efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493099008698 OMB No 1545-0047

Open to Public

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| 1 | enue | Service |

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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/form990 Internal Re Inspection A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 C Name of organization WESTMINSTER COLLEGE D Employer identification number ☐ Address change 25-0981156 ☐ Name change Doing business as ☐ Initial return Deturn/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) 319 S MARKET STREET E Telephone number ☐ Amended return (724) 946-7141 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code NEW WILMINGTON, PA 16172 G Gross receipts \$ 140,492,367 F Name and address of principal officer **H(a)** Is this a group return for DR KATHY B RICHARDSON ☐Yes **☑**No subordinates? 319 S MARKET STREET H(b) Are all subordinates NEW WILMINGTON, PA 16172 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WESTMINSTER EDU L Year of formation 1852 M State of legal domicile PA Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE EDUCATION, THE DEVELOPMENT OF SKILLS, KNOWLEDGE, AND PERSONAL QUALITIES Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 27 Number of independent voting members of the governing body (Part VI, line 1b) 26 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 1,074 Total number of volunteers (estimate if necessary) . . . 6 616 7a -35,084 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 -87,368 **Current Year** 4,479,500 8 Contributions and grants (Part VIII, line 1h) . . 5,796,171 **9** Program service revenue (Part VIII, line 2g) 48,123,828 51,141,294 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,498,898 13,410,939 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 211,574 176,161 56,630,471 69,207,894 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,220,669 **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 21,757,544 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 21,370,023 21,151,310 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,979,284 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 17,049,102 17,922,657

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Activities & Governance 60,176,669 63,294,636 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -3,546,198 5,913,258 Assets or d Balances **Beginning of Current Year End of Year** 192,721,714 214,828,885 20 Total assets (Part X, line 16) . 45,479,307 21 Total liabilities (Part X, line 26) 30.353.320 ${f 22}$ Net assets or fund balances Subtract line 21 from line 20 . 162,368,394 169,349,578 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-04-06 Signature of officer Sign Here KENNETH 1 ROMIG VP OF FINANCE/TREASURER Use Only PITTSBURGH, PA 15222 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016) Cat No 11282Y

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|------|--|--|-------------------------|------------------------|-------------------|--|--|--|--|--|
| Туре | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name EUGENE J LOGAN | Preparer's signature EUGENE J LOGAN | Date | Check If self-employed | PTIN P00227231 | | | | | |
| | Firm's name FCHNEIDER DOWNS & C | CO INC | Firm's EIN ► 25-1408703 | | | | | | | |
| , | Firm's address ► ONE PPG PLACE SUITE 1 | 700 | | Phone no (412 |) 261-3644 | | | | | |

| Form | 990 (2016) | | | | | Page 2 |
|--------------------|--|--|--|--|---|--|
| Par | t IIII Statement | of Program Servic | e Accomplisi | hments | | |
| | Check if Sched | dule O contains a respo | onse or note to a | any line in this Part III | | |
| 1 | Briefly describe the o | rganızatıon's mıssıon | | | | |
| WHIO WHO WES | CH HAVE DISTINGUISH TINUALLY DESIGNED TO SE SKILLS ARE COMPL | ED HUMAN BEINGS AT O SERVE THIS MISSIC EMENTED BY EVER DE R EXCELLENCE IS A R | T THEIR BEST T ON IN A RAPIDLY VELOPING VALU | HE LIBERAL ARTS TRA CHANGING WORLD JES AND IDEALS IDEN | TIFIED IN THE JUDEO-CHRIS | N OF THE CURRICULUM LL-EDUCATED PERSON AS ONE |
| 2 | Did the organization to the prior Form 990 or If "Yes," describe the | 990-EZ? | | vices during the year v | which were not listed on | . □Yes ☑No |
| 3 | | | | changes in how it cond | lucts, any program | |
| | services? | | | | | . 🗌 Yes 🗹 No |
| | If "Yes," describe the | se changes on Schedu | le O | | | |
| 4 | Section 501(c)(3) and | | ons are required | to report the amount | e largest program services, a of grants and allocations to | |
| | (Code |) (Expenses \$ | 37,637,028 | including grants of \$ | 24,220,669) (Revenue s | 30,085,907) |
| | See Additional Data | , (= | ,, | | ,, (| |
| | | | | | | |
| 4b | (Code |) (Expenses \$ | 8,866,014 | including grants of \$ |) (Revenue s | 7,087,225) |
| | See Additional Data | | | | | |
| | (Code |) (Expenses \$ | 7,403,544 | ıncludıng grants of \$ |) (Revenue s | 5 10,306,645) |
| | See Additional Data | | | | | |
| | (Code |) (Expenses \$ | 4,580,503 | including grants of \$ |) (Revenue \$ | 3,661,517) |
| | | | | | ARTMENTS DEAN OF THE COLLE CULTURAL ARTIFACTS AND THE | GE, LIBRARY AND INFORMATION LEARNING CENTER |
| 4d | Other program service | es (Describe in Sched | ule O) | | | |
| | (Expenses \$ | 4,580,503 incl | uding grants of | \$ |) (Revenue \$ | 3,661,517) |
| 4e | Total program serv | ice expenses ▶ | 58,487,0 | 89 | | |

Form **990** (2016)

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Yes No

No

No

Nο

No

No

No

Nο

Nο

Nο

No

No

No

Nο

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Page 3

Form 990 (2016) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

for public office? If "Yes," complete Schedule C, Part I 📆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

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11a

11b

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28a

28b

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35a

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Yes

Yes

Yes

Yes

Yes

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Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

| Par | Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 20a | 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? | 20ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 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? If "Yes," complete Schedule L, Part I | 25b | | No |
| | | | | |

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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 conservation

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

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

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

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

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

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

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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|-----|--|------------|-----|--------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,744 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | . | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by | | | |
| | this return | 4 I | V | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4- | | |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 4a | | No |
| | See instructions for tilling requirements for tilleent still 111, report of Foreign Bunk and Financial Accounts (FB/IK) | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| | Section 501(c)(12) organizations. Enter | 1 | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand |] | | |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | | | | |

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|-----------------|--|---------------|-----------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | · | nse to li | |
| Se | Check if Schedule O contains a response or note to any line in this Part VI | • • | | ✓ |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 27 | | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 26 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | $\overline{}$ | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | ∍.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| Ь | 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) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | 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 | | |
| <u>Se</u> 17 | ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| - ′ | OH , PA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(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) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | 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 | | | |

compensated employees, and former such persons

(A)

(F)

(E)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII 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

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

(B)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Form 990 (2016)

