2012 ,2012, and ending	06-30-2	013			
_		plicable	C Name of organization Westminster College				D Emplo	yer ider	ntification number
Add	ress cha	ange	Doing Business As				87-0	212470	)
Nar	me chan	nge	boing business / S						
Init	ial returi	m		mail is not delivered to street address) Ro	om/suite		E Teleph	one num	ber
Ter	mınated	i	1840 South 1300 East				(801	832-2	139
- Am	ended re	eturn	City or town, state or country, and Salt Lake City, UT 84105	I ZIP + 4			(001)	, 002 2	100
App	olication	pending	Sait Lake City, O1 04105				<b>G</b> Gross	receipts \$	181,575,731
			F Name and address of pr	ncıpal officer	ŀ	<b>i(a)</b> Is thi	s a group	return	
			Brian Levin Stankevich 1840 S 1300 E			affilia	tes?		┌ Yes 🗸 No
			Salt Lake City, UT 84015		,	<b>Н(b)</b> Агеа	ll affiliate	es inclu	ded?
									(see instructions)
Ta	x-exem <sub>l</sub>	pt status	✓ 501(c)(3) 501(c)( ) ◀	(insert no ) 4947(a)(1) or 527	╝.	H(c) Grou	p exemp	tion nur	nher 🌬
W	ebsite	: ► ww	w westminstercollege edu		'	1(6)	p exemp	cion nai	inder P
Forr	n of org	anızatıon	Corporation Trust Associat	on	<u>'</u>	L Year of fo	mation 18	886 <b>M</b>	State of legal domicile UT
	rt I		mary						-
GOYEIIIdiice	/ v	Vestmin		ion or most significant activities rehensive liberal arts college in Sal programs	t Lake C	ity, UT offe	ering und	ergradu	ate and graduate
Ě									
5	<b>2</b> C	Check th	nis box 🖊 if the organization (	discontinued its operations or dispo	sed of m	ore than 2	5% of its	net as	sets
				1 1 (5 1)(7 1 1 1 )				1 - 1	
AVII YILIGO Q	l			rning body (Part VI, line 1a) s of the governing body (Part VI, lin				3	32
	l			n calendar year 2012 (Part V, line 2				5	1,823
2	l			necessary)				6	1,023
•	l		related business revenue from			7a	C		
	l			from Form 990-T, line 34				7b	
				·			r Year		Current Year
	8	Contri	butions and grants (Part VIII,		7,383,	077	5,079,659		
를	9			line 2g)			86,135,	422	87,109,499
Ravenue	10	Invest	ment income (Part VIII, colun	nn (A), lines 3, 4, and 7d)	[		-1,867,108 6,01		
ď	11	Other	revenue (Part VIII, column (A		538,196 550				
	12		revenue—add lines 8 through 1		92,189,	587	98,754,228		
	13			rt IX, column (A ), lines 1–3)			27,429,		28,225,419
	14		· · ·	IX, column (A), line 4)					0
	15		·	yee benefits (Part IX, column (A), lı					
Expenses		5-10)			40,100,	160	41,494,307		
ŧ.	16a	Profes	sional fundraising fees (Part I)	(, column (A), line 11e)	· ·				0
ਡੋ	Ь		ndraısıng expenses (Part IX, column (		— ↓				
	17			, lines 11a-11d, 11f-24e)			23,845,		25,066,789
	18			ust equal Part IX, column (A), line	·		91,374,		94,786,515
07	19	Reven	ue less expenses Subtract lin	e 18 from line 12			815,		3,967,713
5 0 2 0 2 0						Beginning Y	j of Curre ear	int	End of Year
3.55 1.55 1.55 1.55 1.55 1.55 1.55 1.55	20	Total	assets (Part X, line 16)		. [	1	.84,654,	640	199,110,284
E	21				[		49,378,	364	59,866,295
Z 2	22	Net as	sets or fund balances Subtrac	t line 21 from line 20		1	35,276,	276	139,243,989
Pai	rt II	Sign	ature Block						
Jnde	<b>21 22 1 III</b> r penal	Total I Net as <b>Sign</b> Ities of	liabilities (Part X, line 26) . sets or fund balances Subtrac ature Block perjury, I declare that I have e	t line 21 from line 20		1 g schedule	84,654, 49,378, 35,276, es and sta	364 276 atement	59,866,29 139,243,98 s, and to the best of
Jnde ny kr	r penal nowled	lties of ge and	perjury, I declare that I have e	xamined this return, including according according to the contraction of preparer (ot					
	Ī	<b>L</b>	**			1	44.05 ::-		
:i <i>~</i>		**** Signa	** ature of officer				14-05-12 ite		
Sign Iere						50			
•			ey Tervort Managing Director or print name and title						
		<u> </u>	rint/Type preparer's name	Preparer's signature	Date	Che	ck 🗀 ıf	PTIN	
Paid	t		·			self-	employed	1	
	a pare		irm's name 🕨			Firm	n's EIN 🟲		
	Only	_	irm's address 🕨			Pho	ne no		
<i>-</i> 30	Jill,	y							
		1				ı			

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

┌ Yes ┌ No

Part	• • • • • • • • • • • • • • • • • • • •	Statement of Program S Check if Schedule O contains a	ervice Accomplishments response to any question in this Pa	art III	
1	Briefl	y describe the organization's mis	sion		
halle ccep tude hang	enged for the spansor to the spansor	to experiment with ideas, raise q onsibility for their own learning, t lead lives of learning, accomplis orld We do this by offering distinc	nd honored tradition of caring deep uestions, critically examine alterna- o discover and pursue their passion hment, and service, and to help the ctive academic programs that emph g We work to pursue excellence wh	tives, and make informed decisions ns, and to act with responsibility O m develop skills and attributes criti asize theory and practice and enco	We encourage students to ur purposes are to prepare cal for success in a rapidly urage active, experiential,
2	the pr	or Form 990 or 990-EZ?	nificant program services during th		
		s," describe these new services			
3	servi	e organization cease conducting ces?	, or make significant changes in hov	wit conducts, any program	
4	Descr expen	ribe the organization's program s uses Section 501(c)(3) and 501	ervice accomplishments for each of (c)(4) organizations are required to r, for each program service reported	report the amount of grants and all	
4a	(Code	, , ,	77,804,147 including grants of ate programs 778 FTE students in graduate		87,109,499 ) 012-2013 academic year
4b	(Code	e ) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
<b>4</b> c	(Code	e ) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
4d		er program services (Describe in enses \$	Schedule O ) including grants of \$	) (Revenue \$	)
4e	Tota	l program service expenses ►	77,804,147		

