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Department of the

Internal Revenue Service

DLN: 93493107000317

OMB No 1545-0047

Open to Public Inspection

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/foim990

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λ Fr	or the 3	2015 ca	lendar year, or tax yea	r beginning	g 07-01-2015 , and ending 06-30-20	116			_
	ck if ap		C Name of organization		307 01 2015 , and chaing 00 30 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D Empl	oyer i	dentification number
	dress ch		WESTMINSTER COLLEGI				25-0	9811	156
Na	me cha	nge	Doing business as					75011	. 50
<u>. </u>	tıal retu	rn	Domig Business us						
Fir eturn/	nal terminal	ted		O box if ma	all is not delivered to street address) Room/s	suite	E Telep	hone n	umber
	ended n		319 S MARKET STREET				(724)946	5-7141
App	olication	pending	City or town, state or p NEW WILMINGTON, PA		try, and ZIP or foreign postal code				
			NEW WIEHINGTON, FA	10172			G Gross	receip	ots \$ 76,576,484
			F Name and address		al officer	H(a)	Is this a grou	p retu	ırn for
			DR KATHY B RICHA 319 S MARKET STR				subordinates	?	☐ Yes 🗸
			NEW WILMINGTON	PA 1617	2	нсы	No Are all subord	dınate	es Even Enn
[Tax	k-exemp	ot status	√ 501(c)(3)	1(c)() ◀ (ı	nsert no) 4947(a)(1) or 527		ıncluded?		l les l Mo
ı w	ebsite:	▶ ww	W WESTMINSTER ED	U		11/->	•		st (see instructions)
							Group exempar of formation 1		
(Forn	n of orga	anızatıon	✓ Corporation Trus	t Associat	on Other ►	L re-	ar or rormation 1	.852	M State of legal domicile PA
Pai	rt I	Sum	mary						1
				ı's mıssıon	or most significant activities				
	<u> P R</u>	ОМОТ	E EDUCATION, THE I	DEVELOPN	1ENT OF SKILLS, KNOWLEDGE, AN	D PERSC	NAL QUALIT	IES	
e Se	_								
Ē									
ě	2 C	heck th	is box ▶ ┌ if the orga	nızatıon dıs	scontinued its operations or disposed	d of more	than 25% of i	ts net	assets
3									1
ජ ර			-	-	ng body (Part VI, line 1a)			3	31
Activities & Governance					f the governing body (Part VI, line 1b	•		4	30
<u> </u>					alendar year 2015 (Part V , line 2a)			5	1,094
Æ					cessary)			6	659
					rt VIII, column (C), line 12			7a	-37,255
	р ме	t umeia	ated business taxable	income noi	m Form 990-T, line 34		Duiau Vaau	7b	
	8	Contri	butions and grants (B:	set VIII lue	1 h)		Prior Year 6,324	104	Current Year 5,796,171
đị.	9		butions and grants (Pa am service revenue (Pa		·	•	47,014		48,123,828
Ravenue	10		tment income (Part VI		3,206		2,498,898		
Ę.	11		revenue (Part VIII, co			,551	211,574		
	12		· ·		(must equal Part VIII, column (A), lı	ne	56,706	•	56,630,471
		12)					36,700	,650	30,030,471
	13	Grants	and similar amounts	paid (Part i	IX, column (A), lines 1-3)		20,499	,798	21,757,544
	14		•	,	X, column (A), line 4)			0	C
SS.	15	Saları 5-10)		n, employe	e benefits (Part IX, column (A), lines		21,719	,051	21,370,023
Expenses	16a	•		s (Part IX.	column (A), line 11e)			0	(
e do	ь		indraising expenses (Part I)		` ''	-			
ū	17				ines 11a-11d, 11f-24e)	_	16,227	.023	17,049,102
	18			• • •	t equal Part IX, column (A), line 25)		58,445		60,176,669
	19		·	-	18 from line 12		-1,739	,022	-3,546,198
Σ 0 8						Begin	ining of Current	Year	End of Year
a Se									
Net Assets or Fund Balances	20		assets (Part X, line 16			·	203,246	_	193,033,585
	21		liabilities (Part X, line			•	32,506	_	30,665,191
	22 t II			Subtract	ine 21 from line 20		170,739	,434	162,368,394
Jnde	r penal	ties of			mined this return, including accompa				
•		_	belief, it is true, correc nowledge	t, and com	plete Declaration of preparer (other	than offic	er) is based o	n all II	nformation of which
		****					2017-04-08		
Sign		,	ature of officer				Date		
Here	•		NETH J ROMIG VP OF FINAL or print name and title	NCE/TREASUF	RER				
		<u> </u>	rint/Type preparer's name		Preparer's signature	Date	T _	PTIN	N
Paic	1		UGENE J LOGAN		EUGENE J LOGAN		Check If self-employed	P00	227231
	ı pareı	, F	irm's name	R DOWNS &	CO INC		Firm's EIN ▶	_)8703
	Only	1 1	irm's address > ONE PPG P	LACE SUITE 1	.700		Phone no (41	.2) 261	- l-3644
use	Only	у	DITTERLID	SH PA 1522	7				

6.456.480

including grants of \$

55.646.671

AFFAIRS. THEATRE PRODUCTIONS AND RADIO AND TV PRODUCTION

Other program services (Describe in Schedule O)

ACTIVITIES AND TEMPORARY FACULTY HOUSING

Total program service expenses ▶

) (Expenses \$

4.793.430

(Code

See Additional Data

(Expenses \$

4c

4d

STUDENT SERVICES - NON-ACADEMIC SUPPORT SERVICES PROVIDED TO THE STUDENT BODY BY THE FOLLOWING DEPARTMENTS STUDENT AFFAIRS OFFICE, REGISTRAR. DEAN OF CHAPEL, ADMISSIONS AND FINANCIAL AID, THE CAREER CENTER, ATHLETICS, HEALTH CENTER, COUNSELING CENTER, MULTI-CULTURAL

including grants of \$

EDUCATIONAL AND AUXILIARY ENTERPRISE - PROVIDE ROOM AND BOARD FOR RESIDENT STUDENTS, TELEPHONE SYSTEM, BOOKSTORE, SUMMER CAMPS AND

) (Revenue \$

) (Revenue \$

Page 2

√No

9.258.737)

Form 990 (2015)

3,787,281)

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛸	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	
	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	11 c		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 💆	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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25b

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Yes

Yes

Yes

Yes

Form **990** (2015)

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Nο

Nο

Nο

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Pai	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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
ь	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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance		V			_
	Check if Schedule O contains a response or note to any line in this F	ait	v	· ·	Yes	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	1,737			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend	lors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered	2a	1,094			
b	If at least one is reported on line 2a, did the organization file all required federal empl Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loyme	ent tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	the y	/ear ⁷	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n ın S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signorer, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	and I	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	ax sh	elter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6 a	Does the organization have annual gross receipts that are normally greater than \$10		·	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contr If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•				
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		d partly for goods and	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal propert file Form 8282?	٠.,		7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a pe	erson	al benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the or required?	ganız	ation file Form 8899 as	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd 1 •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bus during the year?	iness	holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson ⁷	9 b		
10	Section 501(c)(7) organizations. Enter					
		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1				
		11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe ı	u of Form 1041?	12a		
	L	12 b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanat	ion in	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 31 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 Enter the number of voting members included in line 1a, above, who are 3.0 ındependent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . Yes Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶ OH, PA

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

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶KENNETH J ROMIG 319 S MARKET STREET NEW WILMINGTON, PA 16172 (724) 946-7141

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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	Posi more t perso and a	tion i han d in is	one b both	oox, an d	officer		(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	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						P			, 	1
d Total (add lines 1b and 1c)	•		٠	<u>.</u>		•		1,001,003	0	226,858
Total number of individuals (i \$100,000 of reportable com						d abov	e) wl	no received more th	an	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	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 I 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 J for such person	5		Nο

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)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INC & AFFILIATES	FOOD SERVICES	3,045,688
1473 CAVITT ROAD		
MONROEVILLE, PA 15146		
K-12 TEACHERS ALLIANCE	PROFESSIONAL FEES	315,376
20624 ABBEY WOODS COURT NORTH		
FRANKFORT, IL 60423		
EBSCO	ELECTRONIC SERVICES	295,987
PO BOX 204661		
DALLAS, TX 75320		
JENZABAR	SOFTWARE MAINTENANCE & SERVICES	189,266
PO BOX 55018	521111323	
BOSTON, MA 022055018		
PRESIDIO NETWORKED SOLUTIONS	INFORMATION TECHNOLOGY	138,098
ONE PENN PLAZA SUITE 2832		
NEW YORK CITY, NY 10119		