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

Page 8

| للنكا | Section A. Officers, Direct | Jors, Trustees | J, KCY | Lilip | JOYE | <u>,</u> | , and | <u> </u> | lest co | препзе | 100 | a Linpidyces (| | tinueu) | |
|--------------|--|---|--|----------------------|----------------|---------------------------|---|--------------|--|---|-----------|---|-----------|---|----------|
| | (A) Name and Title | (B) Average hours per week (list any hours | than o | one bo | οχ, ι an of | ot che unle: fficer | neck mo ess pers er and a tee) | rson a | Repo compo froi organiz | (D) portable pensation om the zation (W | v- | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | | (F) Estimated amount of other compensation from the | |
| | | for related organizations below dotted line) | | Institutional Truste | Officer | Key employee | Highest compensated employee | Former | 2/109 | 99-MISC) |) | 2/1099-1413C/ | | organizati relati organiza | ed |
| | | | ंस्ट | Trustee | | Ď | pensated | | | | | | | | |
| See | Addıtıonal Data Table | | | + | | \dagger | † | + | | | 1 | i | | | |
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| <u> </u> | | <u> </u> | — | ┼ | \vdash | \vdash | ┼ | + | | | \dashv | i | | | |
| | | <u> </u> ' | | — | igspace | igspace | ↓ | | <u> </u> | | \dashv | | | | |
| | | <u> </u> | <u> </u> | <u> </u> | \perp | igspace | \downarrow | \perp | <u> </u> | | \perp | | | | |
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| ĺ | | T | | | | |] | | | | | | | | |
| | Sub-Total | | | | | | > | _ | | | | | | | |
| | Total from continuation sheets to Pa Total (add lines 1b and 1c) | | | | | | ▶ _ | | 1, | ,260,610 | | | 0 | | 229,883 |
| 2 | Total number of individuals (including of reportable compensation from the | g but not limited | to thos | | | | e) who | rec c | eived mo | ore than | \$10 | 00,000 | <u> </u> | | |
| | , | | | | | _ | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> | | | | | | | | | | | employee on | 3 | Yes | |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | | the | 4 | Yes | |
| 5 | Did any person listed on line 1a receiv services rendered to the organization | | | | | | | | | ition or II | ndıv • | /idual for • • • | 5 | | No |
| S€ | ection B. Independent Contract | tors | | | — | — | | — | | | | | - | | 110 |
| 1 | Complete this table for your five high | nest compensate | | | | | | | | | | | nper | nsation | |
| | from the organization Report comper | (A) | | уса | ena | ling | WILLI | F WIL | min the o | Ι | | (B) | | (C | |
| SODE | Name a EXO INC & AFFILIATES | and business addre | 255 | | | | | | | FOOD SE | | iption of services CES | | Compen 3, | ,219,364 |
| 1473 MONR | CAVITT ROAD ROEVILLE, PA 15146 | | | | _ | _ | | | | | | | | | |
| | GES & COMPANY INC | | | _ | _ | _ | | _ | | CONSTRU | JCTI | ON | _ | 1, | ,424,459 |
| | PINE CREEK ROAD FORD, PA 15090 | | | | | | | | | | | | | | |
| EBSC | | | | | | - | | | | ELECTRO | NIC | SERVICES | | | 390,575 |
| | OX 204661 AS, TX 75320 | | | | | | | | ! | | | | | | |
| | SOLUTIONS LLC | | | | | | | | | MARKETI | NG | | | 1 | 185,760 |
| | GAINES RANCH LOOP STE 220 IN, TX 78735 | | | | | | | | ļ | | | | | | |
| JENZA | | | | | | | | | | | | MAINTENANCE & | | | 169,539 |
| | OX 55018 TON, MA 022055018 | | | | | | | | ļ | SERVICE: | S | | | | |
| | Total number of independent contractor | ma (maliculum a bic | t not lin | | +0 +k | | ام معامرا | | | rocowod | | | ιΩ of | = | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 13

| Part | | Statement of | Revenue | | | | | | | | rage 3 |
|---|----|--|---------------|---------------------|---------------------|----------------|--------------|--------------------|-------------------------------|--|--|
| | | | | a respo | onse or note to any | line in th | ıs Part VII: | ι | | | 🗆 |
| | | | | | | (A Total re | 1) | Rela ex- fur | B) ted or empt ction | (C) Unrelated business revenue | Revenue excluded from tax under sections |
| | 1: | a Federated campaigi | ns | 1a | <u>l</u> _ | | | rev | enue | | 512-514 |
| tributions, Gifts, Grants Other Similar Amounts | | b Membership dues | | 1b | <u> </u> | | | | | | |
| ira 10u | | c Fundraising events | | 1c | <u> </u> | | | | | | |
| S. (An | | d Related organizatio | | 1d | | | | | | | |
| ia Isi | | e Government grants (co | | 1e | 860,004 | | | | | | |
| S. III | | f All other contributions, | | | | | | | | | |
| tio er S | | and similar amounts no above | | 1f | 3,619,496 | | | | | | |
| 혈粪 | | g Noncash contribution | ns included | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | ın lınes 1a-1f \$ | | 92,4 | 1 12 | | | | | | |
| <u>ة ت</u> | _Ի | n Total.Add lines 1a-1 | f | | | | 179,500 | | | | |
| КIе | | | | | Business | | | | | | |
| Ye. | _ | INSTRUCTIONAL | | | | 611710 | | 085,907 | 30,085 | <u>'</u> | |
| Service Revenue | | AUXILLIARY SERVICES STUDENT SERVICES | | | | 900099 | | 306,645 087,225 | 10,306 7,087 | | + |
| rΜC | | ACADEMIC SUPPORT | | | | 900099 | | 61,517 | 3,661 | · | |
| 32 | e | | | | | | | | | | |
| Program | _ | All other program se | rvice revenue | ! | | | | | | | |
| Pro | | Total. Add lines 2a-2f | | | 51,1 | 41,294 | | | | | |
| | | Investment income (ii | | | nterest, and other | 1 | | | | | T |
| | 9 | sımılar amounts) . | | • | • | | 6,128,36 | 1 | | -35,08 | 4 6,163,445 |
| | | Income from investme | | - | · | | | | | | _ |
| | 5 | Royalties | (ı) Rea | | ▶ (II) Personal | <u> </u> | | | | | |
| | 6a | Gross rents | (I) Rea | | (II) Fersonal | - | | | | | |
| | | | | 185,487 | | | | | | | |
| | Ŀ | Less rental expenses | 1 | 103,197 | | | | | | | |
| | • | Rental income or | | 82,290 | | - | | | | | |
| | , | (loss) Net rental income or | r (loss) | | | 1 | 82,29 | 0 | | | 82,290 |
| | Ì | Net rental income of | (i) Securi | ties | (II) Other | | 02,23 | | | | 02,230 |
| | 7a | Gross amount from sales of assets other than inventory | , , | 025,919 | | | | | | | |
| | t | Less cost or other basis and sales expenses | 70,7 | 713,891 | 29,450 | - | | | | | |
| | • | Gain or (loss) | 7,3 | 312,028 | -29,450 | | | | | | |
| | | l Net gain or (loss) . | | | • | ļ | 7,282,57 | 8 | | | 7,282,578 |
| Other Revenue | | Gross income from fu (not including \$ contributions reporte See Part IV, line 18 | d on line 1c) | of | | | | | | | |
| ď. | | Less direct expenses Net income or (loss) | | b sing ev | ents | J | | | | | |
| the | | Gross income from g | | | ents • | 1 | | | | | |
| ō | | See Part IV, line 19 | | | J | | | | | | |
| | | | | a | | | | | | | |
| | | Less direct expenses Net income or (loss) | | b activit | les • |] | | | | | |
| | | a Gross sales of invent | | | | 1 | | | | | |
| | | returns and allowanc | es | a | 531,806 | | | | | | |
| | ŀ | Less cost of goods s | old | a b | | - | | | | | |
| | | Net income or (loss) | | - Invent | tory ► | J | 93,87 | 1 | | | 93,871 |
| | | Miscellaneous | | | Business Code | | | | | | |
| | 11 | La | | | | | | | | | |
| | | | | | | | | | | | |
| | t | • | | | | | | | | | |
| | | | | | | | | | | | - |
| | (| i | | | | | | | | | |
| | | All other revenue . | | | | | | | | | |
| | | a All other revenue . • Total. Add lines 11a | | _ | • | | | | | | |
| | | 2 Total revenue. See | | • | | | | | | | |
| | | otar re venue , 366 | anaci actions | • • | • • • • | | 69,207,89 | 4 | 51,141,294 | -35,08 | 13,622,184 Form 990 (2016) |