Part IV	Checklist of	Required	<b>Schedules</b>

			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	-110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	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? If "Yes," complete Schedule C, Part II	4		Νo
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	Yes	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	105	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	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	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		Νo
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 and XII	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 and XII is optional	12b		Νo
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 😕	13	Yes	
L4a	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, Parts I and IV	14b	Yes	
<b>L</b> 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
<b>L7</b>	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 (see instructions)	17		Νo
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		Νo
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	   No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   167		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		ĺ
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	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, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F		No
		5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	ı	
7	Organizations that may receive deductible contributions under section 170(c).	_ '	l	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		Yes	
	file Form 8282?	7c		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		No
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 Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
_		8		No
9	Sponsoring organizations maintaining donor advised funds.			١
а	Did the organization make any taxable distributions under section 4966?	9a		No
	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	- -		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		1	
	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	14h		ı

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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
110a b 111a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed ►UT
- 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 Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (801) 832-2133

Form 990	(2012	•
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

Grant Thornton 175 West Jackson 20th Floor Chicago IL 60604

American Mechanical Systems Service 556 W 8360 S Sandy UT 84070

\$100,000 of compensation from the organization  $\blacktriangleright$ 3

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d n is l	ne l both	oox, an c	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	-   '	(F) Estima mount of compens	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b c	Sub-Total	 teto Dart VII S	 ection /		•			<b>•</b>				+		
d	Total (add lines 1b and 1c) .	•			٠.	٠.		١		2,540,696		+		320,026
2	Total number of individuals (in \$100,000 of reportable comp	cluding but not	limited	to the	se l	ıste	d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete 5					key	emplo	yee,	, or highes	t compen	sated employee	_		_
4	For any individual listed on lin organization and related organ	e 1a, is the sum	of repo	rtabl	есо							3	Yes	
	ındıvıdual					•		•			[	4	Yes	
5	Did any person listed on line 1 services rendered to the organ								_			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	-								(B) cription of services		(C	)
Tac A	ır 303 North 2370 West Salt Lake Cıty									Rent & Airp	•	Compensation 107,387		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Maintenance/repair

Audıt

105,210

351,220

Form 99								Page <b>9</b>
Part \	<b>/</b>		of Revenue lule O contains a respor	nse to any question i	in this Part VIII			
				ise to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 £	1a	Federated cam	npaigns 1a					
ant	Ь	Membership di	ues <b>1b</b>					
9	C	Fundraising ev	ents 1c	147,149				
ff. FA	d	Related organi	zations 1d					
ig Ela		Government grant		896,861				
ns, Sin	e	_				ļ		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributi similar amounts n	ons, gifts, grants, and <b>1f</b> ot included above	4,035,649				
듗뙅	g		ions included in lines	1,577,363		i		<b>i</b>
ž ž	١.	1a-1f \$	4.46		5,079,659			
<u> </u>	h	<b>Total.</b> Add line	sla-lf	· · · · •	5,079,659			
<u>a</u>				Business Code				
ven	2a	Tuition and Fees			82,223,877	82,223,877		
Program Serwoe Revenue	b	Auxiliary enterprise	es		4,885,622	4,885,622		1
	C							
Ž.	d							
É	e							
ž Š	f	All other progra	am service revenue					
ž	g	<b>Total.</b> Add line	s 2a-2f		87,109,499			
	3		come (including dividen					
		and other sımıl	lar amounts)	🟲 📗	348,169			348,169
	4		stment of tax-exempt bond	`	95,105			95,105
	5	Royalties .			1,426			1,426
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	ome or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) O ther				
	/4	from sales of assets other than inventory	88,214,668					
	Ь	Less cost or other basis and	82,643,637					
	c	sales expenses Gaın or (loss)	5,571,031					
	ď		ss)		5,571,031			5,571,031
	8a		from fundraising		, ,			, ,
Other Revenue		events (not inc \$						
Ве В		See Part IV, III	ne 18					
<u> </u>			а	179,949				
Ě	Ь		(penses <b>b</b>	177,866	2,083			2,083
0	C		(loss) from fundraising	events 🛌	2,083			2,083
	94		from gaming activities ne 19					
		·	а					
	ь		kpenses <b>b</b>					
	С		(loss) from gaming acti	vities <b>.</b> ⊨	0			
	10a	Gross sales of returns and all						
	b c		oods sold <b>b</b> (loss) from sales of inve	entory	0			
		Mıscellaneou	s Revenue	Business Code				
	11a	O ther Revenue	<u> </u>		136,578	136,578		
	ь	Interest-Accts	s Receivable	525990	177,118	177,118		
	С	Commissions		611710	202,691	202,691		
	d	All other reven	nue		30,869	30,869		
	e	<b>Total.</b> Add line	s 11a-11d	🕨	547,256			
	12	Total revenue.	See Instructions .	▶	98,754,228	87,656,755		6,017,814
	1				20,734,220	01,000,100		0,017,014