Yes

No

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Total revenue Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Total revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (A) (B) Related exemption contribution revenue Statement of Revenue (B) (A) (B) Related exemption contribution revenue Statement of Revenue (B) (A) (B) Related exemption contribution revenue Statement of Revenue (B) (A) (B) (B) (B) (B) (C) (A) (B) (B) (C) (C) (C) (C) (D) (D) (D) (D	(C) (D) or Unrelated Revenue t business excluded from revenue tax under
Total revenue Ca Ca Ca	or Unrelated Revenue excluded from tax under sections
b Membership dues 1b c Fundraising events 1c	
b Membership dues 1b c Fundraising events 1c	
C Fundraising events 1c	
d Related organizations 1d	
e Government grants (contributions) 1e 917,210	
d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	
similar amounts not included above g Noncash contributions included in lines 110,532	
110,352 110,352 110,352	
Business Code 2a INSTRUCTIONAL 611710 28.416.607 28.4	6 607
3	6,607 68,737
c STUDENT SERVICES 900099 6,661,203 6,66	51,203
d ACADEMIC SUPPORT 900099 3,787,281 3,78	37,281
. — — — — — — — — — — — — — — — — — — —	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest,	-37,255 5,744,754
and other similar amounts)	37,233 3,744,734
5 Royalties	
(ı) Real (ıı) Personal	
6a Gross rents 176,688	
b Less rental 91,863 expenses	
c Rental income 84,825 or (loss)	
d Net rental income or (loss) ▶ 84,825	84,825
(I) Securities (II) Other	
7a Gross amount from sales of 16,301,649 assets other than inventory	
b Less cost or other basis and 19,476,661 33,589	
sales expenses	
c Gain or (loss) -3,1/5,012 -33,589 d Net gain or (loss)	-3,208,601
Ba Gross income from fundraising events (not including \$	
b Less direct expenses b	
9a Gross income from gaming activities See Part IV, line 19	
b Less direct expenses b	
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less	
returns and allowances . a 470,649	
b Less cost of goods sold b 343,900	
c Net income or (loss) from sales of inventory > 126,749 Miscellaneous Revenue Business Code	126,749
11a	
b	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See Instructions	23,828 -37,255 2,747,727

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	ot include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22	21,730,861	21,730,861		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	26,683	26,683		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	500,512	281,535	76,823	142,154
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,429,570	13,972,583	713,710	743,277
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	784,304	673,953	59,307	51,044
9	Other employee benefits	3,500,755	3,023,422	256,537	220,796
10	Payroll taxes				
		1,154,882	998,674	83,952	72,256
11	Fees for services (non-employees)				
a	Management				
b	Legal	34,452		34,452	
C	Accounting	74,574		74,574	
d	Lobbying				
e f	Investment management fees	124 220		124 220	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	124,220		124,220	
g	amount, list line 11g expenses on Schedule O)	1,459,954	1,253,085	121,681	85,188
12	Advertising and promotion	260,287	83,832	176,455	
13	Office expenses	3,262,576	2,769,114	333,959	159,503
14	Information technology	520,880	503,389	9,125	8,366
15	Royalties				
16	Occupancy	2,218,503	1,998,033	194,017	26,453
17	Travel	1,743,497	1,570,787	80,918	91,792
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,059	89,247	4,597	5,215
20	Interest	757,239	757,239		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,642,392	2,521,621	91,646	29,125
23 24	Insurance	385,837	137,146	248,409	282
	Schedule O)				
a	FOOD SERVICE	3,093,900	3,047,739	20,178	25,983
b	OTHER DIANT FACILITIES	195,303	179,968	-11,120	26,455
c c	PLANT FACILITIES	176,429	27,760	135,789	12,880
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	60,176,669	55 646 671	2 920 220	1,700,769
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)	00,170,009	55,646,671	2,829,229	1,700,769

Form 990	Form 990 (2015)						
Part X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X $$.						
		(A) Beginning of year		(B) End of year			
1	Cash-non-interest-bearing	3,513,635	1	4,247,420			
2	Savings and temporary cash investments	6,976,950	2	3,283,047			
3	Pledges and grants receivable, net	691,263	3	514,671			

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10b

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10c

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2,439,008

516,662

1,204,284

70,643,338

85,561,721

24,498,323

125,111

193,033,585

2,054,858

2,262,651

15,680,000

10,667,682

30,665,191

64,112,977

34,278,513

63,976,904

162,368,394

193,033,585 Form **990** (2015)

2,452,401

515,252

1,175,997

72,140,815

89,709,290

25,797,501

272,982

203,246,086

2.498.352

2,550,631

16,855,000

10,602,669

32,506,652

67,431,136

41,418,605

61,889,693

170,739,434

203,246,086

103,373,877

32,730,539

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of

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

Accounts receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

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10a

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iabilities.

Net Assets or Fund Balances

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Check if Schedule o contains a response of i
Total revenue (must equal Part VIII, column (A), lin
Total expenses (must equal Part IX, column (A), line

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

56,630,471 60,176,669 -3,546,198

Page **12**

-4,743,500

1

2

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8

9

10

170,739,434

162,	-81,34 368,39	
 	. v	
Yes	No	_

2b

2c

3a

Yes

Yes

Yes

Additional Data

Software ID:

Software Version:

EIN: 25-0981156

Name: WESTMINSTER COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 4,793,430 including grants of \$) (Revenue \$ 3,787,281)

ACADEMIC SUPPORT - SUPPORT FOR INSTRUCTION AND RESEARCH BY THE FOLLOWING DEPARTMENTS DEAN OF THE

COLLEGE, LIBRARY AND INFORMATION SYSTEMS, FACULTY DEVELOPMENT, ART GALLERY, HONORS PROGRAM, CHEMICAL

HYGIENE, CULTURAL ARTIFACTS AND THE LEARNING CENTER

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 organizations below dotted line)	Pos m unle:	ition ore t	(C (do han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
PETER M ANDINO TRUSTEE	1 50	×						0	0	0	
WHITNEY F BOHAN TRUSTEE	1 50	×						0	0	0	
GARY D BROWN TRUSTEE	1 50	×						0	0	0	
ROBERT W BUEHNER TRUSTEE	1 50	×						0	0	0	
ASHLEY E DAVIS TRUSTEE	1 50	×						0	0	0	
RALPH A DISE JR TRUSTEE	1 50	×						0	0	0	

1 50

1 50

1 50

1 50

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BETH A ECK

DAVID M FARNER

BARBARA B GUFFEY

STEPHEN G HARTLE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

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

compensated Employees, and Inde	pendent co	יונו מנ	, LUI :	3				1	1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	verage 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- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	M13C)	Miscy	organization and related organizations
HAROLD V HARTLEY III TRUSTEE	1 50	x						0	0	0
PETER Y HERCHENROETHER TRUSTEE	1 50	x						0	0	0
ROBERT C JACKSON TRUSTEE	1 50	x						0	0	C
LINDA C JENKINS TRUSTEE	1 50	x						0	0	C
THOMAS S MANSELL TRUSTEE	1 50	х						0	0	C
DOREEN A MCCALL TRUSTEE	1 50	х						0	0	С
JEFFREY A MCCANDLESS	1 50						П			

1 50

1 50

1 50

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TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

WAYNE A MILLER

W KEITH MCCAULEY

......

STEPHEN D MCCONNELL

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

compensated Employees, and Inde	pendent co	illiac	LOIS	3				1	1	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		
BENJAMIN T NELSON TRUSTEE	1 50	x						0	0	0
THOMAS K RITTER TRUSTEE	1 50	х						0	0	0
LINDA WRIGHT SIMPSON TRUSTEE	1 50	x						0	0	C
GLENN H THOMPSON TRUSTEE	1 50	x						0	0	C
THOMAS A TUPITZA TRUSTEE	1 50	x						0	0	(
JOHN T WEISEL TRUSTEE	1 50	х						0	0	(
VALERIE DAY WILDEN	1 50	×					П	0)	

1 50

3 50

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TRUSTEE

TRUSTEE

CHAIR

JEFFREY T WILEY

ROBIN W GOOCH VICE CHAIR

..........

DEBORAH P MAJORAS

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

24,583

32,774

22,431

21,524

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	(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- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	101	1.22	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
RICHARD H DORMAN PRESIDENT	40 00	x		×				270,574	1 0	93,717
KENNETH J ROMIG TREASURER/VP FOR FINANCE	40 00			×				171,472	2 0	31,829
JOEANN MILLER SECRETARY	40 00			x				19,995	5 0	(
JANE WOOD THRU 062016	40 00			\Box	\Box				1	

40 00

40 00

40 00

VICE PRESIDENT FOR ACADEMIC AFFAIRS

VICE PRESIDENT FOR STUDENT AFFAIRS

VP FOR ENROLLMENT IN ADMISSIONS

.....

NEAL EDMAN

THOMAS STEIN

JESSE MANN

PROFESSOR

Χ

Χ

Χ

170,115

103,928

155,590

109,329

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

WESTMINSTER COLLEGE

990EZ)

Part I

✓

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3

Treasury

Department of the

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

25-0981156

Employer identification number

Open to Public

Inspection

DLN: 93493107000317 OMB No 1545-004

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organiz	ation fails to qu	alify under the	tests listed belo	w, please com	plete Part III.)	
S	ection A. Public Support		т т		Т	1	
10-	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	8,929,378	9,351,276	5,821,933	6,324,104	5,796,171	36,222,862
2	not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,929,378	9,351,276	5,821,933	6,324,104	5,796,171	36,222,862
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						7,824,792
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						28,398,070
S	ection B. Total Support						
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	8,929,378	9,351,276	5,821,933	6,324,104	5,796,171	36,222,862
8	Gross income from interest,						<u> </u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources	4,269,583	4,242,392	4,933,944	5,476,246	5,921,442	24,843,607
9	Net income from unrelated business activities, whether or not the business is regularly carried on		1,716				1,716
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7						61,068,185
4.5	through 10						
12	Gross receipts from related activit	•	•		C. I.	12	257,042,000
13	First five years. If the Form 990 is) organization,
S	check this box and stop here ection C. Computation of Pu	blic Support	ercentage				
14	Public support percentage for 201	• • • • • • • • • • • • • • • • • • • •		1.1 column (f))		14	46 500 %
15	Public support percentage for 201					 	
	33 1/3% support test—2015.If the			on line 12 and li	no 14 is 22 1/20/-	15 or more, check t	49 380 %
	and stop here. The organization que 33 1/3% support test—2014.If the	ialifies as a public	ly supported orga	nization			▶ ✓
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization me	t— 2015. If the orga ation meets the fa	anization did not c icts-and-circumst	neck a box on line ances test, check	this box and sto	p here. Explain	▶ □
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organize Explain in Part VI how the organize	nızatıon meets th	e "facts-and-cırcı	ımstances" test,	check this box ai	nd stop here.	▶ □
18	supported organization Private foundation. If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and see	▶
	instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 Part VI 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 Part VI what controls the organization put in place to ensure such use	3 c		
4 a	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?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	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	Type I or Type II only. 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 Part VI .	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		
9 a	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 Part VI .	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? If "Yes," provide detail in Part VI .	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 Part VI .	9 c		
0a	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	10 a		
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)	10 b		
1	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		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	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 Part VI 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	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
·	20010115		
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 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