| For | m 990 (2016) | | | | Page 10 |
|----------|--|-----------------------|------------------------------------|---|-----------------------------------|
| | art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | nizations must comp | lete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗆 |
| Do 7b | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | P. Grants and other assistance to domestic individuals. See Part IV, line 22 | 24,186,969 | 24,186,969 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 33,700 | 33,700 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 527,841 | 292,257 | 80,067 | 155,517 |
| • | Gompensation 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 | 15,394,285 | 13,854,676 | 722,920 | 816,689 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 781,473 | 660,102 | 64,357 | 57,014 |
| 9 | Other employee benefits | 3,309,677 | 2,813,618 | 261,978 | 234,081 |
| 10 | Payroll taxes | 1,138,034 | 968,462 | 89,916 | 79,656 |
| 11 | Fees for services (non-employees) | | | | |
| | a Management | | | | |
| | b Legal | 43,911 | | 43,911 | |
| | c Accounting | 90,574 | | 90,574 | |
| | d Lobbying | | | | |
| | e Professional fundraising services See Part IV, line 17 | | | | |
| | f Investment management fees | 127,254 | | 127,254 | |
| | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,485,816 | 1,231,506 | 81,860 | 172,450 |
| 12 | Advertising and promotion | 218,735 | 36,375 | 182,360 | |
| 13 | Office expenses | 3,469,667 | 2,934,459 | 361,022 | 174,186 |
| 14 | Information technology | 595,819 | 557,265 | 11,029 | 27,525 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,218,225 | 1,985,650 | 208,832 | 23,743 |
| 17 | ' Travel | 1,319,497 | 1,116,278 | 82,316 | 120,903 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 83,300 | 70,471 | 5,196 | 7,633 |
| 20 | Interest | 1,047,451 | 1,047,451 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,828,840 | 2,704,715 | 94,837 | 29,288 |
| 23 | Insurance | 323,666 | 137,445 | 185,981 | 240 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |

3,370,679

142,942

556,281

63,294,636

a FOOD SERVICE

C d

b PLANT FACILITIES

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

3,315,637

90,754

449,299

58,487,089

20,220

48,066

65,567

2,828,263

34,822

4,122

41,415

1,979,284

Form **990** (2016)

Page **11**

72,244,922

45.594.791

198,983

214.828.885

Form **990** (2016)

Form 990 (2016)

11

12

13 14

15

34

Investments—publicly traded securities

Intangible assets

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Total liabilities and net assets/fund balances .

| _ | | II. | | |
|---|---|-----------|---|------------|
| 2 | Savings and temporary cash investments | 3,283,047 | 2 | 15,382,707 |
| 3 | Pledges and grants receivable, net | 514,671 | 3 | 172,197 |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ | | 6 | |

| | | trustees, key employees, and highest compensa II of Schedule L | | 5 | | | |
|--------|-----|---|--------------------|--|------------|-------------|------------|
| | 6 | Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (unitary employees' beneficiary organizations (part II of Schedule L | n 4958 itions c | (c)(3)(B), and of section 501(c)(9) | | 6 | |
| ets | 7 | Notes and loans receivable, net | | 2,439,008 | 7 | 2,429,512 | |
| Assets | 8 | Inventories for sale or use | | 516,662 | 8 | 506,385 | |
| Ø | 9 | Prepaid expenses and deferred charges | | 892,413 | 9 | 1,655,819 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 108,968,266 | | | |
| | ь | Less accumulated depreciation | 10 b | 35,514,074 | 70,643,338 | 10 c | 73,454,192 |

85.561.721

24.498.323

125,111

192,721,714

34

11

12

13

14

15

192,721,714 214.828.885 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 17 Accounts payable and accrued expenses 2,054,858 17 2,735,496 18 Grants payable . . . 18 19 Deferred revenue . . . 2,262,651 19 1,922,528 15,368,129 20 Tax-exempt bond liabilities 20 31,125,044 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third parties, 10.667.682 25 9.696.239 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 30,353,320 45,479,307 26 Total liabilities. Add lines 17 through 25 . . 26 Fund Balances Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 64.112.977 27 64.329.528 28 34,278,513 28 39,679,479 Temporarily restricted net assets 63.976.904 65.340.571 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 162,368,394 169,349,578 33 Total net assets or fund balances 33

2c

3a

3b

Yes

Yes

Yes (2016)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 25-0981156

Name: WESTMINSTER COLLEGE

Form 990 (2016)

Form 990, Part III, Line 4a:

INSTRUCTIONAL EXPENDITURES - FACULTY AND RELATED EXPENDITURES FOR COURSES OF STUDY. WESTMINSTER COLLEGE OFFERS APPROXIMATELY 40 MAIORS AND SERVES 1360 UNDERGRADUATE, GRADUATE AND ADULT STUDENTS ANNUALLY, LEADING TO BACHELOR OF ARTS, BACHELOR OF SCIENCE, BACHELOR OF MUSIC AND MASTERS OF EDUCATION DEGREES THE FOLLOWING MAJORS/MINORS WERE ADDED IN FISCAL YEAR 2017 MAJOR IN DIGITAL JOURNALISM AND MINORS IN