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 28,104,269 28,104,269 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 121,150 121,150 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,362,216 481,569 614,774 265,873 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 30,333,804 25,349,559 3,863,990 1,120,255 Pension plan accruals and contributions (include section 401(k) 2,388,912 1,866,169 387,425 and 403(b) employer contributions) . . . . 135,318 5,217,894 3,825,567 1,055,611 Other employee benefits . . . . 336,716 10 2,191,481 1,796,077 305,006 90,398 11 Fees for services (non-employees) O Management . . . . 20,489 20,489 Legal . . . . . . . . Accounting . . . . . . . . . . . . . 112,450 112,450 0 Lobbying . . . . . . . . . . . . 0 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,568,718 830,162 717,289 21,267 Schedule O) . . . . . . . Advertising and promotion . . 222,183 205,939 16,244 12 13 Office expenses . . . 2,328,623 1,978,902 270,147 79,574 1,391,171 1,017,002 374,114 14 Information technology . . 55 15 8,299 8,299 Royalties . 1,748,388 139,414 1,608,974 16 Occupancy . . . . . . **17** 2,911,280 2,712,092 158,258 40,930 Travel . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 132,053 19 Conferences, conventions, and meetings . 108,363 16,664 7,026 20 2,809,408 2,087,040 722,368 Payments to affiliates . . . . . . 21 O 3,967,923 22 Depreciation, depletion, and amortization . 2,947,672 1,020,251 23 730,760 243,453 487,307 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Memberships/Subscriptions 344,494 216,672 110,417 17,405 Campus Repair & Maint 998,930 307,015 691,433 482 C Food 2,279,353 2,046,440 200,179 32,734 d Misc other 3,107,404 1,408,136 1,678,648 20,620 e All other expenses 384,863 3,186 381,677 Total functional expenses. Add lines 1 through 24e 25 94,786,515 77,804,147 14,813,715 2,168,653 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	0
	2	Savings and temporary cash investments	17,876,418	2	20,337,834
	3	Pledges and grants receivable, net	3,976,911	3	2,512,049
	4	Accounts receivable, net	2,419,377	4	1,963,374
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees. Complete Part II of Schedule L	У	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	·s	6	0
% %	7	Notes and loans receivable, net	4,025,211	7	4,158,213
ď	8	Inventories for sale or use	1,020,211	8	0
	9	Prepaid expenses and deferred charges	547,955		509,146
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  142,996,88			
	ь	Less accumulated depreciation	71 90,181,850	10c	102,191,888
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	65,626,918	12	67,437,780
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	184,654,640		199,110,284
	17	Accounts payable and accrued expenses	7,036,628		6,676,876
	18	Grants payable	, ,	18	· · ·
	19	Deferred revenue	2,600,032	19	2,579,849
	20	Tax-exempt bond liabilities	30,355,000	20	29,285,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	,	21	, ,
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,088,879	23	4,939,652
	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	2 207 025		10 204 040
	1	D	2,297,825 49,378,364	25	16,384,918 59,866,295
	26	Total liabilities. Add lines 17 through 25	49,370,304	26	59,600,295
ဋ်	27	Unrestricted net assets	68,567,384	27	70,343,457
<u>।</u>	28	Temporarily restricted net assets	17,587,044	28	18,427,865
<u> </u>	29	Permanently restricted net assets	49,121,848	29	50,472,667
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	15,121,515		55, 11 2,551
ō	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
# #	33	Total net assets or fund balances	135,276,276	33	139,243,989
Net	34	Total liabilities and net assets/fund balances	184,654,640	34	199,110,284
	1	i otal nabilities and het assets/fulla balances	104,004,040	<i>3</i> 4	199,110,204

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				r
1	Total revenue (must equal Part VIII, column (A), line 12)	1		98,7	754,228
2	Total expenses (must equal Part IX, column (A), line 25)	2		94,7	786,515
3	Revenue less expenses Subtract line 2 from line 1	3			967,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		139,2	243,989
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	<b>3b</b>	Yes	

**Software ID:** 12000229 **Software Version:** 2012v2.0

**EIN:** 87-0212470 Name: Westminster College

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	s,Tru	ıste	es,	, Key	En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list any	dıre	than	not one on i r an trust	box s bo d a ee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Greg Winegardner Trustee	1 60 0 00	х						0	0	0
David E Simmons Trustee	1 60 0 00	х						0	0	0
Alvın Rıcher Trustee	1 60 0 00	x						0	0	0
Pat Richards Trustee	1 60 0 00	х						0	0	0
Robert Rendon Trustee	1 60 0 00	х						0	0	0
William Orchow Trustee	1 60 0 00	х						0	0	0
Jeff Nelson Trustee	1 60 0 00	х						0	0	0
Catherine Putnam-Netto Trustee	1 60 0 00	х						0	0	0
O Wood Moyle IV Trustee	1 60 0 00	х						0	0	0
Peter D Meldrum Trustee	1 60 0 00	х						0	0	0
Colleen Kearns McCann Trustee	1 60 0 00	х						0	0	0
Laura Kaiser Trustee	1 60 0 00	х						0	0	0
Henry S Hemingway Trustee	1 60 0 00	х						0	0	0
Clark P Giles Trustee	1 60 0 00	х						0	0	0
Robert Garda Trustee	1 60 0 00	х						0	0	0
Robert J Frankenberg Trustee	1 60 0 00	х						0	0	0
Deanna Forbush Trustee	1 60 0 00	х						0	0	0
Thomas Fey Trustee	1 60 0 00	х						0	0	0
Bing L Fang Trustee	1 60 0 00	х						0	0	0
Thomas A Ellison Esq Trustee	1 60 0 00	х						0	0	0
Curt P Crowther Trustee	1 60 0 00	х						0	0	0
James R Clark Trustee	0 00	х						0	0	0
Preston Chiaro Trustee	0 00	х						0	0	0
Michael Bills Trustee	0 00	х						0	0	0
Judith Billings Trustee	1 60 0 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Compensated Employees, and Indepen			5, I FL	JSTE	es,	, кеу	En	npioyees, Higne	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an dire	than pers office ctor/	onet one son i er an trust	box s bot d a tee)	, th	•	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Martha Felt Barton Trustee	1 60 0 00	х						0	0	0
Gretchen F Anderson Trustee	1 60 0 00	х						0	0	0
Jeanne Ambruster Trustee	1 60 0 00	х						0	0	0
Hamid Adib Trustee	1 60 0 00	х						0	0	0
Kım T Adamson Trustee	1 60 0 00	х						0	0	0
Brian Levin Stankevich President	40 00 0 00	х		х				189,704	0	22,687
Annalisa Steggell-Holcombe Secretary	40 00 0 00			х				98,629	0	21,811
W Curtis Ryan Treasurer	40 00 0 00			х				229,498	0	32,153
Jin Wang Dean, Business	40 00 0 00				х			214,349	0	30,815
Stephen Morgan VP, Development	40 00 0 00				х			259,789	0	40,220
James Seidelman Provost	40 00 0 00				х			261,925	0	39,952
Jerry Van Os Professor	40 00 0 00					х		158,656	0	12,181
James Stimpson Asst Professor	40 00 0 00					х		151,679	0	27,207
Arıc Krause Professor	40 00 0 00					х		151,316	0	19,650
Richard Chapman Professor	40 00 0 00					х		150,540	0	23,049
George White Professor	40 00 0 00					х		147,597	0	25,789
Michael Bassis Former President/Emeritus	0 00 0 00						х	527,014	0	24,512