DLN: 93493107000317

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

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.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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" on 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

	me of the organization STMINSTER COLLEGE			Employer iden	tification number
				25-0981156	
Par	t I-A Complete if the or	rganization is exempt under	r section 501(c) or is a section 527	organization.
1	,	rganization's direct and indirect polit	tical campaign act	ivities in Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	rganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization u	nder section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt unde	r section 501(c), except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to o	other organizations	s for section 527 ▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (For each organization listed, enter t ons received that were promptly and i political action committee (PAC)	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
ror F	aperwork Reduction Act Notice, s	see the instructions for Form 990 or 99	JU-EZ. (Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	rying expenditures to influence public opinion (grass roots			

	Limits on Lobl (The term "expenditures")	organization's totals	group totals	
a	Total lobbying expenditures to influence public lobbying)		•	
b	Total lobbying expenditures to influence a legi			
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbying Expe	nditures During	4-Year Avera	ging Period			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column(e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	

Return Reference

PART II-B, LINE 1

	filed Form 5768 (election under section 501(h)).	(a)		(b)	
	rach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity	Yes	No	An	noun	t
L	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?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				1,349
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				1,51
j	Total Add lines 1c through 1i					2,866
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), (
	West and about all (000) are seen all and a death leader and a		_		es	No
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3	\rightarrow	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-01/-	\ <u>\</u>			
वा	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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				
b	Carryover from last year	2b				
C	Total	2 c				
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				
	Taxable amount of lobbying and political expenditures (see instructions)	5				
5						

Explanation

INCURRED FOR STUDENT LOBBY DAY

TIME SPENT MEETING, CALLING AND WRITING LEGISLATORS OTHER EXPENSES WERE

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

SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493107000317

Open to Public **Inspection**

Inten	nal Revenue Service	<u> </u>		1115 pection
	me of the organization STMINSTER COLLEGE			oyer identification number 981156
Pa		Advised Funds or Other Similar For and "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			Tanas and saist associates
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	2	or advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for an	ny other	r purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	<u>n Forn</u>	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		n histor	ically important land area
	Protection of natural habitat	•		d historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form.	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	l historic structure included in (a)	2 c	
d	Number of conservation easements included in (only historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	d by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		iling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	servation easements during the
	P			
7	A mount of expenses incurred in monitoring, insperience \$	ecting, handling of violations, and enforcing co	onserva	ition easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		· · · · · · · · · · · · · · · · · · ·
Pai		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
((i) Revenue included on Form 990, Part VIII, line	1	> \$	
(ii) Assets included in Form 990, Part X	1	> \$	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

	edule D (Form 990) 2015	C-11	A 117-				Oth an Cina			Page Z
Par	t III Organizations Maintaining (continued)	Collections of	Art, His	torica		reasures, or	Other Sim	ııar Ass	ets	
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	ecords, ch	neck an	yoft	the following tha	t are a signific	cant use o	fits	
а	▽ Public exhibition		d	~	_oan	or exchange pr	ograms			
b	✓ Scholarly research		e		O the	r				
c	▼ Preservation for future generations									
4	Provide a description of the organization Part XIII	's collections and ex	xplaın hov	w they f	urthe	er the organizati	on's exempt p	urpose in		
5	During the year, did the organization soli assets to be sold to raise funds rather th							☐ Yes	√ No	,
Pa	rt IV Escrow and Custodial Arra							1	•	
	Complete if the organization Part X, line 21.	answered "Yes" o	n Form	990, P	art I	V, line 9, or r	eported an a	amount o	n Forr	n 990,
	Is the organization an agent, trustee, cu	stodian or other inte	rmediary	for con	trihii	itions or other a	ssets not			
	included on Form 990, Part X?	stodium of other mice	.mediai y	101 0011	ciriba	icions of other u	33003 1100	☐ Yes	┌ No	•
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fol	lowina t	able			A moui	nt	
c	Beginning balance					1	ıc .			
d	Additions during the year					1	.d			
е	Distributions during the year					1	.e			
f	Ending balance						ıf			
2 a	Did the organization include an amount of	on Form 990, Part X	, lıne 21,	for esci	ow o	or custodial acco	ount liability?	☐ Yes	┌ No	•
h										
b	If "Yes," explain the arrangement in Part Endowment Funds. Comple									Ш
Pe	Endowment Funds. Comple	(a)Current year	(b) Pno		_	(c)Two years back	1)Four ve	ars back
1a	Beginning of year balance	115,365,508		4,824,98	_	101,607,103	+ • • • •	13,462		0,910,277
b	 Contributions	2,452,478		4,093,11	4	1,780,276	6,4	185,381		4,944,109
					_					
С	Net investment earnings, gains, and losses	-2,571,734		1,309,46	4	15,999,781	10,9	31,902	-	4,397,082
d	Grants or scholarships	2,282,948		2,058,55	1	1,795,292	1,6	547,882		1,473,300
e	Other expenditures for facilities and programs	3,058,761		2,803,50	4	2,766,883	2,0	75,760		2,070,542
f	Administrative expenses									
g	End of year balance	109,904,543	11	5,365,50	8	114,824,985	101,6	507,103	8	7,913,462
2	Provide the estimated percentage of the	current year end ba	ılance (lın	e 1g, c	olum	n (a)) held as				
а	Board designated or quasi-endowment 🕨	. 12 310 %								
b	Permanent endowment ► 57 970 %									
c	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c	29 720 %								
3a	Are there endowment funds not in the po	·		that are	hole	d and administra	rad for the			
Ja	organization by	ssession of the orga	amzacion	tilat ale	пет	a and administer	ed for the		Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(II), are the related organiz							. 3b		
4	Describe in Part XIII the intended uses rt VI Land, Buildings, and Equip		s endowm	ent rund	15					
Ра	rt VI Land, Buildings, and Equip Complete if the organization		Form 9	90, Pa	rt IV	, line 11a.See	Form 990,	Part X, I	ne 10.	
	Description of property		Со	(a) st or othe (investm	er bas	(b)	Accur	nulated	(d)Boo	
1a	Land			(J.10)	<u> </u>	,700			302,700
	Buildings									· · ·
						84,786	,582 21	1,221,034	6.	3,565,548
	Leasehold improvements		·							
	Equipment		·			11,550	,256 8	3,307,181	;	3,243,075
е	Other					6,734	,339	3,202,324		3,532,015
Tot	Add lines 1a through 1e (Column (d) mu		art Y colu	mn (R)	line :		· 1	,		0 643 338

See Form 990, Part X, line 12. (a) Description of security or category			
(including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) COMMINGLED FUNDS		19,491,202	F
(B) FIXED INCOME		5,007,121	F
(S) FIXED INCOME		3,007,121	'
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	24,498,323	
Part VIII Investments—Program Related. Complete if the organization answered	l 'Yes' on Form 990,	. Part IV, line 11c. See	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
			edse of end of year market valu
	an answered 'Ves' on E	orm 990 Bart IV line 1	1d See Form QQ0, Dart V, line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization (a) Description.	n answered 'Yes' on F	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on F	orm 990, Part IV, line 1	
Other Assets. Complete if the organization (a) Description (a) Description (a) Description (a) Description (b) Description (a) Description (b) Description (b) Description (b) Description (c)	on answered 'Yes' on F	orm 990, Part IV, line 1	
Other Assets. Complete if the organization (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (c) Description (c) Description (d) Description (e)	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 3 Part X Other Liabilities. Complete if the organization (a) Description (b) must equal Form 990, Part X, col (B) line 3 See Form 990, Part X, line 25.	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line: Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. (a) Description of liability	on answered 'Yes' on Fription 25) anization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line: Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' on Fription 25) anization answered	'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line is Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS	on answered 'Yes' on Fription 15) anization answered (b) Book value	'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line a Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE	an answered 'Yes' on Fription (5) anization answered (b) Book value 434,	'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2 Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE POSTRETIREMENT BENEFIT OBLIGATIONS	(b) Book value 434,; 262,; 7,516,;	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2 Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE POSTRETIREMENT BENEFIT OBLIGATIONS GOVERNMENT STUDENT LOAN FUNDS	(b) Book value (b) Book value 434,; 262,; 7,516,; 2,200,8	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2 Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE POSTRETIREMENT BENEFIT OBLIGATIONS GOVERNMENT STUDENT LOAN FUNDS	(b) Book value 434,; 262,; 7,516,;	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line in Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	(b) Book value (b) Book value 434,; 262,; 7,516,; 2,200,8	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2 Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE POSTRETIREMENT BENEFIT OBLIGATIONS GOVERNMENT STUDENT LOAN FUNDS	(b) Book value (b) Book value 434,; 262,; 7,516,; 2,200,8	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2 Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEPOSITS HELD IN CUSTODY FOR OTHERS ANNUITIES PAYABLE POSTRETIREMENT BENEFIT OBLIGATIONS GOVERNMENT STUDENT LOAN FUNDS	(b) Book value (b) Book value 434,; 262,; 7,516,; 2,200,8	Yes' on Form 990, P	(b) Book value

Donated services and use of facilities .