ASTRONOMY, BIOCHEMISTRY, AND DIGITAL JOURNALISM

Form 990, Part III, Line 4b: STUDENT SERVICES EXPENDITURES - NON-ACADEMIC SUPPORT SERVICES PROVIDED TO THE STUDENT BODY BY THE FOLLOWING DEPARTMENTS. STUDENT AFFAIRS. OFFICE, DEAN OF CHAPEL, REGISTRAR, ADMISSIONS, AND FINANCIAL AID, THE CAREER CENTER, ATHLETICS, HEALTH CENTER, COUNSELING CENTER, MULTI-CULTURAL

AFFAIRS, THEATRE PRODUCTIONS AND RADIO AND TV PRODUCTION

Form 990, Part III, Line 4c: EDUCATIONAL AND AUXILIARY ENTERPRISE EXPENDITURES - PROVIDE ROOM AND BOARD FOR RESIDENT STUDENTS, TELEPHONE SYSTEM, BOOKSTORE, SUMMER CAMPS AND ACTIVITIES AND TEMPORARY FACULTY HOUSING

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related and a director/trustee) organization organizations any hours

(F)

Estimated

compensation

from the

0

0

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

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

BETH A ECK

DAVID M FARNER

HAROLD V HARTLEY III

ROBERT JAZWINSKI

PETER Y HERCHENROETHER

| | | | | | | | (147 0/4000 | (11) 3 (4 6 6 6 | |
|---------------------------|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| PETER M ANDINO TRUSTEE | 1 50 | X | | | | | 0 | 0 | 0 |
| WHITNEY E BOHAN | 1 50 | | | | | | | | |

| | | | | _ | | | |
|-----------------|------|-----|--|---|---|---|--|
| PETER M ANDINO | 1 50 | l , | | | 0 | 0 | |
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| WHITNEY F BOHAN | 1 50 | l | | | | 0 | |
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| GARY D BROWN | 1 50 | × | | | 0 | 0 | |
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| ASHLEY E DAVIS | 1 50 | | | | | | |

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| WHITNEY F BOHAN | 1 50 | | | | | 0 | 0 |
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| GARY D BROWN | 1 50 | | | | 0 | 0 | 0 |
| TRUSTEE | | ^ | | | ٥ | ١ | |
| ASHLEY E DAVIS | 1 50 | | | | 0 | 0 | 0 |
| TRUSTEE | | ^ | | | 0 | 0 | |
| DALBH A DISE ID | 1 50 | | | | | | |

| TRUSTEE | | | | | | | |
|-----------------|------|---|--|---|-----|---|---|
| GARY D BROWN | 1 50 | × | | · | 0 | 0 | 0 |
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| RALPH A DISE IR | 1 50 | | | | | | |

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| TRUSTEE | | _ ^ | | | 0 | ١ | l |
| ASHLEY E DAVIS | 1 50 | l _v | | | 0 | 0 | 0 |
| TRUSTEE | | _ ^ | | | 0 | | |
| RALPH A DISE JR | 1 50 | × | | | 0 | 0 | 0 |

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Highest comperements Individual trust or director Office Former Key employee Institutional related organizations MISC) MISC) below dotted organizations line)

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

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1 50

1 50

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1 50

STEPHEN D MCCONNELL

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WAYNE A MILLER

BENJAMIN T NELSON

THOMAS K RITTER

LINDA WRIGHT SIMPSON

GLENN H THOMPSON

| | | ត្ • | USTHE | | ensated | | | |
|-----------------|------|---------|-------|--|---------|---|---|--|
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| DOREEN A MCCALL | 1 50 | × | | | 0 | 0 | 0 |
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| TRUSTEE | | ^ | | | | 9 | Ŭ |
| | 1 50 | | | | | | |

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Individual trustee or director Officer Highest compensatemplovee Former Institutional MISC) MISC) organizations employee

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21,203

142,816

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

| organizations below dotted line) |
|--|
| 1 50 |
| |

THOMAS A TUPITZA

VALERIE DAY WILDEN

DEBORAH P MAJORAS

KATHY BRITTAIN RICHARDSON

TREASURER/VP FOR FINANCE

ROBIN W GOOCH

KENNETH J ROMIG

JOEANN MILLER

MATTHEW STINSON

SECRETARY

VICE CHAIR

PRESIDENT

JEFFREY T WILEY

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

CHAIR

JOHN T WEISEL

.................. VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and individe or direct Institu MISC) MISC) related organizations below dotted organizations

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

| | line) | dual trustee ector | utional Trustee | | st compensated | er H | | | | |
|------------------------------------|-------|-----------------------|-----------------|--|----------------|---------|---------|---|----|-------|
| NEAL EDMAN | 40 00 | | | | , | | 102.444 | | 2 | 2 502 |
| VICE PRESIDENT FOR STUDENT AFFAIRS | | | | | \ \ \ | | 103,441 | 0 | 28 | 3,503 |
| THOMAS STEIN | 40 00 | | | | | | | | | |

23,136 21,901

| THOMAS STEIN | 40 00 | | | | x | | 135.921 | 0 | |
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| VP FOR ENROLLMENT IN ADMISSIONS | | | | | ,, | | 155,521 | , and the second | |
| JESSE MANN | 40 00 | | | | х | | 106.372 | 0 | |
| 22.05.50.00 | | l | l | I | , · · | 1 1 | 200,072 | | |

PROFESSOR

0 00

RICHARD DORMAN

FORMER PRESIDENT (EXIT 06/2016)