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As Filed Data -

DLN: 93493132031884

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Westminster College

# **Public Charity Status and Public Support**

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

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

Open to Public Inspection

									87-0212							
Pai				iblic Charity Sta						instruction	S					
	rganı: —			te foundation becaus												
1	<u> </u>		•	ion of churches, or a				section 170	(b)(1)(A)(i).							
2	区			d in <b>section 170(b)(1</b>												
3				perative hospital se	=											
4	Γ			h organization opera <sup>:</sup> ity, and state	ted in conjun	iction with	a hospital des	scribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the					
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	y a governmei	ntal unit des	cribed in					
		sect ior	170(b)(1)	( <b>A)(iv).</b> (Complete P	art II )											
6	$\vdash$	A fedei	ral, state, or	local government o	government	tal unit des	cribed in <b>sect</b>	tion 170(b)	(1)(A)(v).							
7	Γ	_		at normally receives on 170(b)(1)(A)(vi).		•	s support fron	n a governr	nental unit or	from the ge	neral public					
8	$\sqcap$	A com	munity trust	: described in <b>sectio</b>	on 170(b)(1)(A)(vi) (Complete Part II)											
9	$\sqcap$	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	t from conti	ributions, mer	nbership fee	s, and gross					
		receipt	s from activ	rities related to its e	xempt functi	ons—subje	ct to certain (	exceptions	, and (2) no m	ore than 33	1/3 <b>% of</b>					
		ıts sup	port from gr	oss investment inco	me and unre	lated busın	ess taxable ı	ncome (les	s section 511	L tax) from b	usinesses					
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee <b>section</b>	509(a)(2).(0	Complete P	art III )							
10	$\Gamma$	An org	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See <b>secti</b>	on 509(a)(4).	on 509(a)(4).						
11	Γ	one or the box	more public cthat descr	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in sec ization and	tion 509(a)(1 complete lin	) or sectiones 11e thro	n 509(a)(2) : ough 11h	See <b>section</b>	<b>509(a)(3).</b> Check					
e	Γ	other t	han foundat	ox, I certify that the ion managers and ot												
f		If the c		received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	e III suppor	ting organization,					
g		check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the														
3		following persons?														
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ier alone or	together with	n persons d	escribed in (i	ı) <u> </u>	Yes No					
		and (111	) below, the	governing body of th	ie supported	organizatio	on?			11	g(i)					
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)					
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			110	g(iii)					
h		Provide	e the followi	ng information about	the support	ed organıza	tion(s)									
(i) Nam suppoi organiza		orted organization organization in		(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organiza col (i) or in the l	tion in ganized	(vii) A mount of monetary support								
				instructions))	Yes	No	Yes	No	Yes	No						
Total																

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

	me of the organization		Emp	loyer identification num	nber
we	stminster College		87-0	0212470	
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				lete if the
		(a) Donor advised funds		(b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advi	rsed <b>T Yes</b>	s
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or for a	ny othe	r purpose <b>/ Yes</b>	<u> </u>
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	or education) 🔽 Preservation of a		ically important land are d historic structure	a
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forn	n of a conservation	
				Held at the End of t	
а	Total number of conservation easements		2a		2
b	Total acreage restricted by conservation easements		2b		1
C	Number of conservation easements on a certified histo	, ,	2c		1
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/1 //06, and not on a	2d		2
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ie organization during	
	the tax year 🛌				
4	Number of states where property subject to conservat	on easement is located ►1			
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and	s
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments c	luring the year	
•	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s during	g the year	
-	<b>▶</b> \$				
8	Does each conservation easement reported on line $2(a)$ and section $170(h)(4)(B)(H)$ ?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ι) <b>▽ Yes</b>	s
9	In Part XIII, describe how the organization reports coi	nservation easements in its revenue an	d exper	ise statement, and	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

716,570

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

a	Scholarly research  Preservation for future generations rovide a description of the organization's co	on, and other recor	ds, ch	eck	·	following that a exchange progr		_	ise of	ıts	
b	Scholarly research  Preservation for future generations rovide a description of the organization's co		d	Г	Loan or e	xchange progr	-a m c				
4 P P P S D as Part 1	Preservation for future generations rovide a description of the organization's co					5.5	aiiis				
4 P P P S D as Part 1	rovide a description of the organization's co		e	$\Gamma$	Other						
<b>5</b> D as <b>Part 1</b>											
Part 1	art XIII	ollections and expla	ıın hov	v the	y further th	ne organization	's ex	empt purpos	e in		
Part I	ouring the year, did the organization solicit o							ıılar	_		_
<b>1a</b> Is	ssets to be sold to raise funds rather than t							!! to Form	<u>্ব</u>		☐ No
	Escrow and Custodial Arrang Part IV, line 9, or reported an an					lion answere	u Y	es to Form	1 990	,	
117	s the organization an agent, trustee, custod ncluded on Form 990, Part X?					ns or other ass	ets ı	not		Yes	┌ No
<b>b</b> If	f "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	:able	_					
						-			Amou	nt	
<b>c</b> B	Beginning balance					-	1c				
	Additions during the year					-	1d				
_	Distributions during the year					-	1e				
	Ending balance					L	1f				
<b>2a</b> D	old the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Γ.	Yes	□ No
	f "Yes," explain the arrangement in Part XII										
Part	V Endowment Funds. Complete										
<b>1a</b> B	eginning of year balance	(a)Current year 57,497,471	(b)	Prior y 58.	945,411	Two years back 51,491,292		46,849,3			ars back 3,615,040
	Contributions	917,088			440,382	466,534	1	1,402,2	_		398,119
	let investment earnings, gains, and losses	317,000			110,502	100,00		1,102,2	+		
	- , - ,	5,430,313			781,913	8,968,850	-	5,149,8		-1	5,148,357
	Grants or scholarships	-904,728		-	902,896	-917,403		-925,7	59		-904,390
aı	other expenditures for facilities nd programs	-1,150,144		-1,	203,513	-1,063,862		-984,3	57	-	1,111,066
	dministrative expenses	61.700.000			407.471	F0 04F 411		F1 401 3	22		6 040 246
-	nd of year balance	61,790,000			497,471	58,945,411		51,491,2	92	4	6,849,346
	rovide the estimated percentage of the curr	•	ce (lın	e 1g	, column (a	i)) held as					
	oard designated or quasi-endowment 🕨	2 000 %									
<b>b</b> P	ermanent endowment ► 80 000 %										
	emporarily restricted endownience	000 %									
	he percentages in lines 2a, 2b, and 2c shou										
	re there endowment funds not in the posses rganization by	ssion of the organiz	ation t	hat	are held an	id administered	d for	the		Yes	No
	i) unrelated organizations							[	3a(i)	Yes	
(i	ii) related organizations							[	Ba(ii)		No
	f "Yes" to 3a(11), are the related organization	•						[	3b		No
	escribe in Part XIII the intended uses of th										
Part \		ent. See Form 99	0, Pa	_		"		(a) Assumula		(d) D-	de combon
	Description of property				Cost or othe s (investmen			(c) Accumula depreciatio		(a) boo	ok value
<b>1a</b> Lar	nd					2,642	,798				2,642,798
<b>b</b> Bu	ıldıngs		•			116,420	,880	23,617	980	92	2,802,900
<b>c</b> Lea	asehold improvements					2,519	,452	1,397	593		1,121,859
<b>d</b> Eq	uipment					12,271	,877	9,147	061	:	3,124,816
+ ∩ م	her					9,141	,852	6,642	337		2,499,515
	Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X. colu	mn (	R) line 10/	c).)		▶	- 1	10	2,191,888