Other (Describe in Part XIII)

Recoveries of prior year grants

Schedule D (Form 990) 2015

1

2

а

b

d

е

3

30,359,599

1

-4,743,500

354,421

Add lines 2a through 2d 2e -4,389,079 3 34,748,678 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 124,220 4b 21,757,573 Other (Describe in Part XIII) Add lines 4a and 4b . . 4c 21,881,793 5 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 56,630,471 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 38,730,639 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a 2b b Prior year adjustments . . . 2c Other losses . . . d Other (Describe in Part XIII) . 2d 435,763

2a

2b

2c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Add lines 4a and 4b

Add lines 2a through 2d . .

Subtract line 2e from line 1

Other (Describe in Part XIII)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4a

4b

WHICH ARE RECORDED IN THE FINANCIAL STATEMENTS THESE ITEMS HAVE BEEN GIVEN TO THE COLLEGE OVER A NUMBER OF YEARS. ARE GENERALLY DISPLAYED IN VARIOUS

Part XIII **Supplemental Information**

Explanation

LOCATIONS AROUND CAMPUS AND ARE INSURED

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

2e

3

4c

124,220

21.757.573

435,763

38,294,876

21,881,793

60,176,669

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

Return Reference PART III, LINE 1A

THE COLLEGE OWNS A NUMBER OF PIECES OF ART AND HISTORIC TREASURES, NONE OF

Schedule D (Form 990) 2015

ADJUSTMENTS

Return Reference	Explanation					
PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED FOR SUPPORT OF THE COLLEGE'S MISSION ITS ENDOWMENT INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS, AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF TRUSTEES HAS ELECTED TO BE GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 (ACT 141) ACT 141 IS A TOTAL RETURN POLICY THAT ALLOWS A NONPROFIT ENTITY TO CHOOSE TO TREAT A PERCENTAGE OF THE AVERAGE MARKET VALUE OF THE ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EACH YEAR HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS A SPENDING RATE ON AN ANNUAL BASIS, THE BOARD OF TRUSTEES MUST ELECT, IN WRITING, A SPENDING RATE OF BETWEEN 2% AND 7% FOR THE YEAR ENDED JUNE 30, 2016, THE COLLEGE UTILIZED A 5% SPENDING RATE ON RESTRICTED ENDOWMENT ASSETS AND A 7% SPENDING RATE ON UNRESTRICTED ENDOWMENT ASSETS AND A 7% SPENDING RATE ON UNRESTRICTED ENDOWMENT ASSETS HE LAST QUARTER USED TO DETERMINE THE TRANSFER FOR THE FISCAL YEAR ENDED JUNE 30, 2016 WAS THE QUARTER ENDED DECEMBER 31, 2014 THE COLLEGE CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS THE ORIGINAL VALUE OF GIFTS DO NATED TO THE ENDOWMENT AND THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE ENDOWMENT THE UNDISTRIBUTED AMOUNTS EARNED ARE INCLUDED IN UNRESTRICTED DETT ASSETS IN ACCORDANCE WITH ACT 141, THE COLLEGE HAS ADOPTED A WRITTEN INVESTMENT THE ENDOWMENT THE COLLEGE CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO SET A SPENDING RATE 1 PROTECTING THE CORPUS OF THE ENDOWMENT FUND 2 PRESERVING THE SPENDING POWER OF THE ASSETS 3 OBTAINING MAXIMUM INVESTMENT RETURN WITH APPLICABLE LAWS					
PART X, LINE 2	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE COLLEGE ACCOUNTS FOR INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) THIS TOPIC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENTS DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THE COLLEGE HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS AND NO LIABILITY HAS BEEN RECORDED FOR UNCERTAIN TAX POSITIONS, FURTHER, THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS THE COLLEGE IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2013					
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 343,900 RENTAL EXPENSES 91,863 CHANGES IN UNRECOGNIZED PENSION BENEFIT PLAN COSTS -81,342					
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS 21,757,544 BANK SERVICE FEES RECLASS 29					
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 343,900 RENTAL EXPENSES 91,863					
PART XII, LINE 4B - OTHER	SCHOLARSHIPS AND GRANTS 21,757,544 BANK SERVICE FEES RECLASS 29					

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As Filed Data -

DLN: 93493107000317

OMB No 1545-0047

Open to Public Inspection

Schools

SCHEDULE E (Form 990 or 990-EZ)

> ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** WESTMINSTER COLLEGE 25-0981156 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information.

Provide the explanations required by Part I lines 3, 4d, 5h, 6h, and 7, as applicable. Also provide

any other additional information (see instructions)						
Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	THE WESTMINSTER COLLEGE NONDISCRIMINATION THE COLLEGE WEBSITE, IN OFFICIAL PUBLICATION ADVERTISING, AND IN STUDENT RECRUITMENT IN					
SCHEDULE E, PART I, LINE 6	THE INSTITUTION RECEIVES FEDERAL GRANTS A FOLLOWING GOVERNMENTAL AGENCY FINANC PROGRAMS FEDERAL PELL GRANT PROGRAM, PROGRAM, FEDERAL SUPPLEMENTAL EDUCATION FEDERAL WORK STUDY GRANT, FEDERAL DIRE PENNSYLVANIA INSTITUTIONAL ASSISTANCE GOVERNMENT FOR ACCESS TO HIGHER EDUCATION PENNSYLVANIA, FEDERAL TEACH GRANT PROGRAMMENT PROGRAMME					

TON POLICY IS INCLUDED ON TONS, IN EMPLOYEE MATERIALS AND PARTICIPATES IN THE CIAL AID OR ASSISTANCE 1. FEDERAL PERKINS LOAN IONAL OPPORTUNITY GRANT. ECT LOAN PROGRAM. GRANT. PENNSYLVANIA TION (PATH). GRAM. PA STATE GRANT PROGRAM, OHIO COLLEGE OPPORTUNITY GRANT PROGRAM, WEST

VIRGINIA HIGHER EDUCATION GRANT PROGRAM, MASSACHUSETTS MASS GRANT PROGRAM, PA MATCHING FUNDS PROGRAM, THE CHAFEE PROGRAM (ADMINISTERED THROUGH PHEAA), PENNSYLVANIA NATIONAL GUARD EDUCATIONAL ASSISTANCE PROGRAM (ADMINISTERED THROUGH PHEAA), FEDERAL VA BENEFIT PROGRAMS, AMERICORPS AND OVR (OFFICE OF VOCATIONAL REHABILITATION), READY TO SUCCEED SCHOLARSHIP (ADMINISTERED THROUGH PHEAA), BLIND OR DEAF BENEFICIARY GRANT (ADMINISTERED THROUGH PHEAA) Schedule E (Form 990 or 990-EZ) (2015)

efil:	e GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -		DLN: 9	93493107000317			
	EDULE F Sta	tement of	es	OMB No 1545-0047						
Depart	ment of the Treasury	·	Part IV, line : ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. ınd its instructions is at w	·	orm990.	2015 Open to Public Inspection			
	of the organization MINSTER COLLEGE					nployer ident 5-0981156	ification number			
Par	General Information Complete if the orga				14h					
1	For grantmakers. Does the and other assistance, the gused to award the grants or	organızatıon n rantees' elıgıbıl	naıntaın record	s to substantiate the	amount of	-	√ Yes No			
2		rantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other ance outside the United States								
3	Activites per Region (The follo	owing Part I, line	3 table can be d	uplicated if additional sp	ace is neede	ed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program ser specific	listed in (d) is a vice, describe type of) in region	(f) Total expenditures for and investments in region			
	See Add'l Data		region	regiony						
	Sub-total Total from continuation sheets	0	-				13,904,146			
с	to Part I Totals (add lines 3a and 3b) perwork Reduction Act Notice, se	0			No 50082V	N Schod	13,904,146 ule F (Form 990) 2015			

Schedule F (Form 990) 2015

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			•		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

	Other Assistance to e duplicated if addition			ed States. Complete r	f the organization a	answered "Yes" to Forn	n 990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD GRANTS AND SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	2		CREDIT TO STUDENTS' ACCOUNT FOR FINANCIAL AID		N/A	N/A
STUDY ABROAD GRANTS AND SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	1	4,213	CREDIT TO STUDENTS' ACCOUNT FOR FINANCIAL AID		N/A	N/A
STUDY ABROAD GRANTS AND SCHOLARSHIPS	SOUTH AMERICA	1	8,395	CREDIT TO STUDENTS' ACCOUNT FOR FINANCIAL AID		N/A	N/A

8621)

Yes

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 Yes (see Instructions for Form 8865)