. Х 392,777

29,702

| | | ULE A | | Charity Statu | | | ort | OMB No 1545-0047 |
|------------|------------------------|----------------------------------|---|--|--|-----------------------|---|---|
| For 90E | m 990 E Z) | v or | Complete if the o | organization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9 | mpt charitable | trust. | r a section | 2016 |
| • | | the Treasury | ► Information abo | ut Schedule A (Form | | uctions is at | Open to Public Inspection | |
| ame | e of th | n e organiza R COLLEGE | tion | | | | Employer identific | ation number |
| | | Donner | far Dublic Charity Stat | (All averagestion | a marrat agmanda | to this part \ (| 25-0981156 | |
| | r t I rganız | | for Public Charity Stat a private foundation becaus | | | | see instructions. | |
| L | | A church, c | onvention of churches, or a | ssociation of churches i | described in sect | ion 170(b)(1) | (A)(i). | |
| 2 | ▽ | A school de | scribed in section 170(b) | (1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | A hospital o | or a cooperative hospital sei | vice organization descr | ribed in section | 170(b)(1)(A)(| iii). | |
| 1 | | | esearch organization operation and state | ed in conjunction with | a hospital descri | bed in section | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | | ation operated for the benef (iv). (Complete Part II) | it of a college or univer | sity owned or op | erated by a gov | vernmental unit descri | bed in section 170 |
| 6 | | | tate, or local government o | r governmental unit de | scribed in sectio | n 170(b)(1)(A | A)(v). | |
| 7 | | | ation that normally receives (O(b)(1)(A)(vi). (Complet | | s support from a | governmental ι | unit or from the gener | al public described in |
| 8 | | A communi | ty trust described in sectio | n 170(b)(1)(A)(vi) | (Complete Part I | [) | | |
| 9 | | | ural research organization d rant college of agriculture S | | | | | ege or university or a |
|) | | from activit | ation that normally receives ties related to its exempt fu income and unrelated busi See section 509(a)(2). (C | nctions—subject to cert ness taxable income (le | ain exceptions, a | and (2) no more | than 331/3% of its su | pport from gross |
| L | | An organiza | ation organized and operate | d exclusively to test for | r public safety S | ee section 509 | (a)(4). | |
| 2 | | more public | ation organized and operate cly supported organizations i through 12d that describes | described in section 5 | 09(a)(1) or sec | tion 509(a)(2 |). See section 509(a | |
| a | | organizatio | supporting organization ope n(s) the power to regularly Part IV, Sections A and B | appoint or elect a majo | | | | |
| b | | Type II. A manageme | supporting organization sup nt of the supporting organiz plete Part IV, Sections A | pervised or controlled in ation vested in the san | | | | |
| С | | Type III fo | unctionally integrated. A prganization(s) (see instruction | supporting organization | | | | ted with, its |
| t | | functionally | on-functionally integrated integrated The organization () You must complete Pa | on generally must satisf | fy a distribution i | | | |
| e | | Check this | box if the organization rece | ved a written determin | ation from the IF | RS that it is a Ty | pe I, Type II, Type II | I functionally |
| f | Enter | | or Type III non-functionally of supported organizations | | organization | | | |
| g | | | ring information about the s | | s) | | | |
| | | f supported o | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv Is the organiz your governin | atıon lısted ın | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see Instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| otal | 1 | | | | | | | |
| | | work Reduc | tion Act Notice, see the I | nstructions for | Cat No 11285 | iF : | ⊥ Schedule A (Form 9 | ⊔ 90 or 990-EZ\ 201€ |

| | Calendar vear | | | | | | l |
|---|---|-----------|-----------|-----------|-----------|-----------|------------|
| | Section B. Total Support | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 25,939,060 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 5,833,924 |
| 4 | Total. Add lines 1 through 3 | 9,351,276 | 5,821,933 | 6,324,104 | 5,796,171 | 4,479,500 | 31,772,984 |
| 3 | to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 2 | organization's benefit and either paid | | | | | | |

(a)2012 **(b)**2013 (c)2014 (d)2015 (e)2016 (f)Total (or fiscal year beginning in) ▶ 9,351,276 4,479,500 5,821,933 6,324,104 5,796,171 31,772,984 7 Amounts from line 4 Gross income from interest, dividends, payments received on 4,242,392 4,933,944 5,476,246 5,921,442 6,348,932 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the 1,716 business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11

26,922,956 1,716 **Total support.** Add lines 7 through 58,697,656 12 252,115,786 14 44 190 % 15 Public support percentage for 2015 Schedule A, Part II, line 14 15 46 500 %

12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

▶ 🗸

▶□

▶□

Schedule A (Form 990 or 990-EZ) 2016

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

and stop here. The organization qualifies as a publicly supported organization

organization

instructions

supported organization

box and stop here. The organization qualifies as a publicly supported organization

| P | art III | Support Schedule for | | | | | | |
|-----------|--------------------------|---|--------------------|---------------------|------------------------|---------------------|--------------------------|-------------------|
| | | (Complete only if you c | | | | | | er Part II. If |
| | ation A | the organization fails to | qualify under t | ne tests listed | below, please co | mpiete Part II. |) | |
| 56 | | Public Support alendar year | | | T | | | |
| | | year beginning in) | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f) Total |
| 1 | Gıfts, grar | its, contributions, and | | | | | | |
| | | rip fees received (Do not y "unusual grants") | | | | | | |
| 2 | | eipts from admissions, | | | | | | |
| _ | | se sold or services | | | | | | |
| | | , or facilities furnished in | | | | | | |
| | | y that is related to the on's tax-exempt purpose | | | | | | |
| | or garnzaci | on a tax exempt purpose | | | | | | |
| 3 | | eipts from activities that are | | | | | | |
| | not an uni under sect | related trade or business | | | | | | |
| 4 | | ues levied for the | | | | | | |
| • | | on's benefit and either paid | | | | | | |
| | | nded on its behalf | | | | | | |
| 5 | | of services or facilities by a governmental unit to | | | | | | |
| | | zation without charge | | | | | | |
| 6 | _ | l lines 1 through 5 | | | | | | |
| 7a | | ncluded on lines 1, 2, and | | | | | | |
| | 3 received | from disqualified persons | | | | | | |
| Ь | Amounts i | ncluded on lines 2 and 3 | | | | | | |
| | | rom other than disqualified | | | | | | |
| | | at exceed the greater of | | | | | | |
| | \$5,000 or 13 for the | 1% of the amount on line | | | | | | |
| С | Add lines | * | | | | | | |
| 8 | Public su | pport. (Subtract line 7c | | | | | | |
| _ | from line (| | | | | | | |
| Se | | Total Support | | Γ | _ | - | 1 | |
| | | alendar year year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 | • | from line 6 | | | | | | |
| L0a | | ome from interest, | | | | | | |
| | | , payments received on | | | | | | |
| | | loans, rents, royalties and | | | | | | |
| b | | om similar sources I business taxable income | | | | | | |
| | | ion 511 taxes) from | | | | | | |
| | | es acquired after June 30, | | | | | | |
| | 1975 | 10 110 | | | | | | |
| C | | 10a and 10b ne from unrelated business | | | | | | |
| 11 | | not included in line 10b, | | | | | | |
| | | or not the business is | | | | | | |
| | | carried on | | | | | | |
| 12 | | ome Do not include gain or the sale of capital assets | | | | | | |
| | | n Part VI) | | | | | | |
| 13 | | pport. (Add lines 9, 10c, | | | | | | |
| | 11, and 1 | vears. If the Form 990 is fo | r the organization | 's first second t | hird fourth or fift | h tay year as a se | ction 501(c)(3) or | ganization |
| 14 | | • | tile organization | s mst, second, t | illia, iourai, or illi | ii tax year as a se | 201011 201(0)(3) 01 | yamzation, ▶ □ |
| Se | | box and stop here Computation of Public S | Sunnort Perce | ntage | | | | |
| <u> </u> | | port percentage for 2016 (lin | | | column (f)) | | 15 | |
| 16 | - | port percentage from 2015 S | | • | | | 16 | |
| | | Computation of Investi | | | | | 10 | |
| <u> </u> | | nt income percentage for 201 | | | line 13. column (f |)) | 17 | |
| | | nt income percentage from 20 | | . , | 13, column (1 | " | | |
| 18 10- | | upport tests—2016. If the | | | on line 14 and lin | ie 15 is more than | 18 33 1/3% and line | a 17 is not |
| | | | | | | | | ▶ □ |
| | | 33 1/3%, check this box and s support tests—2015. If the | | | | | | |
| D | | | _ | | | | | |
| 20 | | than 33 1/3%, check this box | | - | • | | | · — <u> </u> |
| 20 | Private f | oundation. If the organization | on did not check a | i box on line 14, : | 19a, or 19b, check | this box and see | instructions | ▶□ |