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 13	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	<b>.</b> 67.427.700	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	67,437,780	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end of year market value
<b>-</b>	<b>P</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X	cription	(b) Book value
(u) bcs	устрегоп	(b) Book value
Tatal (Column (b) mount agond Form 2000 Port V and (B) lin	- 15 )	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Pa	rt X, line 25. (b) Book value	
<u>-                                    </u>	(U) BOOK Value	
Federal income taxes		
U S government grants refundable - gov	1,955,914	
Funds held on deposit for others	258,392	
Capital lease obligation	14,170,612	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 16,384,918	
2. Fin 48 (ASC 740) Footnote In Part XIII provide the	text of the footnote to the orga	nization's financial statements that reports the

	Reconcination of Revenue per Addited Financial Statements with Revenue p	CI IXCEG	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	70,706,67
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-28,047,553
3	Subtract line <b>2e</b> from line <b>1</b>	3	98,754,228
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	98,754,228
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	66,738,962
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	66,738,962
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	28,047,553
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	94,786,515
Part	XIII Supplemental Information		

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

I dentifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarships \$28225419 Expenses related to special event \$-177866
Part X	Part X FIN48 Footnote	Income tax status The College has been recognized by the Internal Revenue Service as an organization that is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code on its income other than unrelated business income. The College has also been recognized by the State of Utah as an organization exempt from state income taxation except to the extent of unrelated business income. Accordingly, no provision for income taxes is made in the financial statements. As required by US 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, 2010 through June 30, 2013 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, 2013, and is it not expected that there will be a material change in the 12 months following June 30, 2013. 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

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## **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.

**Employer identification number** 

Westr	minster College				
- B-		87-0212470		VEC	NO
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation protein makes the policy known to all parts of the general community it serves? If "Yes," please despite the policy known to all parts of the general community it serves?	gram, ın a way			
	please explain If you need more space use Part II		3	Yes	
4	Does the organization maintain the following?		4-	V	
	Records indicating the racial composition of the student body, faculty, and administrative staff? • Records documenting that scholarships and other financial assistance are awarded on a racially i	nondia ariminatari	4a	Yes	$\vdash$
	basis?	·	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
(	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	<u> </u>
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		_5a_		No
ŀ	Admissions policies?		5b		No
•	Employment of faculty or administrative staff?		5c		No
C	I Scholarships or other financial assistance?		5d		No
•	Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
ŀ	Other extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
68	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
ŀ	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4	01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " explain on Pa		,	V	1

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 in employment opportunities or practices on the basis of race, color, ethnicity, religion, gender, national origin, age, disability, veteran status, gender identification, sexual orientation or any other characteristic protected by law 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 or ethnicity, color, religion, national origin, sex, age, sexual orientation, gender identification, disabilities, genetic information, or status as a veteran, or any other category or classification protected by applicable federal, state, or city laws 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 Colleges 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) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132031884

. . . . .

No

2012

**Inspection** 

OMB No 1545-0047

Open to Public

SCHEDULE F (Form 990) **Statement of Activities Outside the United States** 

► 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
Westminster College

Department of the Treasury

**Employer identification number** 

87-0212470

	07 0212170
Pa	rt I General Information on Activities Outside the United States. Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or

assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total		1			1,159,000
b	Total from continuation sheets to Part I					462,000
c	Totals (add lines 3a and 3b)		1			1,621,000

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	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

assistance recipients cash grant disbursement non-cash of non-cash valuation assistance assistance (book, FMV	Part III can r	be duplicated if additio	<u>nal space is n</u> e	<u>eeded.</u>		<del>_</del>		
Institutional South America 3 41,580 Student Account N/A Book Scholarships Institutional North America 1 9,500 Student Account N/A Book Scholarships Institutional Europe 4 41,360 Student Account N/A Book Scholarships Institutional East Asia & the Paci 2 14,850 Student Account N/A Book Scholarships Institutional Central America & Ca 1 13,860 Student Account N/A Book			recipients	cash grant	disbursement	non-cash	of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships Institutional Europe 4 41,360 Student Account N/A Book Scholarships Institutional East Asia & the Paci 2 14,850 Student Account N/A Book Scholarships Institutional Central America & Ca 1 13,860 Student Account N/A Book	Scholarships		3	•				Book
Institutional Europe 4 41,360 Student Account N/A Book Scholarships  Institutional East Asia & the Paci 2 14,850 Student Account N/A Book Scholarships  Institutional Central America & Ca 1 13,860 Student Account N/A Book		North America	1	9,500	Student Account		N/A	Book
Institutional East Asia & the Paci 2 14,850 Student Account N/A Book Scholarships Institutional Central America & Ca 1 13,860 Student Account N/A Book	Institutional	Europe	4	·				Book
Institutional Central America & Ca 1 13,860 Student Account N/A Book	Institutional	East Asia & the Paci	2	14,850	Student Account		N/A	Book
	Institutional	Central America & Ca	1	13,860	Student Account		N/A	Book
				<b></b> _				
				<del> </del>				
				<u> </u>				
				<u> </u>				
				<u> </u>				
				<u> </u>				
				<u> </u>				
				<u>                                       </u>				