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

Yes 5713, do not file with Form 990) Νo

IJ No

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

FINANCIAL ALD IS AWARDED TO INCOMING FIRST YEAR STUDENTS ON THE BASIS OF THE RESULTS OF THE FREE APPLICATION FOR FEDERAL STUDENT AD ITARSA) AND BY THE USE OF A FINANCIAL AD MATRIX X THE FINANCIAL AD MATRIX IS BASED ON ACADEMIC ABILTY AND FINANCIAL INCEPTION OF THE MATRIX THERE IS A FLOOR AND A CELING RANGE USED FOR THE AWARDING OF INSTITUTION AND FINANCIAL INCEPTION OF THE MATRIX THERE IS A FLOOR AND A CELING RANGE USED FOR THE AWARDING OF INSTITUTION AND FINANCIAL INCEPTION OF FINANCIAL INCEPTION OF THE MATRIX THERE IS A FLOOR AND A CELING FANGE USED FOR THE AWARDING OF INSTITUTION OF THE FLOOR AND A CELING FANGE OF THE FLOOR AND CELING FANGE AND SET STANDED BY THE FARSA INSTITUTIONAL MERIT AWARDS (AWARDED BY ADMISSIONS) THESE ARE AWARDED BY STHE FANGE IN BEST SCHOLAR SHIP CHEMACIAL INCEPTION FOR THE AWARDS (AWARDED BY ADMISSIONS) THESE ARE AWARDED TO STUDENTS RECARD. ESS OF FINANCIAL INCEPTION FOR THE THE FANGE OF THE AWARDING AWARDED BY WHERE THEY FALL IN THE WATERY BASED ON HIGH SCHOOL ORGANIZED A MERTI SCHOLAR SHIP DETERMINED BY WHERE THEY FALL IN THE WATERY BASED ON HIGH SCHOOL ORGANIZED A MERTI SCHOLAR SHIP DETERMINED BY WHERE THEY FALL IN THE WATERY BASED ON HIGH SCHOOL ORGANIZED A MERTI SCHOLAR SHIP AWARD WHICH IS THE FLOOR VALUE FROM THE MERTI SCHOLAR SHIP AWARD WHICH IS THE ADMISSIONS STAFF AS A WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE ADMISSIONS STAFF AS A WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE FLOOR VALUE FROM THE MATRIX CELL. THE WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE FLOOR VALUE FROM THE MATRIX CELL. THE WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE FLOOR VALUE FROM THE MATRIX CELL. THE WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE FLOOR VALUE FROM THE MATRIX CELL. THE WESTIMISTER SCHOLAR SHIP AWARD WHICH IS THE FLOOR WARD AWARDS HOUR AWARD	Return Reference	Explanation
ROLLER DETERMINES THE AMOUNT AVAILABLE IN ALL INSTITUTIONAL FUNDS ON AN ANNUAL BASIS WEST MINSTER COLLEGE UNFUNDED AND FUNDED AID IS PORTABLE FOR OFF-CAMPUS STUDIES IF THE PROGRAM IS REQUIRED BY THE STUDENT'S MAJOR THESE FUNDS ARE PORTABLE UP TO THE LESSER OF 1) THE TU ITION OF THE OFF CAMPUS STUDIES PROGRAM, OR 2) THE LIMIT OF A STUDENT'S WESTMINSTER COLLEGE E AWARDED AID WHERE A PARTICULAR STUDY-ABROAD PROGRAM'S TUITION IS GREATER THAN THE WESTMINSTER COLLEGE AID THE STUDENT IS ELIGIBLE TO RECEIVE FOR THE SAME PERIOD OF ENROLLMENT BE FORE THESE FUNDS WILL BE PAID TO THE STUDY ABROAD PROGRAM ON THE STUDENT'S BEHALF, THE STUDENT IS REQUIRED TO PROVIDE A COPY OF THE INVOICE FOR THE STUDY ABROAD PROGRAM, WITH A SEP ARATE LINE ITEM FOR TUITION STUDENTS ARE REQUIRED TO HAVE THE INSTITUTION PROVIDE A COPY OF THE ACADEMIC TRANSCRIPTS FOR THE TERM(S) ABROAD TO WESTMINSTER COLLEGE. WESTMINSTER COLLEGES FINANCIAL AID OFFICE USES THE FINANCIAL AID MANAGEMENT SYSTEM POWERFAIDS TO MAINTAIN FINANCIAL AID AWARD RECORDS AND AMOUNTS		FINANCIAL AD IS A WARDED TO INCOMING FIRST YEAR STUDENTS ON THE BASIS OF THE RESULTS OF TH E FREE APPLICATION FOR FEDERAL STUDENT AD (FAFSA) AND BY THE USE OF A FINANCIAL AD MATRIX X THE FINANCIAL AD IMATRIX IS BASED ON ACDEMIC ABLITY AND FINANCIAL NED WITHIN EACH C ELL OF THE MATRIX THERE IS A FLOOR AND A CELLING RANGE USED FOR THE AWARDING OF INSTITUTIO NAL FUNDAMENT AND STUDENT IS A FLOOR AND A CELLING RANGE USED FOR THE AWARDING OF INSTITUTIO NAL FUNDAMENT AS STUDENT IS AWARDED BETWEEN THE FLOOR AND CELLING VALUE IN THE CELL IS AS SED ON PIRONAL NEED ASSED ON BOTH HIGH SCHOOL GRADE FOINT A VERAGE AND SAT ANDIOR ACT SCORES THE AMOUNT A STUDENT IS AWARDED BETWEEN THE FLOOR AND CELLING VALUE IN THE CELL IS AS SED ON PIRONAL AND THE CELL SO THE AMOUNT AS STUDENT SA WARDED TO STUDENTS RECARD. INSTITUTIONAL IMENT AWARDS (AWARDED BY ADMISSIONS) THESE ARE AWARDED TO STUDENTS RECARD. INSTITUTIONAL MERT AWARDS (AWARDED BY ADMISSIONS) THESE ARE AWARDED TO STUDENTS RECARD. INSTITUTIONAL IMENT SCHOLARSHIP DETERMINED BY WHERE THEY FALL IN THE MATRIX BASED ON HIGH SCHOOL OLD AND COMPANIES. THE ADMISSION STAFF AS A WESTINGTH STAFF OF THE APPLICANT POOL MAY BE SELECTED BY THE ADMISSIONS STAFF AS A WESTINGTH SCHOLARSHIP AWARD IS THE FLOOR VALUE FROM THE MERSPECTIVE MATRIX AND STUDENTS AND STAFF AS A WESTINGTH AWARD STUDENTS AND STAFF AS A WESTINGTH AWARD STUDENTS AND STAFF AS A WESTINGTH AWARD THE WESTINGTHER CANDARD AWARD WHICH STAFF AS A WESTINGTH AWARD THE WESTINGTHER CANDARD AWARD WHICH STAFF AS A WESTINGTH AWARD THE WESTINGTH AWARD STUDENT ESSAYS THE LARGER AWARDS INCLUDE FROM THE MATRIX CELL. THE WESTINGTHER CANDARD AWARDS AND AWARD THE WESTINGTH AWARD AWARD WHICH AWARD THE WESTINGTH AWARD AWARD THE WESTINGTH AWARD THE WESTINGTH AWARD THE WESTINGTH AWARD THE WESTINGTH AWARD AWARD THE WESTINGTH AWARD THE WESTINGTH AWARD

Additional Data

Software ID: Software Version:

EIN: 25-0981156

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
NORTH AMERICA	0	0	PROGRAM SERVICES	FACULTY/STAFF TRAVELING OUTSIDE OF THE US	7,497
NORTH AMERICA	0	0	PROGRAM SERVICES	FACULTY/STAFF TRAVELING OUTSIDE OF THE US INCLUDING STUDENTS ATTENDING CONFERENCE	2,948
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	FACULTY/STAFF TRAVELING OUTSIDE OF THE US	11,796

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) CENTRAL AMERICA AND 0 PROGRAM SERVICES STUDENT TRAVEL 1,400

500

THE CARIBBEAN	<u> </u>			
EUROPE (INCLUDING ICELAND & GREENLAND)	0		GERMANY/CZEH AND LONDON TRAVEL	527,384

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

IABROAD.

PROGRAM SERVICES STUDENT TRAVEL

EUROPE (INCLUDING

ICELAND & GREENLAND)

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program for region agents in fundraising, program service, describe region specific type of service region services, grants to recipients located in the (s) in region region) 150

IINVESTMENTS

In/a

13,352,471

			= :		
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT TRAVEL	

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

CENTRAL AMERICA AND

THE CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

WESTMINSTER COLLEGE

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493107000317

Open to Public Inspection

Employer identification number

WESTITIOSTER COLLEGE	THINGS ER GOLEEGE										
Part I General Informat	ion on Grants an	d Assistance				<u>'</u>					
 Does the organization maintal the selection criteria used to a Describe in Part IV the organization. 	award the grants or a ization's procedures	ssistance? for monitoring the use	of grant funds in the Un	ited States			√ Yes N				
Part II Grants and Other Assis that received more than				ipiete ir the organization	answered Yes on F	orm 990, Part IV, line 2:	., for any recipient				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance				
2 Enter total number of section 3 Enter total number of other or		-				_					
For Paperwork Reduction Act Notice, s	ee the Instructions for	r Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015				

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

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
ACADEMIC AND FINANCIAL (1) ASSISTANCE/SCHOLARSHIPS	1096	21,730,861	0	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference