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

1

8

10a

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

| 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 | I |
| to the contract of the contrac | | Ì |

| | 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 | | |
| | ın section 509(a)(1) or (2) | 2 | |
| | | | ľ |

| | | 1 | 1 ' | i |
|----|---|----|-----|---|
| 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 | · | | |
| | ın section 509(a)(1) or (2) | 2 | | ĺ |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | ĺ |
| | below | 3a | | ĺ |
| h | Did the organization confirm that each supported organization qualified under section $501(c)(4)$ (5) or (6) and satisfied | | | ĺ |

| 3a | 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 | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | | | |

| 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 3 | | | |
| 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 | | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | hecked 12a or 12b ın Part I, answer (b) and (c) below | | | |

| D | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | |
|----|---|------------|--|--|
| | determination | 3 b | | |
| С | 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 | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or | 4b | | |

| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | | | |
|----|--|----|--|--|--|--|
| | checked 12a or 12b in Part I, answer (b) and (c) below | | | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | | | | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections | | | | | |
| | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | | | | |
| | The foreign supported organization was used exclusively for section 170(C)(2)(B) purposes | 4c | | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the | | | | | |

| | (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 | |
| Ь | 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 | |
| С | 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its | | |

| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a | | |

| | 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a | | |
| | substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | |

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Par | Supporting Organizations (continued) | | | | | | |
|----------------|--|----------|---------|----|--|--|--|
| | | | Yes | No | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | | | | |
| | governing body of a supported organization? | 11a | | | | | |
| b | A family member of a person described in (a) above? | 11b | | | | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | | | | |
| Se | ction B. Type I Supporting Organizations | | | | | | |
| | ction by Type a 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 Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the | t | | | | | |
| | 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 | ction C. Type II Supporting Organizations | | | | | | |
| | ction c. Type 11 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) | f | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| Se | ction D. All Type III Supporting Organizations | | | | | | |
| | // 11 2 2 | | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | e | | | | | |
| | | 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 | | | | | | |
| | | | | | | | |
| <u>Se</u> 1 | ction E. Type III Functionally-Integrated Supporting Organizations | <u></u> | | | | | |
| т а | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below | tions) | | | | | |
| | | | | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (se | e ınstru | ctions) |) | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of the activities. | 22 | | | | | |
| h | substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the | 2a | | | | | |
| U | 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. | | | | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | | | | |
| b | 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 | 3b | | | | | |

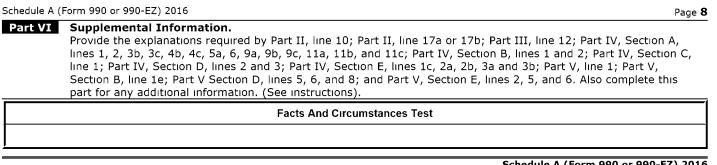
| 4 | Add lines 1 through 3 | 4 | | |
|---|--|----------|----------------|--------------------------------|
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| | Section B - Minimum Asset Amount | | (A) Prior Year | ` ' |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| _ | Average monthly value of securities | 1a | | |
| d | Average monthly value of securities | 14 | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors | | | |

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

| _ | tax year or assets held for part of year) | 1 | |
|---|---|------------|--------------|
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1 b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | | | |
| | Section C - Distributable Amount | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |

Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) (2016)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

initiations Exempt From Income Tax Under section 504(a) and se

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

DLN: 93493099008698

Open to Public

| ntern | ial Revenue Service | | | | | | | Inspe | |
|--------------|---|---------------------------------|---|--|---|-------------|------------|------------------------------|----------|
| | | | Form 990, Part IV, Line 3, or Form | | e 46 (Political C | ampaig | n Ac | tivities), the | n |
| • | Section 501(c) (othe | r than section 5 | nplete Parts I-A and B Do not comple 01(c)(3)) organizations Complete Par | | Do not complete | e Part I-E | 3 | | |
| | Section 527 organiza | | e Part I-A only n Form 990, Part IV, Line 4, or Form | 990-F7 Part VI lir | ne 47 (Lohhving | Activit | 122 | then | |
| • | Section 501(c)(3) org | ganizations that | have filed Form 5768 (election under | section 501(h)) Co | mplete Part II-A | Do not | comp | olete Part II-E | |
| | | | have NOT filed Form 5768 (election to Form 990, Part IV, Line 5 (Proxy Ta | | | | | | |
| Pro | xy Tax) (see separa | ate instruction | s), then | , (| , | | | -, | |
| | Section 501(c)(4), (5 me of the organization | <i>,</i> , , , , | ations Complete Part III | | Empl | oyer id | entif | ication num | ıber |
| WE | STMINSTER COLLEGE | | | | 25-09 | 981156 | | | |
| Par | t I-A Complete | e if the orga | nization is exempt under secti | on 501(c) or is | | | nizat | tion. | |
| 1 | Provide a descripti | on of the organ | ızatıon's dırect and ındırect political ca | ampaign activities in | n Part IV | | | | |
| 1 2 | Political expenditu | | · | , 3 | | • | \$_ | | |
| 3 • • • • | Volunteer hours t I-B Complete | a if the organ | nization is exempt under secti | on E01(c)(3) | | | | | |
| 1 | • | | x incurred by the organization under | | | | | | |
| 2 | | • | x incurred by organization managers | | | • | * - \$ | | |
| 3 | | • | ion 4955 tax, did it file Form 4720 for | | | | · <u>-</u> | ☐ Yes | □ No |
| 4a | Was a correction n | nade? | | | | | | □ Yes | □ No |
| b | | | | | | | | | |
| Par | t I-C Complete | e if the orga | nization is exempt under secti | on 501(c), exce | ept section 50 |)1(c)(| 3). | | |
| 1 | | | ed by the filing organization for sectio | · | | | \$_ | | |
| 2 | Enter the amount function activities | of the filing org | anızatıon's funds contributed to other | organizations for se | ection 527 exemp | ot • | \$_ | | |
| 3 | Total exempt funct | tion expenditure | es Add lines 1 and 2 Enter here and | on Form 1120-POL, | line 17b | > | \$_ | | |
| 4 | Did the filing organ | nızatıon file Fori | n 1120-POL for this year? | | | | | ☐ Yes | □ No |
| 5 | organization made of political contribu | payments For utions received | employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive te (PAC) If additional space is needed | nount paid from the red to a separate p | filing organizati olitical organizat | on's fund | ds Al | so enter the | |
| | (a) Name | ! | (b) Address | (c) EIN | (d) Amount p | | | (e) Amount | |
| | | | | | filing organiz | | | contributions and promp | |
| | | | | | -0- | | | directly deliv separate p | |
| | | | | | | | | organization | If none, |
| | | | | | | | | enter - | 0- |
| | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |
| — 5 | | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2016