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
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> ~</u>	Νo

Schedule F (Form 990) 2012

## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Supporting services, including foreign transactions, have been summarized on a functional basis in the statements of activitie Accordingly, certain costs have been allocated among the programs and supporting services. We are not required to show foreign transactions separately for financial statement reportin purposes. The method used to account for the total expenditure 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.  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"	as applicable. Also comple	ete this part to provide any ac	dditional information (see instructions).
Supporting services, including foreign transactions, have been summarized on a functional basis in the statements of activitie Accordingly, certain costs have been allocated among the programs and supporting services. We are not required to show foreign transactions separately for financial statement reponditure purposes. The method used to account for the total expenditure 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.  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		ReturnReference	<u> </u>
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	Grantmaker's Description of How Grants are Used in Foreign Country  Additional Supplemental Information		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 expenditure 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.
			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

## **Additional Data**

**Software ID:** 12000229

Software Version: 2012v2.0

**EIN:** 87-0212470

Name: Westminster College

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	Program Services	Student Services	5,000
Sub-Saharan Africa	0	0	Program Services	A cademic Support	2,000
Sub-Saharan Africa	0	0	Program Services	Undergradaute Trıp	75,000

Form 990 Schedule F	Part I - Activit	<u>ties Outside T</u>	he 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	Program Services	Graduate Trip	168,000
South Asia	0	0	Program Services	Student Services	42,000
South Asia	0	0	Program Services	A cademic Support	6,000

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
South America	0	0	Program Services	A cademic Support	4,000
South America	0	0	Program Services	Instruction	8,000
South America	0	0	Program Services	Graduate Trip	106,000

-1

1

- 1

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
South America	0	0	Grantmakıng	Study Abroad	42,000
Russia & Newly Indep Stat	0	0	Program Services	Instruction	4,000
Central America & Caribbe	0	0	Program Services	Graduate Trıp	114,000

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
Central America & Caribbe	0	0	Grantmakıng	Study Abroad	14,000
North America	0	0	Program Services	Academic Support	1,000
North America	0	0	Program Services	Graduate Trip	35,000

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
North America	0	0	Grantmakıng	Study Abroad	10,000
Europe	0	0	Program Services	Student Services	2,000
Europe	0	0	Program Services	A cademic Support	12,000

Form 990 Schedule F	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							
Europe	0	0	Program Services	Instruction	15,000							
Europe	0	0	Program Services	Undergraduate Trip	325,000							
Europe	0	0	Program Services	Graduate Trip	219,000							

Form 990 Schedule F I	orm 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						
Europe	0	0	Grantmakıng	Study Abroad	41,000						
East Asia & the Pacific	0	1	Program Services	Student Services	21,000						
East Asia & the Pacific	0	0	Program Services	A cademic Support	15,000						

Form 990 Schedule F	Part I - Activi	ties Outside T	he 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
East Asia & the Pacific	0	0	Program Services	Instruction	77,000
East Asia & the Pacific	0	0	Program Services	Undergraduate trip	95,000
East Asia & the Pacific	0	0	Program Services	Graduate Trip	148,000

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
East Asia & the Pacific	0	0	Grantmakıng	Study Abroad	15,000

DLN: 93493132031884

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

# **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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

	ne of the organization						Employer ider	tification number
wes	stminster College						87-0212470	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	ion answered "Yes" t	to Forn	າ 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through aı	ny of the 1	following activities Che	eck all t	hat apply	
а	Mail solicitations			е	☐ Solicitation of non	-goverr	nment grants	
b	☐ Internet and email soli	cıtatıons		f	Solicitation of gov	ernmen	t grants	
С	Phone solicitations			g	Special fundraisin	g event	s	
d	In-person solicitations	i						
2a	Did the organization have a or key employees listed in							Γ <sub>Yes</sub> Γ <sub>No</sub>
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents und	ler which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	al			<b>.</b>				
3	List all states in which the licensing	organization is regis	tered or li	censed to	ı o solıcıt funds or has be	en notif	ied it is exempt	from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		evente mai grees receipte g	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through
			2012 Schol Gala (event type)	2013 Schol Gala (event type)	(total number)	col <b>(c)</b> )
₽	1	Gross receipts	288,400	38,698	3	327,098
Revenue	2	Less Contributions	111,819	35,330	)	147,149
<u>~</u>	3	Gross income (line 1 minus line 2)	176,581	3,368		179,949
	4	Cash prizes				
မာ	5	Noncash prizes	113,503	3		113,503
Expenses	6	Rent/facility costs				
ᄶ	7	Food and beverages .	22,595	299		22,894
Direct	8	Entertainment	2,000			2,000
ā	9	Other direct expenses .	36,654	2,815	i	39,469
	10	Direct expense summary Add lir	nes 4 through 9 in columr	ı(d)		(177,866)
	11	Net income summary Combine I	ine 3, column (d), and line	210	•	2,083
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	ert IV, line 19, or rep	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
မှ	2	Cash prizes				
penses	3	Non-cash prizes				
面 닷	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г Nо	☐ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)		
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	e gamıng actıvıtıes ın eac	h of these states?		「Yes 「No
10a b	Wei	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	; the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

DLN: 93493132031884 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

### **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

Open to Public Inspection Employer identification number

Name of the organization						Employer identificati	on number
Westminster College						87-0212470	
Part I General Informatio	n on Grants and	Assistance					
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or ass ition's procedures for	nstance? monitoring the use o	f grant funds in the Unite	d States			✓ Yes
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount 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 gran or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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	17	31,300		Book Value	
(2) SEO G	135	273,121		Book Value	
(3) Institutional Scholarships	2297	26,068,566		Book Value	
(4) Endowed Scholarships	397	963,533		Book Value	
(5) Annual Scholarships	219	767,749		Book Value	
Part IV Supplemental Inform	ation.	ı			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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) 2012

