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DLN: 93493126008206

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	014 cal	endar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
<b>B</b> Che	eck if ap	plicable	C Name of organization Westminster College		D Emplo	yer ide	entification number
☐ Add	Iress cha	ange			87-02	21247	0
┌ Nar	ne char	ige	Doing business as				
☐ Init	ıal retur	n					
Fina	al		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	one nur	nber
	ırn/term	nnated	1840 South 1300 East		(801)	832-	2139
┌ Am	ended r	eturn	City or town, state or province, country, and ZIP or foreign postal code				
┌ App	lication	pending	Salt Lake City, UT 84105		<b>G</b> Gross r	eceipts	\$ 98,767,031
			F Name and address of principal officer	117-7			
			Stephen Morgan		Is this a group subordinates?		n for
					Are all subordi	nates	┌ Yes 🗸 No
	v-evem	pt status	✓ 501(c)(3)		included? If "No " attach	a list	(see instructions)
					ii No, attacii	a 115t	(see mstructions)
J W	ebsite	: • ww	w westminstercollege edu	H(c)	Group exempt	ion nu	ımber 🟲
<b>K</b> Forr	n of org	anızatıon	Corporation Trust Association Other	<b>L</b> Yea	r of formation 18	86 N	1 State of legal domicile UT
	rt I		nmary				
		Sriefly d	escribe the organization's mission or most significant activities				
			nster College is a private comprehensive liberal arts college in Salt Lake C	City, U	T offering unde	ergrad	uate and graduate
	<u>d</u>	egrees	ın lıberal arts and professional programs				
ž	-						
<u> </u>	-						
₹	, -	heck th	his box 🛏 if the organization discontinued its operations or disposed of r	more t	han 25% of its	net a	ssets
Governance	- `		box , , , , and organization allocation of allopsoon or				
<b>26</b>	3 N	lumber	of voting members of the governing body (Part VI, line 1a)			3	30
ies Es	4 1	lumber	of independent voting members of the governing body (Part VI, line 1b)			4	29
Activities &	5 T	otal nu	mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	1,808
a ब	6 ⊺	otal nu	mber of volunteers (estimate if necessary)			6	
	7a ⊺	otal un	related business revenue from Part VIII, column (C), line 12			7a	0
	Ь∿	let unre	elated business taxable income from Form 990-T, line 34			7b	
					Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		8,095,	574	8,426,007
≘	9						87,284,493
Rayenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		87,606, 796,		393,357
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		470,	282	517,612
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
					96,968,	967	96,621,469
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)		28,441,	334	29,528,800
	14		its paid to or for members (Part IX, column (A), line 4)				0
eth.	15		es, other compensation, employee benefits (Part IX, column (A), lines		43,007,	165	42,121,684
Expenses	160	5-10)	ssional fundraising fees (Part IX, column (A), line 11e)				0
क्	16a		· · · · · · · · · · · · · · · · · · ·				
ठ	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶1,891,990				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,746,	487	25,571,627
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		96,194,	986	97,222,111
	19	Reven	nue less expenses Subtract line 18 from line 12		773,	981	-600,642
<u>ኞ</u>				Begi	inning of Curre	nt	End of Year
Not Assets or Fund Balances	 				Year		
A.ss   B.a	20		assets (Part X, line 16)		207,275,	-	219,263,592
<u> 3</u> 5	21		liabilities (Part X, line 26)		58,602,		69,950,283
	22		ssets or fund balances Subtract line 21 from line 20		148,672,	538	149,313,309
	t II		nature Block				
my kr	nowled	ge and	perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete Declaration of preparer (other that nowledge				
		****			2016-05-05		
Sign		Signa	ature of officer		Date		
Here	e		ney Tervort Managing Director				
		<u> </u>	e or print name and title				
		F	Print/Type preparer's name Preparer's signature Date	e	Check I if	PTIN	
Paid	k	F	Firm's name 🕨		self-employed Firm's EIN	<u> </u>	
	pare	r					
Use	Onl	<b>y</b>   [	Firm's address 🟲		Phone no		
							<u>_</u>
Mayt	he IRS	discus	ss this return with the preparer shown above? (see instructions) $ \cdot  \cdot  \cdot $				┌Yes ┌No

orm	990 (2014)				Page 2
Par		<b>ent of Program Service</b> Schedule O contains a respons	Accomplishments se or note to any line in this Part 1	II	
1	Briefly describe	the organization's mission			
radit indei aise earn stude ind ii	tion of caring deep rgraduate, selected questions, critica ing, to discover a ents to lead lives	ply about students and their eded graduate, and other innovat ally examine alternatives, and nd pursue their passions, and of learning, accomplishment, a arld We promote distinctive ap	le dedicated to student learning Notication. We offer liberal arts and live degree and non-degree programake informed decisions. We encount of the work of the wor	professional education in course ims Students are challenged to ourage students to accept respo stainable communities Our pur lop skills and attributes critical	es of study for experiment with ideas, onsibility for their poses are to prepare for success in a diverse
2	the prior Form 99	90 or 990-EZ?		which were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services on Sche	dule O		
3	services?	= -	e significant changes in how it co	nducts, any program · · · · · · ·	┌ Yes ┌ No
4	Describe the org	ganızatıon's program service ad	ccomplishments for each of its th ganizations are required to report		
4a	(Code	) (Expenses \$	79,657,090 including grants of \$	29,475,322 ) (Revenue \$	87,284,493 )
	Instruction 2,137	FTE students in undergraduate progra	ams 642 FTE students in graduate progra	ms 975 students graduated in the 2014	-2015 academic year
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
	_				
4d	Other program (Expenses \$	services (Describe in Schedul includir	e O ) ng grants of \$	) (Revenue \$	)

79,657,090

Total program service expenses ▶

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	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 $I^{\bullet}$	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 $\sqrt{2}$	10	Yes	
1	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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	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		No
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		No
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	
L <b>5</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L <b>6</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
L <b>7</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		No
L <b>8</b>	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	
L <b>9</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	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	Yes	
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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 $M$ ${\mathfrak Z}$	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? <i>If "Yes," complete Schedule R, Part I</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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
1.	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   251		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
<b>4a</b>	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
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		Νo
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_		
0-	- ,	8 9a		No
9a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter	90		140
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