Explanation

PART I, LINE 2

FINANCIAL AID IS AWARDED TO INCOMING FIRST YEAR STUDENTS ON THE BASIS OF THE RESULTS OF THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND BY THE USE OF A FINANCIAL AID MATRIX THE FINANCIAL AID MATRIX IS BASED ON ACADEMIC ABILITY AND FINANCIAL NEED WITHIN EACH CELL OF THE MATRIX THERE IS A FLOOR AND A CEILING RANGE USED FOR THE AWARDING OF INSTITUTIONAL FUNDS A STUDENT IS PLACED INTO A FINANCIAL AID MATRIX CELL BASED ON BOTH HIGH SCHOOL GRADE POINT AVERAGE AND SAT AND/OR ACT SCORES THE AMOUNT A STUDENT IS AWARDED BETWEEN THE FLOOR AND CEILING VALUE IN THE CELL IS BASED ON FINANCIAL NEED AS DETERMINED BY THE FAFSA INSTITUTIONAL MERIT AWARDS (AWARDED BY ADMISSIONS) THESE ARE AWARDED TO STUDENTS REGARDLESS OF FINANCIAL NEED MERIT SCHOLARSHIPS (UNFUNDED AID) ACCEPTED FIRST YEAR STUDENTS ARE AWARDED A MERIT SCHOLARSHIP DETERMINED BY WHERE THEY FALL IN THE MATRIX BASED ON HIGH SCHOOL GRADE POINT AVERAGE AND SAT AND/OR ACT SCORES THE MERIT SCHOLARSHIP AWARD IS THE FLOOR VALUE FROM THE RESPECTIVE MATRIX CELL STUDENTS WHO FALL IN THE TOP 20% OF THE APPLICANT POOL MAY BE SELECTED BY THE ADMISSIONS STAFF AS A WESTMINSTER SCHOLAR SELECTED STUDENTS ARE GUARANTEED A MERIT AWARD WHICH IS THE FLOOR VALUE FROM THE MATRIX CELL THE WESTMINSTER SCHOLAR IS ALSO GIVEN AN OPPORTUNITY TO COMPETE FOR A LARGER FOUR YEAR AWARD THROUGH THE SCHOLARS COMPETITIONS HELD ON THE WESTMINSTER CAMPUS THIS COMPETITION HAS FACULTY INVOLVEMENT AND STUDENT ESSAYS THE LARGER AWARDS INCLUDE FULL TUITION PRESIDENTIAL SCHOLARSHIPS, VANCE SCHOLARSHIPS, LEMMON SCHOLARSHIPS AND TITAN SCHOLARSHIPS (WITH A RANGE OF VALUES) NOMINATED MERIT BASED SCHOLARSHIPS (UNFUNDED AID) THE NOMINATED SCHOLARSHIPS AVAILABLE TO INCOMING FIRST YEAR STUDENTS ARE $\,$ 1) THE YOUNG PRESBYTERIAN SCHOLARSHIP -TO BE ELIGIBLE A STUDENT MUST BE A MEMBER OF THE PRESBYTERIAN CHURCH USA, BE NOMINATED BY HIS/HER CHURCH AND PRESENT A MINIMUM GPA OF 3 5 2) JERB MILLER SCHOLARSHIP -TO BE ELIGIBLE A STUDENT MUST BE NOMINATED BY AN EDUCATOR WHO IS A WESTMINSTER COLLEGE GRADUATE AND PRESENT A MINIMUM GPA OF 3 5 3) LEGACY SCHOLARSHIP (FUNDED AID) -TO BE ELIGIBLE A STUDENT MUST PRESENT A CUMULATIVE GPA OF 3 0 AND HAVE A PARENT OR GRANDPARENT WHO EARNED A DEGREE FROM WESTMINSTER COLLEGE 4) PRESBYTERIAN HERITAGE SCHOLARSHIP -TO BE ELIGIBLE A STUDENT MUST PRESENT A CUMULATIVE GPA OF 3 5, BE A MEMBER OF A PRESBYTERIAN CHURCH (NON PCUSA) AND BE NOMINATED BY HIS/HER CHURCH MERIT SCHOLARSHIPS ARE RENEWABLE FOR UP TO THREE YEARS. THE STUDENT NEEDS TO MAINTAIN THE REQUIRED SCHOLARSHIP GPA (IF ONE EXISTS), OTHERWISE REMAIN IN GOOD ACADEMIC STANDING INSTITUTIONAL NEED BASED AWARDS (UNFUNDED AID) NEED BASED INSTITUTIONAL FINANCIAL AID IS AWARDED TO STUDENTS BASED ON THE RESULTS OF THE FAFSA AND THE DETERMINATION OF THE STUDENTS DEMONSTRATED NEED $\,$ A STUDENT IS REQUIRED TO FILE A FAFSA FORM IN ORDER TO BE CONSIDERED FOR NEED BASED FINANCIAL AID THE RESULTS OF THE FAFSA DETERMINE THE STUDENT'S EXPECTED FAMILY CONTRIBUTION (EFC) THE CALCULATION USED TO DETERMINE THE STUDENT'S FINANCIAL NEED IS DIRECT COST OF ATTENDANCE* - EFC = STUDENT'S NEED (*DIRECT COST OF ATTENDANCE TUITION & FEES, ROOM & BOARD FOR RESIDENT AND OFF CAMPUS STUDENTS, TUITION & FEES ONLY FOR COMMUTERS) THE CALCULATED STUDENT NEED IS REDUCED BY FEDERAL NEED BASED FINANCIAL AID STATE NEED BASED FINANCIAL AID FUNDED GIFT AID INSTITUTIONAL MERIT THE REMAINING UNMET NEED, AFTER THE REDUCTIONS, IS MET BY USING INSTITUTIONAL NEED BASED GIFT AID WITH THE TOTAL OF INSTITUTIONAL AID BEING CAPPED BY THE CEILING VALUE FROM THE MATRIX CELL FOR THE STUDENT INSTITUTIONAL NEED BASED AWARDS ARE USUALLY RENEWED PROVIDED THAT THE STUDENT CONTINUES TO DEMONSTRATE FINANCIAL NEED FINANCIAL AID PACKAGING STUDENTS RECEIVE A FINANCIAL AID PACKAGE ANNUALLY WHICH INCLUDES ALL SOURCES OF FINANCIAL AID THAT THEY ARE ELIGIBLE AND OUALIFY FOR AWARDS THAT MAY BE INCLUDED IN A FINANCIAL AID PACKAGE ARE FEDERAL GRANTS (PELL AND SEOG) STATE GRANTS INSTITUTIONAL MERIT AWARDS INSTITUTIONAL NEED BASED AWARDS INSTITUTIONAL ENDOWED AWARDS FEDERAL LOANS (STAFFORD AND PERKINS) FEDERAL WORK STUDY THE COLLEGE CONTROLLER DETERMINES THE AMOUNT AVAILABLE IN ALL INSTITUTIONAL FUNDS ON AN ANNUAL BASIS WESTMINSTER COLLEGE UNFUNDED AND FUNDED AID IS PORTABLE FOR OFF-CAMPUS STUDIES IF THE PROGRAM IS REQUIRED BY THE STUDENT'S MAJOR THESE FUNDS ARE PORTABLE UP TO THE LESSER OF 1) THE TUITION OF THE OFF CAMPUS STUDIES PROGRAM, OR 2) THE LIMIT OF A STUDENT'S WESTMINSTER COLLEGE AWARDED AID WHERE A PARTICULAR STUDY-ABROAD PROGRAM'S TUITION IS GREATER THAN THE WESTMINSTER COLLEGE AID THE STUDENT IS ELIGIBLE TO RECEIVE FOR THE SAME PERIOD OF ENROLLMENT $\,$ BEFORE THESE FUNDS WILL BE PAID TO THE STUDY ABROAD PROGRAM ON THE STUDENT'S BEHALF, THE STUDENT IS REQUIRED TO PROVIDE A COPY OF THE INVOICE FOR THE STUDY ABROAD PROGRAM, WITH A SEPARATE LINE ITEM FOR TUITION $\,$ STUDENTS ARE REQUIRED TO HAVE THE INSTITUTION PROVIDE A COPY OF THE ACADEMIC TRANSCRIPTS FOR THE TERM(S) ABROAD TO WESTMINSTER COLLEGE WESTMINSTER COLLEGES FINANCIAL AID OFFICE USES THE FINANCIAL AID MANAGEMENT SYSTEM POWERFAIDS TO MAINTAIN FINANCIAL AID AWARD RECORDS AND AMOUNTS

Schedule J

Compensation Information

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

OMB No 1545-0047

DLN: 93493107000317

2015 Open to Public

Department of the

(Form 990)

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

reas nterr	ury nal Revenue Service			,		Insp	ectio	n
Νa	me of the organi	zation			Employer identificati	on nur	nber	
WE:	STMINSTER COLLEG	oE			25-0981156			
Pa	rt I Quest	ions Regarding Compensation						
							Yes	No
1 a		ropiate box(es) if the organization provi						
	990, Part VII,	Section A, line 1a Complete Part III to	o prov	ide any relevant information regardin	g these items			
	First-clas	ss or charter travel	▽	Housing allowance or residence for	personal use			
	✓ Travel fo	rcompanions	Г	Payments for business use of perso	nal residence	ļ	ļ	ļ
	Tax idem	nification and gross-up payments	✓	Health or social club dues or initiat	ion fees			ļ
	✓ Discretion	nary spending account	✓	Personal services (e g , maid, chau	ffeur, chef)	 	 	
b		oxes in line 1a are checked, did the orga t or provision of all of the expenses desc				1b	Yes	
2		zation require substantiation prior to rei tees, officers, including the CEO/Execu				2	Yes	
3	organization's	i, if any, of the following the filing organiz CEO/Executive Director Check all that ted organization to establish compensat	apply	Do not check any boxes for method	ls			
	Compens	ation committee	~	Written employment contract				
	Independ	lent compensation consultant	Г	Compensation survey or study				
	√ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the yea or a related or	ır, dıd any person listed on Form 990, Pa ganızatıon	art VI	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a sev	erance payment or change-of-control pa	ymen	t?		4a		No
b	Participate in,	or receive payment from, a supplement	al non	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-bas	ed cor	mpensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item ir	ı Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ne mi	et complete lines 5-9				
5	For persons lis	sted on Form 990, Part VII, Section A, I contingent on the revenues of		·	iny			
а	The organizati	on?				5a		No
b	Any related or					5b		No
	If "Yes," on lir	ne 5a or 5b, describe in Part III						
6		sted on Form 990, Part VII, Section A, l contingent on the net earnings of	ıne 1a	, did the organization pay or accrue a	iny			
а	The organizati	on?				6 a		Νo
b	Any related or	ganization?				6b		Νo
	If "Yes," on lir	ne 6a or 6b, describe in Part III						
7		sted on Form 990, Part VII, Section A, l described in lines 5 and 67 If "Yes," de			n-fixed	7	Yes	
В		unts reported on Form 990, Part VII, pa Initial contract exception described in R				8		No
9	If "Yes" on line	e 8, did the organization also follow the i	rebutt	able presumption procedure describe	d ın Regulations			