DLN: 93493132031884

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Westminster College

**Employer identification number** 

87-0212470

Pai	It I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract     ▼ Written employment contract			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 87-0212470

Name: Westminster College

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pa	<u>.rt</u> '	<u> 11 - Officers, Direc</u>	<u>tors, Trustees, Ke</u>	zy empioyees, and	<u>, nignest compen</u>	sateu Employees		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
W Curtis Ryan	(I) (II)			29,236		32,153	261,651	
Stephen Morgan	(I) (II)			540		40,220	300,009	
Richard Chapman	(I) (II)			2,100		23,049	173,589	
Michael Bassis	(I) (II)		240,958	70,619		24,512	551,526	
Jın Wang	(I) (II)			1,080		30,815	245,164	
Jerry Van Os	(I) (II)			14,034		12,181	170,837	
James Stimpson	(I) (II)					27,207	178,886	
James Seidelman	(I) (II)			7,414		39,952	301,877	
George White	(I) (II)					25,789	173,386	
Brian Levin Stankevich	(I) (II)					22,687	212,391	
Arıc Krause	(I) (II)	) 149,216 )		2,100	 	19,650	170,966	
1								

DLN: 93493132031884

(i) Pool

2012

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Bond Issues

**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 Part VI.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection Employer identification number

Internal Revenue Service Name of the organization Westminster College

87-0212470

(h) O n

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f	<b>f)</b> Description of purpose	( <b>g)</b> Det	feased	beha ISS			ncing
								Yes	No	Yes	No	Yes	No
A	Salt Lake County Utah	87-6000316	79567PDG5	04-10-2007	18,270,000		dvance refund the callable ege revenue bonds		Х		Х		X
В	Salt Lake County Utah	87-6000316	79567PCS0	05-10-2005	16,715,000		nance construction ects and debt service rve		X		Х		Х
Pa	rt III Proceeds												
					Α		В		С			D	
1	A mount of bonds retired												
2	Amount of bonds legally defea	ased											
3	Total proceeds of issue				18,270	,000	16,715,000						
4	Gross proceeds in reserve fui	nds			1,611	.,450	193,859						
5	Capitalized interest from proc	eeds											
6	Proceeds in refunding escrow	/S			15,752	2,862	8,280,000						
7	Issuance costs from proceed	s			14	,670	51,762						
8	Credit enhancement from pro-	ceeds											
9	Working capital expenditures	from proceeds											
10	Capital expenditures from pro	oceeds			2,549	,541	8,267,906						
11	Other spent proceeds												

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х	х					
15	Were the bonds issued as part of an advance refunding issue?	Х			х				
16	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					

Part III Private Business Use

Other unspent proceeds Year of substantial completion

	CTT ::::atc Datinets csc								
			4	ı	В		С	Γ	)
	l de la companya de	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		х				
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		Х				
F	Name would Be described Ant Notice and the Tueston stiene for Forms 000		N- FO10	125	•	•	Cal	d l. / F	000) 2012

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

	1111 dte basiness ose (conanaca)		1	, I		1			T	_
			Yes	No I	Yes	No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use		X		X			1.55	
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 fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×		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 propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			%	'	%		0/	o o	%
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		0/	o o	%
6	Total of lines 4 and 5			%		%		9/	, o	%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		9/	·o	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all nonc bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x		х					
Dor	t IV Arbitrage									
Fair	ны и аус	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?							<u> </u>		
a	Rebate not due yet?									
ь	Exception to rebate?									
С	No rebate due?		Х		Х					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed						•			
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider	NA		NA						
С	Term of hedge									
d	Was the hedge superintegrated?								T	
e	Was a hedge terminated?									
		<u> </u>	I							

Pa	rt IV Arbitrage (Continued	1)								,
		-	<i>A</i>	\	В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested i contract (GIC)?	ın a guaranteed ınvestment		X		Х				
b	Name of provider		NA		NA					
С	Term of GIC									
d	Was the regulatory safe harbor value of the GIC satisfied?	for establishing the fair market		х		Х				
6	Were any gross proceeds inves period?	ted beyond an available temporary		Х		X				
7	Has the organization established the requirements of section 148	ed written procedures to monitor 8 ?	Х		X					
Pa	rt V Procedures To Unde	ertake Corrective Action								
			A	1	В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization establishe that violations of federal tax rec and corrected through the volur self-remediation is not availabl	quirements are timely identified ntary closing agreement program if								
P	art VI Supplemental Inf	f <b>ormation.</b> Complete this part to p	provide additioi	<u>nal informati</u>	on for respor	ises to ques	tions on Sch	edule K (see	instructions	)
	Identifier	Return Reference				Explan	ation			
Sup	plemental Information	Part VI	The rebate comp 6/14/12	outation was pe	erformed for the	2005 bond is	ssue on 6/28/	10 and for the	2007 bond iss	ue on

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132031884

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the orgar Westminster College	nization									<b>ploye</b> -0212		ication	numbe	r
Part I Excess									ganıza	tions	only).			
<b>1</b> (a) Name o			on <b>(b)</b> Rel	ations	hıp b	etween disc	qualified	5a or 25b, or (c) Descrip					( <b>d)</b> Corr	ected?
			1	person	and	organızatıo	n						Yes	No
2 Enterthe amo	ount of to	V 10 0 UFF0	d by organiza	tion m	200	are or diag	uplified perc	one during the		undar	action			
2 Enter the amount 4958 3 Enter the amount 1											• \$ • \$			
Comp	lete if the	organiz	rom Intere ation answere n amount on F	d "Yes	s" on	Form 990-		line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
(a) Name of interested person	<b>(b)</b> Rela with orga		(c) Purpose of loan	(d) L or fro organi	m th	ne	(e)Original principal amount	l <b>(f)</b> Balance due		In Iult?	(h Appro by boa commi	ved rd or	(i)Wr agreer	
				То		From			Yes	No	Yes	No	Yes	No
													_	
													_	
													_	
													_	
Total				<u> </u>									٦	
Part IIII Grant			ce Benefit	ting I	nte									
Comp (a) Name of interperson		(b) Rel	nization ans ationship beto ed person an organization	ween			n 990, Par assistance	t IV, line 27.		tance	(e)	Purpos	e of ass	ıstance
(1)			ngumzucion		38,3	346		Tuition			Tuit	Remiss	ion	
								- - -						