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

Check if Schedule O contains a response or note to any	line in this Part VI .						.[고

			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		Νo
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		Νο
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	even	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod Yes	e.) <b>No</b>
	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	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
10a b 11a b 12a b	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 c	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	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	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	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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 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 Vipon 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►Sydney Tervort 1840 South 1300 East
  - Salt Lake City, UT 84105 (801)832-2133

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
--	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	one both	box, an	officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations

1b	Sub-Total	►		
C	Total from continuation sheets to Part VII, Section A	٠		
d	Total (add lines 1b and 1c)	►	2,661,122	405,005

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\blacktriangleright 64$ 

			Yes	NO			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes				
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		N o			

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
American Mechanical Systems Service 7530 S State St Sandy, UT 84070	Maintenance/repair	351,893
Keystone Aviation LLC 303 N 2370 W Salt Lake City, UT 84011	Aviation service	268,776
RuffaloCODY PO Box 3018 Cedar Rapids, IA 524063018	Admissions Search	198,771
Registry for College & University Presidents 3 Centennial Dr Peabody, MA 01960	Consulting	152,031
Grant Thornton 175 W Jackson Chicago, IL 60604	Audıt	133,485
2 Total number of independent contractors (including but not limited to the	se listed above) who received more than	

\$100,000 of compensation from the organization ▶5

Part VIII		Statement of		aca ar nota to any lu	line in this Part VIII						
		Check ii Scheu	ule O Contains a respoi	ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
10	1a	Federated cam	ipaigns 1a								
nts Inte	ь	Membership di	ues <b>1b</b>								
5ra not	c	Fundraising ev		136,499							
. ₹  -											
Gif ilar	d	Related organi									
ž, ž	е	Government grant	ts (contributions) 1e	1,285,943							
ēχ	f	All other contributi	ons, gifts, grants, and <b>1f</b>								
Contributions, Gifts, Grants and Other Similar Amounts	a		ions included in lines	1,936,850							
탈		1a-1f \$			0.436.007						
<u>ပြ</u>	h	Total. Add line	sla-lf	· · · · •	8,426,007						
<u>-</u>				Business Code							
Program Service Revenue	2a	Auxiliary enterprise	es		5,304,181	5,304,181					
	Ь	Tuition and Fees			81,980,312	81,980,312					
M C e	C										
) S	d										
a	e	<u> </u>									
Ş	f	All other progra	am service revenue								
	g	Total. Add line	s 2a-2f	🕨	87,284,493						
	3		come (including dividen lar amounts)		73,870			73,870			
	4		stment of tax-exempt bond	,	88,110			88,110			
	5	Royalties .		🕨	579			579			
			(ı) Real	(11) Personal							
	6a	Gross rents									
	Ь	Less rental expenses									
	С	Rental income or (loss)									
	d	Net rental inco	me or (loss)		0						
		_	(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	2,233,822								
	ь	Less cost or other basis and	2,002,445								
		sales expenses Gain or (loss)	231,377								
	d		ss)	<u> </u>	231,377			231,377			
	8a		from fundraising	· · · · · · · · · · · · · · · · · · ·	,			,			
Other Revenue		events (not inc \$136									
ά Φ		See Part IV, lir									
<u>ū</u>	ь	Loca direct ex	a penses b	180,025							
₹	c		(loss) from fundraising		36,908			36,908			
	9a	Gross income	from gaming activities ne 19	,							
	ь	Less direct ex	a (penses b								
	c		(loss) from gamıng actı	vities	0						
	10a	Gross sales of returns and all									
	b	Less cost of g	oods sold <b>b</b>								
	С		(loss) from sales of inv		0						
		Mıscellaneou	s Revenue	Business Code		30 ==-					
	11a	Commissions		611710	73,579	73,579					
	b	Interest-Accts	,	525990	157,689	157,689					
	l _	O ther Revenue			215,380	215,380 33,477					
	d	All other reven		▶	33,477	33,4//					
	12				480,125						
		rocar revenue.	See Instructions .		96,621,469	87,764,618		430,844			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
--	-------	-----

36000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
	of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	29,475,322	29,475,322		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	53,478	53,478		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,989,455	663,565	1,325,890	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	29,771,879	25,403,176	3,230,584	1,138,119
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,450,421	1,940,346	381,974	128,101
9	Other employee benefits	5,649,415	3,964,984	1,369,016	315,415
10	Payroll taxes	2,260,514	1,871,460	302,145	86,909
11	Fees for services (non-employees)				
а	Management	302,545	302,545		
b	Legal	125,667		125,667	
c	Accounting	111,339		111,339	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,629,216	782,967	795,746	50,503
12	Advertising and promotion	313,562	98,345	215,104	113
13	Office expenses	2,324,237	2,001,209	276,642	46,386
14	Information technology	1,080,267	779,959	300,282	26
15	Royalties	4,424	4,424		
16	Occupancy	1,925,491	151,712	1,773,756	23
17	Travel	2,569,965	2,291,143	231,086	47,736
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	139,023	118,605	15,729	4,689
20	Interest	3,071,160	2,269,459	801,701	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,021,904	2,972,021	1,049,883	
23	Insurance	768,610	259,341	509,269	
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)				
а	Misc other	3,142,339	1,687,134	1,431,038	24,167
b	Food	2,352,427	2,097,979	220,048	34,400
c	Campus Repair & Maint	919,910	256,919	662,702	289
d	Memberships/Subscriptions	333,693	208,309	110,270	15,114
e	All other expenses	435,848	2,688	433,160	
25	Total functional expenses. Add lines 1 through 24e	97,222,111	79,657,090	15,673,031	1,891,990
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	<b>Balance Sheet</b> Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	0
	2	Savings and temporary cash investments	21,025,911	2	23,450,437
	3	Pledges and grants receivable, net	2,527,886	3	2,644,631
	4	Accounts receivable, net	1,835,614	4	1,866,132
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
v	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 employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
ळू				6	0
Assets	7	Notes and loans receivable, net	4,206,571	7	4,090,151
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	714,460	9	338,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  143,702,893			
	b	Less accumulated depreciation	98,798,636	<b>10</b> c	95,766,394
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	78,166,125	12	91,107,415
	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)	207,275,203	16	219,263,592
	17	Accounts payable and accrued expenses	6,649,436	17	7,240,042
	18	Grants payable		18	_
	19	Deferred revenue	2,761,638	19	2,939,780
	20	Tax-exempt bond liabilities	28,165,000	20	39,008,519
c٠.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,487,527	23	4,058,244
	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			
		D	16,539,064	25	16,703,698
	26	Total liabilities. Add lines 17 through 25	58,602,665	26	69,950,283
ي. do		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	69,807,345	27	68,828,790
<u>ප</u>	28	Temporarily restricted net assets	23,794,333	-	23,051,450
<u>~</u>	29	Permanently restricted net assets	55,070,860	29	57,433,069
Fund Balances	29	·	33,070,800	29	37,433,009
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 4	33	Total net assets or fund balances	148,672,538	33	149,313,309
ž	34	Total liabilities and net assets/fund balances	207,275,203	34	219,263,592
		. Sta. Hashines and het assets/fund buildiness	201,210,200	J-7	210,200,032