Return Reference

PART II-B, LINE 1

(b)

(a)

| activi | ity | Yes | No | Amount |
|--------|--|---------------|--|--------|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | 1 | | |
| а | Volunteers? | i i | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | 1 |
| С | Media advertisements? | | No | 1 |
| d | Mailings to members, legislators, or the public? | i | No | |
| e | 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 | <u> </u> | 1,472 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 2,523 |
| j | Total Add lines 1c through 1i | 1 | | 3,995 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | í | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | 1 | | 1 |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | í | ' | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | i , | ' | |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c) (6). | (5), o | r secti | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | ۲ | Yes No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | F | 2 |
| 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less. Did the organization agree to carry over lobbying and political expenditures from the prior year? | | - | 3 |
| | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | V5) (| or sect | |
| | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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 | | |
| С | Total | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | + | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | |
| | art IV Supplemental Information | | | |
| | ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), | Part II | -A lines | |
| inst | tructions), and Part II-B, line 1 Also, complete this part for any additional information | | <i>F</i> 1, | |

AICUP MEETING AND STUDENT LOBBY DAY

Explanation

TIME SPENT MEETING, CALLING AND WRITING LEGISLATORS OTHER EXPENSES WERE INCURRED FOR

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

OMB No 1545-0047

DLN: 93493099008698

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. Employer identification number

Open to Public **Inspection**

| | me of the organization STMINSTER COLLEGE | | Empl | oyer identification | number | |
|------|--|---|---------------|--|----------------|---------|
| VV L | | | | 81156 | | |
| Pa | | Advised Funds or Other Similar Fund | ls or Acco | ounts. | | |
| | Complete if the organization answere | (a) Donor advised funds | (b)E | unds and other acco | nunts | |
| 1 | Total number at end of year | (a) Donor advised runds | (6) | and other acc | Junes | _ |
| 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 funds are the organization's property, subject to t | | or advised | | Yes 🗆 | _ No |
| 6 | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | • | Yes 🗌 | No |
| Pa | | e if the organization answered "Yes" on F | orm 990, | Part IV, line 7. | | |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all that apply) | | | | |
| | Preservation of land for public use (e g , rec | reation or education) | f an historic | ally important land | area | |
| | Protection of natural habitat | Preservation o | f a certified | historic structure | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization leasement on the last day of the tax year | neld a qualified conservation contribution in the | e form of a_ | conservation Held at the End | of the Year | |
| а | Total number of conservation easements | | 2a | | | |
| b | Total acreage restricted by conservation easemen | | 2b | | | _ |
| с | Number of conservation easements on a certified | ` , | 2c | | | _ |
| d | Number of conservation easements included in (c) structure listed in the National Register | acquired after 8/1//06, and not on a historic | 2d | | | |
| 3 | Number of conservation easements modified, trantax year ▶ | nsferred, released, extinguished, or terminated | by the org | anızatıon durıng the | | |
| 4 | Number of states where property subject to conse | ervation easement is located > | | | | |
| 5 | Does the organization have a written policy regar and enforcement of the conservation easements i | ding the periodic monitoring, inspection, handl t holds? | ing of violat | cions, | □ No | |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, and enforcing | ng conserva | tion easements duri | ng the year | |
| 7 | Amount of expenses incurred in monitoring, insper | ecting, handling of violations, and enforcing cor | nservation e | easements during th | e year | |
| 8 | Does each conservation easement reported on lin | e 2(d) above satisfy the requirements of section | on 170(h)(4 |)(B)(ı) | | |
| | and section 170(h)(4)(B)(ii)? | | | ☐ Yes | □ No | |
| 9 | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas | of the footnote to the organization's financial s | | , | | |
| Par | Organizations Maintaining Collect Complete if the organization answere | tions of Art, Historical Treasures, or 0 d "Yes" on Form 990, Part IV, line 8. | Other Sin | nilar Assets. | | |
| 1a | If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it | eld for public exhibition, education, or research | ın furthera | and balance sheet nce of public service | works of e, | |
| b | If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items | FAS 116 (ASC 958), to report in its revenue sta | atement and | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ | | |
| (i | i)Assets included in Form 990, Part X | | | > \$ | | |
| 2 | If the organization received or held works of art, following amounts required to be reported under | | fınancıal ga | ın, provide the | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | > \$ | | |
| b | Assets included in Form 990, Part X | | | > \$ | | |
| | | | | | | |