Part IV Business Transactions Complete if the organiza			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zation's
				Yes	No
(1) W Curtis Ryan	Child	12,244	Student Compensation		No
(2) Bing Fang	Family - Brd	17,119	EmployeeCompensation		No

#### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

#### DLN: 93493132031884

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

**Noncash Contributions** 

Name of the organization Westminster College

**Employer identification number** 

Pa	rt I Types of Property			<u> </u>	87-0212470			
	Types of Freperty	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contrib	etermi		ts
1	Art—Works of art	Х	48	97,690	Appraisal/Cost			
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
_	goods	X		2,130	Cost			
	Cars and other vehicles							
	Boats and planes Intellectual property							
	Securities—Publicly traded .	X	12	1 160 444	Market Value			
	Securities—Closely held stock .		12	1,100,444	Market value			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
- 1	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
<b>17</b>	Real estate—Other	Х	1	55,607	Cost			
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	.,	_					
	Other ► (Instruct/Progrm)	X	5		Appraisal/Cost			
	Other ► ( Gift basket )	X	183	,				
	Other ► ( Furniture )	X	17 11	9,458	Appraisal/Cost			
28	Other ► ( Event use ) Other ► ( Gift basket )	X	1	·				
	Other ► (Gift basket )	X	1	8,390				
	Other ► (Furniture )	X	1	38,800				
	Other ► (Event use )	X	1	5,000				
	Other ► (Gift basket )	X	1	'				
	Other ► (Event use )	Х	1					
	Other ► (Event use )	Х	1	1,191	Cost			
	Other ► ( Furniture )	Х	1	5,650	Appraisal/Cost			
	Other▶ ( <u>Gıft basket</u> )	Х	1	7,000	Cost			
	Other► ( <u>Gıft basket</u> )	Х	1					
	Other► ( <u>Event use</u> )	Х	1	· · · · · · · · · · · · · · · · · · ·				
	Other ► ( Event use )	X	1	· · · · · · · · · · · · · · · · · · ·				
	Other ► ( Instruct/Progrm )	X	1	60,000				
	Other ► (Gift basket )	X	1	4,000	Cost			
29	Number of Forms 8283 received for which the organization complete.				29		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it			.40
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem					Jua		
				<u>,</u>		_		
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	in column (c) for a type of	property for which column (	alis checked			i

describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132031884

OMB No 1545-0047

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

ldentifier	Return Reference	Explanation
		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 (\$387,734 in 2013, \$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 2013 2012 2011 2010 2% 0% 1% 0% Board designated or quasi-endow ment 80% 84% 78% 84% Permanent endow ment 18% 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

ld	entifier	Return Reference	Explanation
		Form 990, Part I, Line 4	Non-independent Trustee * President Brian Levin-Stankevich 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.

ldentifier	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 11b	Form 990, Part VI, Line 11b 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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 1a	Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to Committee	The Executive Committee of the Board of Trustees shall comprise the following Trustees the Chair of the Board of Trustees, the Vice Chair of the Board of Trustees, the Chairs of Board Committees, the President and one or more other Trustees chosen at large. The Chair of the Board of Trustees shall be the Chair of the Executive Committee. The Executive Committee shall perform the following duties. * Represent the Board of Trustees in the intervals between Board meetings on actions which must be final and approved prior to the next meeting of the Board and on matters as delegated by the Board of Trustees to the Executive Committee, except to the extent prohibited by these Bylaws and the Utah Revised Nonprofit Corporation Act 2000, and any subsequent amendments or successor thereto, * Report all Executive Committee actions in full to the Board of Trustees at the first Board of Trustees meeting after the date of the Executive Committee's actions. All such Executive Committee actions shall be the final and official actions of the Corporation, unless the Board of Trustees is responsible for final action on the matter pursuant to the terms of these Bylaws or the Executive Committee indicates that its action is a recommendation to the Board of Trustees.

DLN: 93493132031884

Related Organizations and Unrelated Partnerships

2012

Open to Public Inspection

**Employer identification number** 

87-0212470

(Form 990)

Name of the organization

**SCHEDULE R** 

Department of the Treasury Internal Revenue Service

Westminster College

► 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.

Part I Identification of Disregarded Entities (Comple	te if the organization	answered "Yes" to	Form 990, Par	t IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income E	<b>(e)</b> nd-of-year assets	D	<b>(f)</b> irect controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete if the tax year.)	he organization ai	nswered "Yes" t	o Form 990, P	art IV,	line 34 because it	had or	ıe
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity	Section (13) co	512(tontrolle ity?
(1) Bill and Vieve Gore Endowment Fund  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)Type		N/A	Tes	No
07-0213007								
							1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y			Schedule R (Form	990) 2	012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

${f 1}$ During the tax year, did the organization engage in any of the follow	ung transactions with one or more rel	ated organizations lis	sted in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from	n a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b		No			
<b>c</b> Gift, grant, or capital contribution from related organization(s)					<b>1</b> c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)					1d		No			
e Loans or loan guarantees by related organization(s)					1e		No			
<b>f</b> Dividends from related organization(s)					1f		No			
<b>g</b> Sale of assets to related organization(s)					1g		No			
h Purchase of assets from related organization(s)					1h		No			
i Exchange of assets with related organization(s)					1i		No			
j Lease of facilities, equipment, or other assets to related organiza	tion(s)				1j		No			
f k Lease of facilities, equipment, or other assets from related organ	ızatıon(s)				1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with	related organization(s)				1n		No			
• Sharing of paid employees with related organization(s)					10		No			
<b>p</b> Reimbursement paid to related organization(s) for expenses					1p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses					1q		No			
$m{r}$ O ther transfer of cash or property to related organization(s)					1r		No			
${f s}$ Other transfer of cash or property from related organization(s)					1s	Yes				
2 If the answer to any of the above is "Yes," see the instructions for	r information on who must complete t									
(a) Name of other organization		<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved				
1) Bill and Vieve Gore Endowment Fund		S	606,642	End spend rate						
			i							

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 87-0212470

Name: Westminster College

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#### Part VII Supplemental Information

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