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		96,6	521,469	
2	Total expenses (must equal Part IX, column (A), line 25)	2 97,222,1				
3	Revenue less expenses Subtract line 2 from line 1	3 -600,				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 572,538	
5	Net unrealized gains (losses) on investments	5			 241,413	
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		149,3	313,309	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. Г	
				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 o	n			
	☐ 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	1e <b>2c</b>	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	За	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes		

**Software ID:** 14000265 **Software Version:** 2014v6.0

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	2/1099-M15C)	2/1099-MISC)	related organizations	
(1) Stephen R Morgan	40 00	×		x				265,012	0	46,636	
President (1) Brian Levin-Stankevich	0 00										
President	0 00	x		х				304,976	0	41,221	
(2) Kım T Adamson	1 60										
Trustee	0 00	X						0	0	0	
(3) Hamid Adıb	1 60	х						0	0	0	
Trustee	0 00							Ů	0	0	
(4) Jeanne Ambruster	1 60	x						0	0	0	
Trustee (5) Gretchen F Anderson	0 00										
		x						0	0	0	
Trustee (6) Martha Felt Barton	0 00										
Trustee	0 00	Х						0	0	0	
(7) Judith Billings	1 60									_	
Trustee	0 00	Х						0	0	0	
(8) Mike Bills	1 60	×						0	0	0	
Trustee	0 00							Ů			
(9) Preston Chiaro	1 60	x						0	0	0	
Trustee (10) James R Clark	0 00										
		х						0	0	0	
Trustee (11) Curt P Crowther	0 00 1 60										
Trustee	0 00	X						0	0	0	
(12) Nancy DeFord	1 60	×						0	0	0	
Trustee	0 00	^						0	0	0	
(13) Thomas A Ellison Esq	1 60	l x						0	0	0	
Trustee (14) Para I. Farra	0 00										
(14) Bing L Fang	1 60	x						0	0	0	
Trustee (15) Muffy Mead-Ferro	0 00										
Trustee	0 00	X						0	0	0	
(16) Thomas Fey	1 60	,,									
Trustee	0 00	Х						0	0	0	
(17) Deanna Forbush	1 60	x						0	0	0	
Trustee	0 00	.,									
(18) Robert Garda	1 60	x						0	0	0	
Trustee (19) Clark P Giles	0 00										
Trustee	0 00	х						0	0	0	
(20) Henry S Hemingway	1 60										
Trustee	0 00	X						0	0	0	
(21) Laura Kaiser	1 60	х						0	0	0	
Trustee	0 00	_ ^						"			
(22) Colleen Kearns McCann	1 60	x						0	0	0	
Trustee	0 00						_				
(23) Jerilyn McIntyre	1 60	x						0	0	0	
Trustee (24) O Wood Moyle IV	0 00										
Trustee	0 00	x						0	0	0	
HUSICE	1 000	<u> </u>		<u> </u>	1		I	1		<u> </u>	

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> 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	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333 11333,	2,2033 11200,	related organizations	
(26) Catherine Putnam-Netto	1 60	×						0	0	0	
Trustee	0 00										
(1) William Orchow	1 60	l x						0	0	0	
Trustee	0 00										
(2) Robert Rendon	1 60	l x						0	0	0	
Trustee	0 00							-	-		
(3) Pat Richards	1 60	l x						0	0	0	
Trustee	0 00	^						0	0	0	
(4) David E Simmons	1 60								0	0	
Trustee	0 00	X						0	0	0	
(5) William Trojan	1 60							_	_	_	
Trustee	0 00	×						0	0	0	
(6) W Curtis Ryan	40 00										
Treasurer	0 00			Х				206,525	0	33,877	
(7) Melissa Flores	40 00										
Coentani	0 00			Х				150,271	0	20,750	
Secretary (8) Sydney Tervort	40 00										
Mng Dir, Financ	0 00			Х				113,720	0	16,980	
(9) James Seidelman	40 00				х			264,754	0	46,636	
Provost/Dist Serv Prof (10) John Baworowsky	0 00 40 00						-				
VP, Enrollment	0 00				Х			190,667	0	29,979	
(11) Jın Wang	40 00				х			217,581	0	32,087	
Dean, Business/Spec Assist to Pres	0 00				, ,			217,501		32,007	
(12) Michael Pacanowsky Professor/Chair	40 00					х		186,804	0	28,221	
(13) James Stimpson	40 00					<u> </u>					
Assoc Professor	0 00					X		165,709	0	28,610	
(14) Richard Chapman	40 00					V		154.003	0	22.146	
Professor	0 00					X		154,903	0	23,146	
(15) Jerry Van Os	40 00					,,		454.602		12.006	
Professor	0 00					X		154,603	0	13,086	
(16) Adam Hiatt	40 00										
BB Coach/Camp Dır	0 00					X		151,090	0	19,494	
(17) Michael Bassis	0 00						Ţ	26 440		0	
Former President/Emeritus & Trustee	0 00						X	26,448	0	J	
(18) Annalisa Holcombe	40 00						Ü	400.055		24 202	
Secretary to Board (former)	0 00						X	108,059	0	24,282	
	•										