Page 2

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)	The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990		
		Base (ı) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)			
1 RICHARD H DORMAN PRESIDENT	(i)	247,922	0	22,652	53,602	40,115	364,291	0		
	(ii)	0	0	0	0	0	0	0		
2 KENNETH J ROMIG TREASURER/VP FOR	(i)	158,834	0	12,638	12,446	19,383	203,301	0		

		Base (1) compensation	Bonus & incentive compensation	Other reportable compensation	compensation	bellettes	(8)(1) (8)	as deferred on prior Form 990
1 RICHARD H DORMAN PRESIDENT	(i)	247,922	0	22,652	53,602	40,115	364,291	0
	(ii)	0	0	0	0	0	0	0
2 KENNETH J ROMIG TREASURER/VP FOR	(i)	158,834	0	12,638	12,446	19,383	203,301	0
FINANCE	(ii)	0	0	0	0	0	0	0
3 JANE WOOD THRU 062016 VICE PRESIDENT FOR	(i)	170,025	0	90	12,750	11,833	194,698	0
ACADEMIC AFFAIRS								

FINANCE	(ii)	0	0	0	0	0	0	0
3 JANE WOOD THRU 062016 VICE PRESIDENT FOR	(i)	170,025	0	90	12,750	11,833	194,698	0
ACADEMIC AFFAIRS	(ii)	0	0	0	0	0	0	0
4 THOMAS STEIN VP FOR ENROLLMENT IN	(i)	135,332	20,000	258	10,500	11,931	178,021	0
ADMISSIONS	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page 3
Part III Supplemental In	formation
Provide the information, explanation	on, 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
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE FOR THE CONVENIENCE OF THE COLLEGE, THE PRESIDENT OCCUPIES THE RESIDENCE PROVIDED (MACK MANSE) BY THE COLLEGE IN ACCORDANCE WITH HIS EMPLOYMENT AGREEMENT PERSONAL SERVICES (E.G., CLEANING SERVICES) THE COLLEGE MANSE IS THE PROPERTY OF WESTMINSTER, THEREFORE IT IS MAINTAINED BY WESTMINSTER'S PHYSICAL PLANT DEPARTMENT CLUB MEMBERSHIPS IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER BUSINESS ASSOCIATES OF THE COLLEGE, THE COLLEGE PAYS OR REIMBURSES THE PRESIDENT FOR, THE PERIODIC DUES FOR MEMBERSHIP IN THE DUQUESNE CLUB, THE NEW CASTLE COUNTRY CLUB, AND THE AVALON COUNTRY CLUB DIRECT EXPENSES FOR UTILIZATION OF THE CLUBS IS THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN ATTRIBUTABLE TO COLLEGE BUSINESS

PART I, LINE 4B RICHARD H DORMAN \$34,500

PART I, LINE 7 THOMAS STEIN RECEIVED A BONUS OF \$20,000

WESTMINSTER COLLEGE ACCOUNTED FOR THE PERSONAL USE OF VEHICLE ON BEHALF OF RICHARD H. DORMAN ON HIS 2015 FORM W-2

FORM 990, SCHEDULE J, PART II THE AMOUNT OF THE PERSONAL USE OF THE VEHICLE WAS \$692 FOR THE 2015 CALENDAR YEAR efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493107000317

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,

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

explanations, and any additional information in Part VI. ► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	e of the organization									Emp	oloyer id	entifica	tion nur	nber	
WES	STMINSTER COLLEGE									25	-09811	56			
Pa	art I Bond Issues									•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Description of purpose		(g) De	feased	beha	On alf of uer		Pool noing
										Yes	No	Yes	No	Yes	No
A	NEW WILMINGTON MUNICIPAL AUTHORITY- SERIES 2007	25-1739535	64920RAS2	06-27-2007	17,1	02,753	SEE P	'ART V			х		Х		X
В	NEW WILMINGTON MUNICIPAL AUTHORITY- SERIES 2011	25-1739535		04-28-2011	3,0	00,000	SEE P	ART V			X		Х		X
Pa	rt III Proceeds				1					<u> </u>		'			
						A		ı	В		С			D	
1	A mount of bonds retired					3,282,	,753		1,140,000						
2	A mount of bonds legally defea	ised													
3	Total proceeds of issue					17,102,	,753		3,000,000						
4	Gross proceeds in reserve fun					1,301,	.,944								
5	Capitalized interest from proce	eeds													
6	Proceeds in refunding escrows	5				12,302,	716								
7	Issuance costs from proceeds	5				207,	,525		41,000						
8	Credit enhancement from proc					281,	,203								
9	Working capital expenditures t														
10	Capital expenditures from pro	ceeds				3,009,	,365		2,959,000						
11	Other spent proceeds														
12	Other unspent proceeds			•											
13	Year of substantial completion	1			20	009		20	11						
					Yes	No		Yes	No	Yes	P	No	Yes		No
14	Were the bonds issued as part	t of a current refundır	ngıssue ⁷		X				x						
15	Were the bonds issued as part	t of an advance refun	dıngıssue?		х				х						
16	Has the final allocation of proc	ceeds been made?.			Х			х							
17	Does the organization maintal allocation of proceeds?	•		ort the final	х			×							
Pa															
تعد	TITULE DUSINESS O					Α		E	3		С	T		D	
					Yes	No		Yes	No	Yes		No No	Yes		No
1	Was the organization a partner		a member of an LL	C, which owned		×			Х						

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

Χ

			Α	1	i	3		С		
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bu of bond-financed property?	siness use		Х		Х				
b prope	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot counsel to review any management or service contracts relating to the financiate.									
с С	Are there any research agreements that may result in private business use o	of hand-								
	financed property?			Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot counsel to review any research agreements relating to the financed property:									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .									
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se	ections								
9	Has the organization established written procedures to ensure that all nonquishonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х		х					
Par	IV Arbitrage									<u> </u>
		А			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х		×					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х	Х						
b	Exception to rebate?		Х	Х						
С	No rebate due?	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?		Х	X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		×					
b	Name of provider				1				L	
С	Term of hedge									
d	Was the hedge superintegrated?									
<u>-</u>	Was the hedge terminated?									

Page 3

		Yes	No	Yes	No	Yes	No	Yes	No
		Δ		В		С		D	
Pai	t V Procedures To Undertake Corrective Action								
7	Has the organization established written procedures to monitor the requirements of section 148?	×		×					
6	Were any gross proceeds invested beyond an available temporary period?		Х		×				
	value of the GTC satisfied.								

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

Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)

value of the GIC caticfied?

Was the regulatory safe harbor for establishing the fair market

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference **Explanation**

ISSUER NAME NEW WILMINGTON MUNICIPAL AUTHORITY-SERIES 2007 DATE THE REBATE

DATE REBATE COMPUTATION PERFORMED COMPUTATION WAS PERFORMED 05/01/2015

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

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

DLN: 93493107000317

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

	ne of the organization				Emplo	yer identificati	ion nu	mber	
· LJ	MINISTER COLLEGE				25-09	81156			
Pa	rt I Types of Property								
		(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de oncash contribi	etermi	_	ts
1	Art—Works of art	Х	1						
2	Art—Historical treasures .								
	Art—Fractional interests								
	Books and publications								
	Clothing and household goods								
	Cars and other vehicles								
	Boats and planes				-				
	Intellectual property	V	1.0	100 706	EAID	MADKETWAL	IIE.		
	Securities—Publicly traded . Securities—Closely held stock .	Х	18	109,790	HAIK	MARKET VAL	UL		
	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food Inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts								
EVE	Other►(NT TICKETS)	Х	7			MARKET VAL			
	Other ► (CELLANEOUS)	X	2	150	FAIR	MARKET VAL	UE		
	Other ► ()								
	Other ▶ ()								
	Number of Forms 8283 received I	by the oraz	Inization during the tay year	for contributions					
	for which the organization complete				29				0
								Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ugh 28, that			
	it must hold for at least three yea	ars from the	e date of the initial contribu	tion, and which is not requ	red to	be used			
	for exempt purposes for the entir	e holding p	period?			!	30a	, ,	No
b	If "Yes," describe the arrangeme								1.10
31	Does the organization have a gift			eview of any non-standard	contri	hutions?	31	Yes	Ì
	Does the organization hire or use			•		į	- -		
J∠d	contributions?	annu part	ies of related organizations	to solicit, process, or self	noncas	> 11			١
L					•	•	32a		No
	If "Yes," describe in Part II	an amoust	in column (c) for a tune of	araparty for which column	(2) 12 -	hockod			ł
33	If the organization did not report	an amount	ini columni (c) for a type of [יסופונע וטר wnich column ((a) IS C	лескей,			ł
	describe in Part II			C N 5/2277			/ -		(201=

Return Reference	Explanation
• • • • • • • • • • • • • • • • • • • •	THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED JUNE 30, 2016

PART I, LINE 33 THE COLLEGE OWNS A NUMBER OF PIECES OF ART AND HISTORIC TREASURES. NONE OF WHICH ARE RECORDED IN THE FINANCIAL STATEMENTS THESE ITEMS HAVE BEEN GIVEN ITO THE COLLEGE OVER A NUMBER OF YEARS, ARE GENERALLY DISPLAYED IN VARIOUS LOCATIONS AROUND CAMPUS AND ARE INSURED. THE VALUE OF NON-CASH CONTRIBUTIONS IS NOT DETERMINED BY THE COLLEGE AND NO GIFT CREDIT IS ISSUED TO THE DONOR IN ORDER TO RECEIVE GIFT CREDIT, A DONOR MUST HAVE THE ITEM APPRAISED BY AN INDEPENDENT OUTSIDE APPRAISER THIS PROCESS DOES NOT APPLY TO THE RECEIPT OF A PUBLICLY TRADED STOCK GIFT WHEN WESTMINSTER COLLEGE RECEIVES A STOCK GIFT, THE GIFT IS VALUED AT THE AVERAGE OF THE STOCK'S HIGH AND LOW TRADING PRICE, AS INDICATED IN THE WALL STREET JOURNAL, ON THE DATE OF TRANSFER ITO THE COLLEGE THIS METHOD PROVIDES AN OBJECTIVE DETERMINATION OF THE VALUE

OF THE GIFT

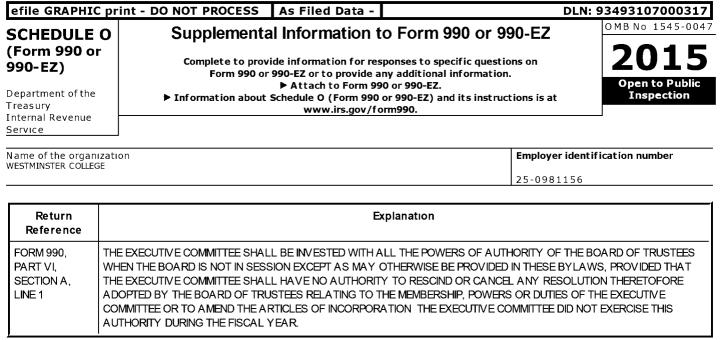
Supplemental Information.