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**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Westm	inster	College					87-0212470						
Dar	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mnlete this r	s part.) See instructions.						
		zation is not a private fo						71131					
1	Ĭ	A church, convention											
2	Ī	A school described in				•	- / ( - / ( - / ( - /						
3	<u></u>	A hospital or a cooper	=		-	tion 170(b)(1)	(A)(iii).						
4	<u></u>	A medical research or		_				). Enter the					
•	,	hospital's name, city,		stated in conjunction v	vicii a nospicai a	ieserisea iii <b>se</b>		, Enter the					
5	$\Gamma$	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in					
		section 170(b)(1)(A)(iv). (Complete Part II)											
6	$\sqcap$	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).						
7	Γ	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	jeneral public					
	_	described in <b>section 1</b>											
8	<u></u>	A community trust des											
9	ı	An organization that n											
		receipts from activitie											
		ıts support from gross				•	•	n businesses					
	_	acquired by the organi		·			•						
10	<u>_</u>	An organization organ	•	•		· ·							
11	1	An organization organ											
		one or more publicly s the box in lines 11a th			` '	, , ,	. , . ,	. , . ,					
а	Г	Type I. A supporting of	-	, ,		_		, ,					
	·	supported organization											
_	_	organization You mus	-	•									
Ь	ı	Type II. A supporting	=	•		• •	•	•					
		management of the su must complete Part IV			same persons t	nat control or r	nanage the supported	organization(s) <b>You</b>					
c	$\Gamma$	Type III functionally	•		n operated in c	onnection with	, and functionally integ	grated with, its					
	_	supported organization						·					
d		Type III non-function											
		not functionally integr (see instructions) <b>Yo</b>					ement and an attentiv	eness requirement					
e	Г	Check this box if the o					s a Type I. Type II. T	vpe III functionally					
	·	integrated, or Type III					,, , ,, ,,	,					
f		Enter the number of su	upported organ	nizations									
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
					T		I						
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of					
		organization		organization (described on lines	docume		monetary support (see instructions)	other support (see instructions)					
				1-9 above or IRC	40041110	2	(555 1115 11 45 115 115 )						
				section (see									
				ınstructions))									
					Yes	No							
			_										
Total													

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf 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						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)				
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2			
S	ection C. Type II Supporting Organizations				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.				
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b			
3					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year				
1 Amounts paid to supported organizations to accom					
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in				
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec	nured)				
6 Other distributions (describe in Part VI) See instru	JCTIONS				
7 Total annual distributions. Add lines 1 through 6					
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide			
9 Distributable amount for 2014 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
		(::)	(:::)		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1 Distributable amount for 2014 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2014					
<b>a</b> From 2009					
<b>b</b> From 2010					
<b>c</b> From 2011					
d From 2012					
<b>e</b> From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2014 from Section D, line 7 \$					
A pplied to underdistributions of prior years					
<b>b</b> Applied to 2014 distributable amount					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c					
8 Breakdown of line 7					
<b>a</b> From 2010					
<b>b</b> From 2011					
<b>c</b> From 2012					
d From 2013					

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493126008206

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization stminster College			Emplo	yer ident	tification number
we	aumisiei college			87-0	212470	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a secti	on 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	cal campaign act	tivities in Part IV		
2	Political expenditures				<b>-</b>	\$
3	Volunteer hours					
Dar	tTES Complete if the or	ganization is exempt under	section 501/	c)(3)		
1		e tax incurred by the organization und			▶	<b>\$</b>
2	•	e tax incurred by organization manag				*
3		ection 4955 tax, did it file Form 472				⊤ Yes
4a	Was a correction made?	,	,			┌ Yes ┌ No
b	If "Yes," describe in Part IV					·
Par		ganization is exempt under	section 501(	c), except sec	ion 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activitie	s 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to ot	her organization:	s for section 527	<b>.</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	20-POL, line 17b	►	<b>\$</b>
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?				⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organi to a separate polit	zatıon's f ıcal orga	unds Also enter the nization, such as a :ion in Part IV
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount pa filing organiza funds If none, e	tıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
For F	Paperwork Reduction Act Notice se	 e the instructions for Form 990 or 990	  -F7	Cat No E00946	odulo C (	

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
For 6	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(6	a)		(b)	
activ		Yes	No	A	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	U1(C	)(5), (	or se	CTIO	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	_				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p lıst),	Part II	-A, lı	nes 1	and
	Return Reference Explanation					
	II-B, Line 1i - Other Activities  cription  Westminster College contracted with a lobbyist to counsel and assist the on the list of approved schools for Utah Legislative Internships. The services to the College. Activities include *Monitor all relevant legislation, rand actions *Arrange visits with designated legislators, state and local of	vices a rules, r	re to b egulati	e prov	/ıded	at no

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

### DLN: 93493126008206

OMB No 1545-0047

### **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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	ne of the organization	Emp	Employer identification number			
wes	tminster College		87-	0212470		
Pai	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complet	e if the
		(a) Donor advised funds		( <b>b)</b> Funds and o	other accou	ints
•	Total number at end of year					
2	Aggregate value of contributions to (during year)					
}	Aggregate value of grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor adv	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
Par	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV	, line 7.	
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of a	a certifie	d historic struc	ture	
	easement on the last day of the tax year					1
	Total number of conservation easements		<u> </u>	Held at the	End of the	
a			2a			2
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified history	oric structure included in (a)	2b			1
C		• •	2c			1
d	Number of conservation easements included in (c) accommissions structure listed in the National Register		2d			2
•	Number of conservation easements modified, transfer	ed, released, extinguished, or termina	ted by tr	ie organization	during	
	the tax year 🛌					
1	Number of states where property subject to conservat	ion easement is located 🛌 👤 1				
•	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and	┌ Yes	√ No
<b>i</b>	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	luring the year		
•	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemen	its aurin	g the year		
	<b>*</b> \$			70 (I ) (A) (B) ( )		
•	Does each conservation easement reported on line $2(a \text{ and section } 170(h)(4)(B)(u)^2$	d) above satisfy the requirements of se	ection 1.	/U(n)(4)(B)(I)	✓ Yes	┌ No
)	In Part XIII, describe how the organization reports coil balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financi	•	•		
ar	Complete if the organization answered "Y	s of Art, Historical Treasures,	, or Ot	her Similar .	Assets.	
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reviets held for public exhibition, education	, or rese	arch in furthera		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenuents held for public exhibition, education	e statem	ent and balance		ıc
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X				72	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· +		
а	Revenue included in Form 990, Part VIII, line 1	110 (A30 730) Telating to these item	_	<b>►</b> \$		
ь	Assats included in Form 990 Part Y			<b>b</b> ¢		

Part	Organizations Maintaining Co	llections of Art, I	Histor	ical Tre	asures, or O	ther	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	·	_		significant use	of its
а	Public exhibition		d ┌	Loan or	exchange progr	ams		
b	Scholarly research		е Г	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how the	y further	the organization	's exe	mpt purpose ı	n
5	During the year, did the organization solicit						lar	
Dar	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training to the training training to the training traini	·					<u>`</u>	Yes No
Fell	Part IV, line 9, or reported an ar					י ו נ	5 (0 101111 5	<del></del>
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ets no		Yes No
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	llowing	table	_			
					_		Am	nount
С	Beginning balance				-	1c		
d	Additions during the year				F	1d		
e £	Distributions during the year				<u> </u>	1e		
f	Ending balance				<u></u>	1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for e	scrow or	custodial accour	nt liab	ulity?	⊤Yes
ь	If "Yes," explain the arrangement in Part XI							<u> '                                 </u>
Pa	rt V Endowment Funds. Complete		answer (b)Prior		" to Form 990, (c)Two years back			(e)Four years back
1a	Beginning of year balance	71,282,777	• •	790,000	57,497,471	(u)III	58,945,411	51,491,292
 b	Contributions	2,263,920	2	,031,938	917,088		3,440,382	466,534
c	Net investment earnings, gains, and losses	762.076		600.444	F 420 242		2 704 042	0.050.050
d	Grants or scholarships	763,076 -1,017,453		954,792	5,430,313 -904,728		-2,781,913 -902,896	8,968,850 -917,403
e	Other expenditures for facilities	2,021,7100		301,132	301,120		302,000	
_	and programs	-1,305,886	-	282,513	-1,150,144		-1,203,513	-1,063,862
f	Administrative expenses							
g	End of year balance	71,986,434	71	,282,777	61,790,000		57,497,471	58,945,411
2	Provide the estimated percentage of the cur	•	(line 1g	ı, column	(a)) held as			
а	Board designated or quasi-endowment 🕨	2 000 %						
b	Permanent endowment ► 78 000 %							
С	Temporarily restricted endowment ► 20 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organizati	on that	are held a	and administered	l for tl	he	
	organization by							Yes No
	(i) unrelated organizations					•	3a(i	
ь	(ii) related organizations		n Sche	· · · · dule R?		• •	3b	<del></del>
4	Describe in Part XIII the intended uses of the	· ·				-		1 111
Par	t VI Land, Buildings, and Equipme		e orgai	nization	answered 'Yes	to F	orm 990, Pa	rt IV, line
	11a. See Form 990, Part X, line	10.	1/2	) Cost or ot	her (b)Cost or ot	hor	(c) Accumulated	(d) Book value
	Description of property			s (investm			depreciation	(d) Book value
1-	_and		_		2.533	700		2 577 700
	-and				2,577 116,420	-	20 022 060	2,577,798
	Leasehold improvements		.		2,599	-	28,822,968 1,617,61	<del></del>
	Equipment		: ├─		13,047	+	10,505,47	<del>                                     </del>
	Other				9,056	-	6,990,438	<del>                                     </del>
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X, o	column (	(B), line 10		•		95,766,394
		·					Schedule D	(Form 990) 2014

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 91,107,415	
Part VIII Investments—Program Related. Co	•	
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of ella of year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	), Part IV, line 11d See Form 990, Part X, line 15
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization.		
Form 990, Part X, line 25.	anization answered fes t	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Capital lease obligation	14,511,361	
Funds held on deposit for others	279,119	
U S government grants refundable - gov	1,913,218	
	<del>                                     </del>	

included in F/S

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	<b>eturn</b> Complete If
1	Total revenue, gains, and other support per audited financial statements	1	127,534,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments	3	
	Donated services and use of facilities		
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII )	,	
	Add lines <b>2a</b> through <b>2d</b>	-   2e	30,913,330
	Subtract line 2e from line 1	3	96,621,469
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		70,021,409
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
		-	
	Other (Describe in Part XIII )	ا ہے ا	
	Add lines 4a and 4b	4c	06.621.460
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	96,621,469
Pait /	if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s pei	<b>Return.</b> Complete
1	Total expenses and losses per audited financial statements	1	67,550,194
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3	67,550,194
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII )	ᅱ	
	Add lines <b>4a</b> and <b>4b</b>		29,671,917
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Information		97,222,111
			ie any additional
	Return Reference Explanation		
Reporti	, Line 9 Organization ng of conservation easements Because the easements were part of the purchase, we do not separately financial statements or footnotes  The college received donations of collection and works of art. These co	y 1 acre ′accour	e of the total 4 6 acres nt for them in the
organız	exempt purpose by enhancing the educational experience for the studer discussions and research in the classroom as wells as for public exhibit	nts by u	
	Line 4 Intended uses of the nent fund Theintended use of endowment funds is to provide scholarships to study of the College through distribution of earnings to the operating fund in a restrictions		• •
Part X	The College has been recognized by the Internal Revenue Service as an from federal income taxes under Section 501(c)(3) of the Internal Revenue than unrelated business income. The College has also been recognized organization exempt from state income taxation except to the extent of Accordingly, no provision for income taxes is made in the financial state GAAP, the College has identified and evaluated its significant tax posit limitations remain open. The open tax years are the years ended June 3 2015 for federal tax purposes and Utah tax purposes. The College application all tax positions and determined no material unrecognized tax recognized. In addition, there have been no material changes in unrecognized in the 2015. There have been no related tax penalties or interest which would in the statement of activities.	nue Coo by the S unrelate ements ions for 0, 2012 red the i c benefit gnized b	de on its income other State of Utah as an ed business income As required by US which the statute of 2 through June 30, more likely than not ts or liability should be enefits as of June 30, ths following June 30,
amount	, Line 2d Other revenue Scholarships \$29528800 Expenses related to special event \$143117 is included in F/S but not		
Part XI	d on form 990  I, Line 4b Other revenue Scholarships \$29528800 Expenses related to special event \$143117 Is included on 990 but not		

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493126008206

Employer identification number

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

**SCHEDULE E** 

(Form 990 or 990-EZ)

**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.

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

Open to Public Inspection

estn	ninster College	0212470		
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its clother governing instrument, or in a resolution of its governing body?	harter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?	•	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describ please explain If you need more space use Part II	n, ın a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?		Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially none basis?	discriminatory 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	<u>5c</u>		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	<u>5e</u>		No
f	Use of facilities?	5f		No
g	Athletic programs?			No
h	O ther extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	NI NI
	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 to fixed Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part II		Vas	No.