Schedule M (Form 990) (2015)

Part II

Page 2

Schedule M (Form 990) (2015)



Return Reference	Explanation
FORM 990, PART VI.	THE WESTMINSTER FINANCIAL MANAGEMENT TEAM REVIEWS THE FORM 990 AND SEEKS INPUT REGARDING THE SAME FROM THE PRESIDENT. THE COLLEGE'S TRUSTEES ARE PROVIDED WITH ACCESS TO A SECURE WEBSITE WHERE THEY
SECTION B,	ARE ABLE TO REVIEW A DRAFT OF THE COLLEGE'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2016 THE COLLEGE'S
LINE 11	TRUSTEES ARE INVITED TO PARTICIPATE IN A TELECONFERENCE WITH MEMBERS OF THE COLLEGE'S ADMINISTRATION WHO ARE RESPONSIBLE FOR PREPARING THE COLLEGE'S TAX RETURN DURING THE TELECONFERENCE, THE COLLEGE'S
	FINANCIAL ADMINISTRATORS REVIEW THE DRAFT OF THE TAX RETURN WEBSITE ACCESS TO A COMPLETE COPY OF THE
	FORM 990 IS PROVIDED TO THE TRUSTEES PRIOR TO THE FILING OF THE RETURN WITH THE INTERNAL REVENUE SERVICE 📕

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE HAS A FORMAL CONFLICT OF INTEREST POLICY EVERY TRUSTEE AND OFFICER ALONG WITH EMPLOYEES WHO MEET THE CRITERIA AS DEFINED EMPLOYEE AN EMPLOYEE OF THE COLLEGE WHO HAS AUTHORITY TO EXPEND COLLEGE FUNDS OR TO INCUR CONTRACTUAL LIABILITY ON BEHALF OF THE COLLEGE ARE REQUIRED TO ANNUALLY (1) REVIEW THE COLLEGE'S CONFLICT OF INTEREST POLICY, (2) DISCLOSE TO THE BEST OF HIS/HER KNOWLEDGE ANY BUSINESS, PERSONAL, FAMILY AND NOT-FOR-PROFIT RELATIONSHIPS THAT COULD REASONABLY GIVE RISE TO A CONFLICT OF INTEREST, (3) SUMMARIZE IN WRITING ANY POTENTIAL CONFLICT OF INTEREST AS MAY ALREADY EXIST, AND (4) ACKNOWLEDGE BY SIGNATURE ON A DISCLOSURE FORM THAT HE OR SHE ACTED IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY THE EMPLOYEE DISCLOSURE FORMS ARE SUBMITTED TO THE COLLEGE'S DIRECTOR OF HUMAN RESOURCES AND THE DISCLOSURE FORMS FOR TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE SUBMITTED TO THE CHAIR OF THE COLLEGE'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE. THE CHAIR OF THE BOARD OF TRUSTEES AND THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE ARE RESPONSIBLE FOR DETERMINING WHETHER OR NOT CERTAIN RELATIONSHIPS GIVE RISE TO CONFLICTS OF INTEREST THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE PRESIDENT OF THE COLLEGE WAS DETERMINED BY A SPECIALLY A PPOINTED COMMITTEE OF THE BOARD OF TRUSTEES WHO WAS EMPOWERED BY THE BOARD OF TRUSTEES TO NEGOTIATE AN EMPLOYMENT CONTRACT WITH THE PRESIDENT THE MEMBERS OF THE SPECIAL COMPENSATION COMMITTEE WERE INDEPENDENT, NONE WERE COMPENSATED BY THE COLLEGE, NOR DOES A COMPENSATION ARRANGEMENT EXIST BETWEEN THE COLLEGE, FAMILY MEMBERS OF THE COMPENSATION COMMITTEE OR ANY BUSINESS IN WHICH ANY OF THEIR FAMILY MEMBERS HAVE AN INTEREST WHEN THE PRESIDENT'S EMPLOYMENT A GREEMENT WITH WESTMINSTER COLLEGE WAS RENEWED ON NOVEMBER 1, 2010, THE COMMITTEE REVIEWED THE COMPENSATION PAID TO THE PRESIDENTS OF THE 30 COLLEGES TO WHICH WESTMINSTER REGULARLY COMPARES ITSELF WITH RESPECT TO TUTION AND FEES, ENDOWMENT RETURNS AND OTHER METRICS BASED ON THIS DATA, THE COMMITTEE WAS SATISFIED THAT THE COMPENSATION OFFERED TO DR DORMAN REFLECTED THE FAIR MARKET VALUE FOR THE SERVICES TO BE RENDERED TO THE COLLEGE THE AGREEMENT EXECUTED BETWEEN WESTMINSTER COLLEGE AND DR DORMAN EXTENDED THE EMPLOYMENT OF DR DORMAN TO SERVE THE COLLEGE PURSUANT TO TERMS AND CONDITIONS OF THE AGREEMENT AS PRESIDENT OF THE COLLEGE UNTIL JUNE 30, 2016 THE PRESIDENT'S BASE SALARY WAS SUBJECT TO ANNUAL REVIEWS BY THE GOVERNANCE COMMITTEE OR ITS DESIGNEE, AND MAY BE INCREASED WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE FOR KEY EMPLOYEES THE COLLEGE DETERMINES THE COMPENSATION FOR ITS KEY EMPLOYEES BASED ON THE COMPENSATION REPORTED ON FORM 990 FOR THE COLLEGE'S PEER INSTITUTIONS THE COLLEGE HAS IDENTIFIED 30 PEER INSTITUTIONS THAT HAVE CHARACTERISTICS IN ADDITION, THE COLLEGE ALSO USES A COMPENSATION SURVEY OF HIGHER EDUCATION INSTITUTIONS WHICH PROVIDES A BROADER BASIS TO HELP ASSESS THE REASONABLENESS OF THE COMPENSATION OF THE COLLEGE'S KEY EMPLOYEES

Return Reference	Explanation
SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. IN ADDITION, THE COLLEGE'S FINANCIAL STATEMENTS MAY BE VIEWED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE AT HTTP://EMMA.MSRB.ORG/

Return Reference	Explanation
FORM 990, PART VII	THE FOLLOWING MEMBERS SERVE ON THE WESTMINSTER BOARD OF TRUSTEES AS ASSOCIATE TRUSTEES BUT HAVE NO VOTING RIGHTS PANAYIOTIS CONSTANTINE, TIMOTHY CUFF, JAMES GIEL, DAVID JAMIESON, KELSEY REOTT, PAMELA RICHARDSON, KATHERINE ROBERTSON THE FOLLOWING MEMBERS SERVE ON THE WESTMINSTER BOARD OF TRUSTEES AS TRUSTEES EMERITI BUT HAVE NO VOTING RIGHTS ROBERT BRUCE, LEONARD CARROLL, JAMES DEWAR, ROBERT GARDNER, GEORGE GREER, ANN HALDEMAN, GEORGE HERCHENROETHER, CAROLYN JONES, ROBERT PATTON, RICHARD WHITE, MARTHA WILE, DONALD CARDINAL WUERL

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN UNRECOGNIZED PENSION BENEFIT PLAN COSTS -81,342

Return Reference	Explanation
	THE COLLEGE'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE ASSUMES THE RESPONSIBLITY FOR
FINANCIAL STATEMENTS AND REPORTING	OVERSIGHT OF THE AUDIT AND OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT AUDITORS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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DLN: 93493107000317
OMB No 1545-0047

Employer identification number

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

WESTMINSTER COLLEGE

Name of the organization

(Form 990)

► Attach to Form 990.

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

				25-09811	56			
Identification of Disregarded Entities Comple	ete if the organization	n answered "Yes" or	n Form 990, P	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	(f) rect controlling entity		
								_
								_
Identification of Related Tax-Exempt Organi	zations Complete If	the organization an	swered "Yes"	on Form 990, Pa	rt IV, lı	ne 34 because it	had on	e
or more related tax-exempt organizations during the second control of the second control	the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	or
							Yes	
								I
								1
					1			- 1

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

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
						Yes	No		Yes	No	
										L.,	
											<u> </u>
Description of Polosia Constitution Total Land	_						l	I.			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	13) olled y?
(1) INTERESTS IN TRUSTS (8)	PHILANTHROPY	PA	N/A	Т				Yes	No No

chedule k (Form 990) 2015					Рад	ge 3
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				s		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved	

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?																						(f) Share of total Income	total end-of-year	ar allocations?		box 20 partne of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No																					
												l I																					
						_																											