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
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, 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 4 - Explanation of Records and Materials Not Maintained	
Schedule E, Line 5 - Explanation of Organization Discrimination by Race	

Schedule E (Form 990 or 990-EZ) (2014)

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As Filed Data -

DLN: 93493126008206

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.

**2014** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

						<u> </u>
	e of the organization				Employer ident	ification number
West	mınster College				87-0212470	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the cand other assistance, the grants or a used to award the grants or a	ıntees' elıgıbılı	ty for the gran	its or assistance, and	the selection criteria	✓ Yes 🗆 No
2	For grantmakers. Describe in assistance outside the United	n Part V the org				·
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ce is needed )	
	(a) Region	<b>(b)</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
(1)	See Add'l Data		-			
( 2)						
( 3)						
(4)						
(5)						
	Sub-total Total from continuation sheets to Part I					1,076,000 139,000
c	Totals (add lines 3a and 3b)					1,215,000

123						duplicated if addition			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total nui	mber of other or	ganizations or ent	ities					

Schedule F (Form 990) 2014

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.

Part III can be duplicated if additional space is needed.								
( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
East Asia & the Paci	3	32,228	Student Account		N/A	Book		
Europe	2	11,250	Student Account		N/A	Book		
South America	1	10,000	Student Account		N/A	Book		
	(b) Region  East Asia & the Paci  Europe	(b) Region (c) Number of recipients  East Asia & the Paci 3  Europe 2	(b) Region(c) Number of recipients(d) A mount of cash grantEast Asia & the Paci332,228Europe211,250	(b) Region     (c) Number of recipients     (d) Amount of cash grant     (e) Manner of cash disbursement       East Asia & the Paci     3     32,228     Student Account       Europe     2     11,250     Student Account	(b) Region     (c) Number of recipients     (d) Amount of cash grant     (e) Manner of cash disbursement     (f) Amount of non-cash assistance       East Asia & the Paci     3     32,228     Student Account       Europe     2     11,250     Student Account	(b) Region     (c) Number of recipients     (d) Amount of cash grant     (e) Manner of cash disbursement     (f) Amount of non-cash assistance     (g) Description of non-cash assistance       East Asia & the Paci     3     32,228     Student Account     N/A       Europe     2     11,250     Student Account     N/A		

## 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)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Γ	Yes	ঘ	No
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)	Γ	Yes	্	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	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)	Γ	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

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).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	The costs of providing the college's various programs and other supporting services, inclu ding foreign transactions, have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and support ing services. We are not required to show foreign transactions separately for financial st atement reporting purposes. The method used to account for the total expenditures by regio in 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/interinational trips.

#### **Additional Data**

**Software ID:** 14000265

Software Version: 2014v6.0

**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
Central America & Caribbe	0	0	Program Services	Graduate Trıp	35,000
Central America & Caribbe	0	0	Program Services	Instruction	15,000
Central America & Caribbe	0	0	Program Services	Academic Support	3,000

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				
East Asia & the Pacific	0	0	Grantmakıng	Study Abroad	32,000				
East Asia & the Pacific	0	0	Program Services	Graduate Trıp	273,000				
East Asia & the Pacific	0	0	Program Services	Undergraduate Trip	117,000				

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			
East Asia & the Pacific	0	0	Program Services	Instruction	55,000			
East Asia & the Pacific	0	0	Program Services	Academic Support	7,000			
East Asia & the Pacific	0	0	Program Services	Student Services	2,000			

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			
Europe	0	0	Grantmakıng	Study Abroad	11,000			
Europe	0	0	Program Services	Graduate Trip	275,000			
Europe	0	0	Program Services	Undergraduate Trip	186,000			

	<u>Form 990 Schedule F I</u>	<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
	Europe	0	0	Program Services	Instruction	4,000
	Europe	0	0	Program Services	A cademic Support	8,000
I	Europe	0	0	Program Services	Student Services	3,000

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of (c) Num offices in the employ region agent regi		(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	Institutional Support	25,000				
North America	0	0	Program Services	Graduate Trip	25,000				
North America	0	0	Program Services	Instruction	3,000				

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	Program Services	A cademic Support	6,000				
North America	0	0	Program Services	Student Services	9,000				
South America	0	0	Grantmakıng	Study Abroad	10,000				

Form 990 Schedule F	<u> Part I - Activit</u>	ies 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
South Asia	0	0	Program Services	Student Services	49,000
Sub-Saharan Africa	0	0	Program Services	Graduate Trip	62,000

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DLN: 93493126008206

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

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

Open to Public Inspection

estminster College						
					87-0212470	
art I Fundraising Acti filers are not requ			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
Indicate whether the orga	nızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations			e	Solicitation of non	n-government grants	
<b>b</b> $\Gamma$ Internet and email sol	ıcıtatıons		f	☐ Solicitation of gov	ernment grants	
<b>c</b> Phone solicitations			g	Special fundraisin	g events	
<b>d</b> In-person solicitation	S					
a Did the organization have or key employees listed in						Γ <sub>Yes</sub> Γ <sub>No</sub>
<b>b</b> If "Yes," list the ten highe to be compensated at leas			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal			<b>&gt;</b>			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	on answered "Yes" to ions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List
			(a) Event #1  2014 Schol Gala	(b) Event #2  2014 Schol Gala	(c) O ther events	(d) Total events (add col (a) through col (c))
ds			(event type)	(event type)	(total number)	
E E	1	Gross receipts	295,507	21,017		316,524
Revenue	2	Less Contributions	118,582	17,917		136,499
	3	Gross income (line 1 minus line 2)	176,925	3,100		180,025
	4	Cash prizes				
د. د	5	Noncash prizes	75,545	5		75,545
age L	6	Rent/facility costs				
Expenses	7	Food and beverages .	24,796	5		24,796
Direct	8	Entertainment	300			300
툽	9	Other direct expenses .	37,778	4,698		42,476
	10	Direct expense summary Add lin	es 4 through 9 in column	) (d)		(143,117)
	11	Net income summary Subtract lii				36,908
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	
 		\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue	1	Gross revenue		bingo/progressive bingo		col (a) through col (c))
		Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes%	│ Yes	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> ▶</u>	
9	Ent	ter the state(s) in which the organiza	ation conducts gaming ac	tivities		
a		the organization licensed to conduct				Г <sub>Yes</sub> Г <sub>No</sub>
b	If"	No," explain				
10a b		re any of the organization's gaming   Yes," explain			the tax year?	· · 「Yes 「No
ט						

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>							
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [								
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity									
	formed to administer charitable gaming	J <sup>2</sup>		Г <sub>Yes</sub> Г	— No							
13	Indicate the percentage of gaming acti		1 1	,								
а	The organization's facility		13a		%							
b	An outside facility				%							
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records									
	Name <b>▶</b>											
	Address ►											
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming									
154				┌ Yes 「	– <sub>No</sub>							
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the									
С	If "Yes," enter name and address of the	e third party										
	Name ►											
	Address 🏲											
16	Gaming manager information											
	Name •											
	Gaming manager compensation 🕨 \$		······									
	Description of services provided											
	Director/officer	<del>_</del> Employee	☐ Independent contractor									
17	Mandatory distributions											
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to									
	retain the state gaming license?			Γ <sub>Yes</sub> [	Γ <sub>No</sub>							
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent									
	ın the organization's own exempt activi		·									
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr									
	Return Reference		Explanation									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493126008206 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Westminster College 87-0212470 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Part III Grants and Other Assistance to Domestic Individuals. 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	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Institutional Scholarships	2195	27,235,283		Book Value	
(2) SEO G	141	228,451		Book Value	
(3) UCOPE	12	19,500		Book Value	
(4) Annual Scholarships	323	955,538		Book Value	
(5) Endowed Scholarships	450	1,030,850		Book Value	
(6) Utah Veteran's Grant	2	5,700		Book Value	

Part IV Supplemental I	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
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. A warding 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) 2014

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#### DLN: 93493126008206

## OMB No 1545-0047

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Westminster College

**Employer identification number** 

87-0212470

Pa	rt I Questions Regarding Compensation						
			Yes	No			
1a	Check the approplate 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 directors, trustees, officers, including 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						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	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		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
C	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), 501(c)(4), and 501(c)(29) organizations 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			
ь	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		No			
	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)?						

### 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

#### **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v6.0

**EIN:** 87-0212470

Name: Westminster College

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

(A) Name and Title (B) Breakdown (i) Base Compensation		(i) Base	W-2 and/or 1099-MISC compensation  (ii) Bonus & (iii) Other  Incentive reportable  compensation compensation		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Adam Hiatt, BB Coach/Camp Dir	(I) (II)	150,550		540	6,481	13,013	170,584	
Annalisa Holcombe, Secretary to Board (former)	(I) (II)	107,519		540	11,269	13,013	132,341	
Brian Levin-Stankevich, President	(I) (II)	304,976			30,000	11,221	346,197	
James Seidelman, Provost/Dist Serv Prof	(I) (II)	264,034		720	35,415	11,221	311,390	
James Stimpson, Assoc Professor	(I) (II)	165,709			15,597	13,013	194,319	
Jerry Van Os, Professor	(I) (II)	152,136		2,467	13,086		167,689	
Jin Wang, Dean, Business/Spec Assist to Pres	(I) (II)	216,501		1,080	21,630	10,457	249,668	
John Baworowsky, VP, Enrollment	(ı) (ıı)	190,157		510	19,000	10,979	220,646	
Melissa Flores, Secretary	(ı) (ıı)	149,692		579	15,000	5,750	171,021	
Michael Bassis, Former President/Emeritus & Trustee	(I) (II)	26,448					26,448	
Michael Pacanowsky, Professor/Chair	(ı) (ıı)	185,994		810	17,000	11,221	215,025	
Richard Chapman, Professor	(ı) (ıı)	152,803		2,100	11,745	11,401	178,049	
Stephen R Morgan, President	(I) (II)	264,472		540	35,415	11,221	311,648	
W Curtis Ryan, Treasurer	(I) (II)	205,985		540	20,864	13,013	240,402	

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DLN: 93493126008206

Open to Public

OMB No 1545-0047

## Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**Inspection** 

Employer identification number Name of the organization Westminster College 87-0212470 Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		n) Defeased (h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Salt Lake County Utah	87-6000316	79567PCS0	05-10-2005	16,985,112	To finance construction projects and debt service reserve	Х			Х		Х
В	Salt Lake County Utah	87-6000316	79567PDG5	04-10-2007	18,525,326	To advance refund the callable college revenue bonds		X		X		Х
С	Salt Lake County Utah	87-6000316	79567PDZ3	04-21-2015	12,180,302	To advance refund the callable		Х		Х		X

Pa	rt II Proceeds	·			
		Α	В	С	D
1	A mount of bonds retired				
2	A mount of bonds legally defeased				
3	Total proceeds of issue	16,985,112	18,525,326	12,180,302	
4	Gross proceeds in reserve funds		869,061	579,389	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	8,280,000	15,752,862	12,128,419	
7	Issuance costs from proceeds	51,762	14,670	-560,568	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	8,267,906	2,549,541		
11	O ther spent proceeds				

12	O ther unspent proceeds									
13	Year of substantial completion	_								
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?	X			×		X			
15	Were the bonds issued as part of an advance refunding issue?		Х	Х		Х				
16	Has the final allocation of proceeds been made?	Х		Х			Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		х		Х				
Par	Private Business Use									

Par	Private Business Use									
		A B C		ı	D					
		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?		×		×		×			
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X			

Sche	dule K (Form 990) 2014									Page <b>2</b>
Par	Private Business Use (Continued)									
			A			3		С		D
			Yes	No	Yes	No	Ye	s No	o Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			X		Х		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business usfinanced property?	e of bond-		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government							•		•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
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 borussued?			х		Х		×		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of						·		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?				Х		×			
Par	t IV Arbitrage		•				•	•	•	
		Α			В		С			D
		Yes	No	Yes	No		Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х		х			х		
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?		Х		Х			Х		
	If "Yes" to 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			Х		
b	Name of provider	NA		NA		NA				
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
				-					_	

Part IV Arbitrage (Continued	Ī)	
------------------------------	----	--

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		
b	Name of provider	NA NA N		NA					
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		Х		Х		х		
6	Were any gross proceeds invested beyond an available temporary period?		x		x		x		
7	Has the organization established written procedures to monitor the requirements of section 148?	x		x		x			

## Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI	Supplemental Inf	ormation. Provide additional information for responses to questions on Schedule K (see instructions).
Return Reference		Explanation

Part VI

The rebate computation was performed for the 2005 bond issue on 6/25/15 and for the 2007 bond issue on 6/14/12. The rebate computation will be performed for the 2015 bond issue at a later date.

DLN: 93493126008206

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Westminster College

(1)

Name of the organization

# **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.

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

87-0212470 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (f)Balance (a) Name of (c) (d) Loan to (e)Original (g) In (h) (i)Written interested with organization Purpose of or from the principal due default? Approved agreement? organization? by board or person loan amount committee? Τо From Yes Yes No No Yes No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) A mount of assistance (a) Name of interested (b) Relationship between (d) Type of assistance (e) Purpose of assistance interested person and the person

organization

74,018 Tuition

Tuit Remission

Part IV	Bus	iness	<b>Transactions</b>	Involving	Inte	rested	Persons.

Complete if the organizati			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 of organiz reven	: zation's
				Yes	No
(1) Bing Fang	Family - Brd	63,185	EmployeeCompensation		No

Part V	Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
	Schodulo I / Form 000 or 000 E7 \ 2014

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493126008206

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Westminster College

Name of the organization

# **Noncash Contributions**

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

87-0212470

**Employer identification number** 

Pa	TT Types of Property			1 -				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contri	leterm		nts
1	Art—Works of art	Х	2	6,444	Appraisal/Cost			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded . Securities—Closely held stock .	X	8	1,800,654	Market Value			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther	Х	4	7,539	Market Value			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(	X	1	2,500	Cost			
	Basket) Other►(	X	4	5,000	Cart			
	Basket )	_ ^	1	5,000	Cost			
27	Other ► (	Х	1	5,561	Cost			
	cly trad sec & Instruct ) Other►(	X	1	1,000	Cost			
Furn	ture )		_	,				
Furn	Other► ( ture/Gift Basket )	Х	1	54,274				
	Other►( tuse)	×	7	4,015	Cost			
	Other ► (	Х	168	47,353	Cost			
	Basket ) Other ► (	X	2	1,010	Cost			
	/Program )		_	1,010	C 0 3 C			
	Other►( ture)	X	1	1,500	Cost			
	Number of Forms 8283 received by th for which the organization completed F				9			
							Yes	No
30a	During the year, did the organization	receive by	contribution any property i	reported in Part I, lines 1	through 28, that			
	ıt must hold for at least three years fr	om the date	e of the initial contribution	, and which is not required	d to be used			
	for exempt purposes for the entire ho	ding period	17			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	ew of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir	d parties oi	related organizations to s	solicit, process, or sell no	ncash			
	contributions?				• • •	32a		Νo
	If "Yes," describe in Part II			_				
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. 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.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493126008206

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2014

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
Westminster College

87-0212470

Return Reference	Explanation
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.

Return Reference	Explanation
	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 and Compliance Committee and submitted electronically to the full board of trustees. Once the trustees have reviewed - the return is transmitted electronically to the IRS.

Return Reference	Explanation
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 and Compliance 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, gratuties, 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 and Compliance 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 and Compliance Committee or the Board of Trustees identifies an actual, potential, or apparent conflict of interest, thay take one of the following actions to resolve such conflict. * Waive the conflict of interest as unlikely to affe

Return Reference	Explanation
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, president's cabinet, 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, president's cabinet, 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.

Return Reference	Explanation
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 fillings 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

Return Reference	Explanation
Form 990, Part I,	Non-independent Trustee * President Stephen Morgan is both an officer and trustee for Westminster College * President
Line 4	Brian Levin-Stankevich is both an officer and trustee for Westminster College

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

Return Reference	Explanation
1	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

Return Reference	Explanation
	Investment income has been restated to reflect the new instructions as provided in Part XI, Reconciliation of Net Assets specifically for line 5, Net unrealized gains (losses) on investments

Return Reference	Explanation
Schedule D, Part V, Line 2 a-c	The numbers reflected in the Form 990 Schedule D, Part V, Line 2 a-c are the percentages related to the End of Year Endow ment funds balance prior to the reclassification entry for the College's underwater endow ments (\$150,414 in 2015, \$90,505 in 2014, \$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 2015 2014 2013 2012 2011 2010 2% 2% 2% 0% 1% 0% Board designated or quasi-endow ment 78% 76% 80% 84% 78% 84% Permanent endow ment 20% 22% 18% 16% 21% 16% Term endow ment

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DLN: 93493126008206

2014

OMB No 1545-0047

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**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Westminster College

**Employer identification number** 

87-0212470

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
					_	

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
1840 South 1300 East	Endowment earnings to Westminster College of Salt Lake City	UT	501(c)(3)	509(a)(3)Type I	N/A		No

Yes No

Yes

No

(a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr	Part III	Identification of Related Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.										
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	<b>(k)</b> Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

No

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

РŒ	Part V Transactions with Related Organizations Complete if the organization answered Tes On Form 990, Part IV, line 34, 330, or 30.								
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes						
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a							
b	Gift, grant, or capital contribution to related organization(s)	1b							
С	Gift, grant, or capital contribution from related organization(s)	1c							

e Loans or loan guarantees by related organization(s)

Loans or loan guarantees to or for related organization(s)

- **f** Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 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)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bill and Vieve Gore Endowment Fund	S	608,836	End Spend Rate

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									$\Box$	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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