| Sche | dule D | (Form 990) 2016 | | | | | | | | | | | Page 2 |
|-------------|---------------------|--|---|------------------------|----------|-----------------|----------------|------------|------------------------|---------------|-------------|--------------------|--------------------|
| Par | t III | Organizations Ma | aintaining Coll | ections of Art, F | listori | cal T | reası | ures, or | Other | Similar As | sets (co | ntinued) | |
| 3 | | g the organization's acq s (check all that apply) | uisition, accession | , and other records, | check a | any of | the fo | ollowing t | hat are a | significant u | se of its o | collection | |
| а | ✓ | Public exhibition | | | d | ✓ | Loan | or excha | ange prog | ırams | | | |
| b | ✓ | Scholarly research | | | e | | Othe | er | | | | | |
| С | ✓ | Preservation for future | e generations | | | | | | | | | | |
| 4 | Prov Part | ide a description of the XIII | organization's colle | ections and explain | how the | y furtl | ner th | e organız | ation's ex | kempt purpos | se in | | |
| 5 | | ng the year, did the org ts to be sold to raise fur | | | | | | | | ıılar | ☐ Yes | ✓ N | lo |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | m 990 | , Part | IV, I | ine 9, oi | r reporte | ed an amou | nt on Fo | orm 990, | Part |
| 1a | | ie organization an agent ided on Form 990, Part I | | n or other intermed | ıary for | contri | butior | ns or othe | er assets (| not | ☐ Yes | □ N | lo |
| b | If "Y | es," explain the arrange | ement in Part XIII | and complete the fo | llowing | table | | [| | Ar | nount | | _ |
| c | Begii | nnıng balance | | | | | | | 1c | | | | _ |
| d | Addı | tions during the year | | | | | | | 1 d | | | | |
| е | Dıstr | ributions during the year | r | | | | | | 1e | | | | |
| f | Endı | ng balance | | | | | | | 1f | | | | _ |
| 2a | Did t | the organization include | an amount on For | m 990, Part X, line | 21, for | escrow | or cu | ıstodıal a | ccount lia | bility? | ☐ Yes | | _ o |
| b | If "Ye | es," explain the arrange | ement in Part XIII | Check here if the ex | xplanatı | on has | been | provided | d in Part) | KIII | | | |
| Pa | rt V | Endowment Fund | ds. Complete if t | the organization a | answer | ed "Y | es" o | | | | | | |
| | _ | | - | (a)Current year | | rior yea | - | (c)Two ye | | (d)Three year | | e)Four yea | |
| | _ | ning of year balance . | | 109,904,543 | - | 115,365 | -+ | 11 | 4,824,985 | · · | 07,103 | • | 913,462 |
| | | ibutions | | 82,808 13,281,889 | | 2,452 -2,571 | | | 4,093,114 1,309,464 | | 99,781 | | 485,381 931,902 |
| | | vestment earnings, gair | · | · · · · | | | | | | | · | · · · · · · · · | |
| | | s or scholarships | F | 2,467,030 | | 2,282 | 2,948 | | 2,058,551 | 1,/ | 95,292 | 1, | 647,882 |
| | and pr | expenditures for facilition rograms | es | 3,258,877 | | 3,058 | 3,761 | | 2,803,504 | 2,7 | 66,883 | 2, | 075,760 |
| | | nistrative expenses . | | | | | | | | | | | |
| g | End of | f year balance | [| 117,543,333 | | 109,904 | 1,543 | 11 | 15,365,508 | 114,8 | 24,985 | 101, | 607,103 |
| a b c | Boar Perm Tem | ride the estimated perce rd designated or quasi-e nanent endowment ► porarily restricted endow percentages on lines 2a | ndowment ► 1 55 360 % wment ► 32 86 | 11 780 % | (line 1g | g, colu | mn (a |)) held a | S | | | | |
| 3а | | there endowment funds | not in the possess | ion of the organizat | on that | are h | eld ar | nd admini | stered fo | r the | | V | - NI - |
| | - | nization by inrelated organizations | | | _ | | | | | | 3a(| (i) Yes | No |
| | | related organizations . | | | | | ٠. ٠ | | | | 3a(| ` , | No |
| b | | es" on 3a(II), are the re | | s listed as required o | on Sche | dule R | ? . | | | | 31 | | |
| 4 | Desc | cribe in Part XIII the inte | ended uses of the o | organization's endov | wment f | unds | | | | | | | |
| Pa | rt VI | | | | | | | | | | | | |
| | D | Complete if the or | ganization answer (a) Cost or other | | | | _ | | | n 990, Part | | 10. I)Book valu | |
| | Descr | ription of property | (investmen | | or other | Dasis (C | iller) | (C)ACC | umulateu u | ергестастот | (α | IJBOOK VAIU | e |
| 1 a | Land | | | | | 30 | 02,700 | | | | | | 302,700 |
| b | Buildir | ngs | | | | 86,90 | 05,076 | | | 22,608,857 | | 64 | 1,296,219 |
| | | hold improvements | | | | | | | | | | | |
| d | Equipi | ment | | | | 12,13 | 19,224 | | | 9,359,889 | | | 2,759,335 |
| | | | | | | 9,64 | 1 1,266 | | | 3,545,328 | | (| 5,095,938 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

73,454,192

| Part VII | Investments—Other Securities. Complete if the See Form 990, Part X, line 12. | ne org | ganization ans | wered 'Yes' on | Form 990, Pa | rt IV, line 11b. |
|--------------------|---|--------------|----------------------|---------------------|-------------------------------------|--------------------------|
| | (a) Description of security or category (including name of security) | (1 | b) Book value | Cos | (c)Method of v t or end-of-year | |
| (1)Financial | derivatives | | | | | |
| (3)Other | GLED FUNDS | | 31,789,706 | 5 | F | |
| (B) FIXED IN | | | 13,805,085 | | F | |
| (B) | | | , , | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if | the | 45,594,791 | | n Form QQA D | art IV line 11c |
| Pait VIII | See Form 990, Part X, line 13. | | | | | |
| | (a) Description of investment | | (b) Book value | | (c) Method of v t or end-of-year | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) ———— | | | | | | |
| Part IX | n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered | • l 'Yes' | | | See Form 990, F | Part X, line 15 |
| (1) | (a) Description | n | | | | (b) Book value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 15) | | | | | |
| Part X | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. | answe | ered 'Yes' on F | orm 990, Part 1 | IV, line 11e or | 11f. |
| 1. (1) Federal III | (a) Description of liability | | (b) | Book value | | |
| DEPOSITS H | ELD IN CUSTODY FOR OTHERS | | | 441,198 | | |
| ANNUITIES F | PAYABLE | | | 241,348 | | |
| POSTRETIRE | MENT BENEFIT OBLIGATIONS | | | 6,674,153 | | |
| GOVERNMEN | IT STUDENT LOAN FUNDS | | | 2,199,204 | | |
| CAPITAL LEA | SES | | | 140,336 | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) | | <u> </u> | 9,696,239 | | |
| 2. Liability fo | or uncertain tax positions In Part XIII, provide the text o | | ootnote to the o | organization's fina | | _ |
| organization' | 's liability for uncertain tax positions under FIN 48 (ASC 7 | /40) (| Cneck here if the | e text of the footr | note has been p | rovided in Part XIII 🛮 🗹 |

Subtract line 2e from line 1 .

Add lines 4a and 4b

Schedule D (Form 990) 2016

Part XI

2

c

d

е

3

4

5

1

2

b

d

b

c

Part XIII

5

b

Part XII

Page 4

1,609,058

44,859,970

24,347,924

69,207,894

39,487,844

541,132

38.946.712

24,347,924

63,294,636

Schedule D (Form 990) 2015

| Donated services and use of facilities | • | • |
|--|---|---|
| Recoveries of prior year grants | | |
| Other (Describe in Part XIII) | | |

Total expenses and losses per audited financial statements .

Supplemental Information

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . Donated services and use of facilities Add lines 2a through 2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

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

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

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1

2d Investment expenses not included on Form 990, Part VIII, line 7b. 4a

> Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> > 2a

2b

2c

2d

4b

Explanation

2a

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

127,254 4b 24.220.670

2e 3 4c

243.954

1,365,104

541.132

127.254

24.220.670

2e

3

4c

5

Add lines 2a through 2d . е 3 Subtract line 2e from line 1 . 4 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 . . .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) . . .

Other losses .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

| | Schedule D (Form 990) 2015 | | |
|--------------------------------------|-----------------------------|--|--|
| Supplemental Information (continued) | Part XIII Supplemental Info | | |
| Return Reference Explanation | Return Reference | | |
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Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 25-0981156

Name: WESTMINSTER COLLEGE

OF YEARS, ARE GENERALLY DISPLAYED IN VARIOUS LOCATIONS AROUND CAMPUS AND ARE INSURED

Supplemental Information

Return Reference Explanation

PART III, LINE 1A THE COLLEGE OWNS A NUMBER OF PIECES OF ART AND HISTORIC TREASURES, NONE OF WHICH ARE RECOR DED IN THE FINANCIAL STATEMENTS THESE ITEMS HAVE BEEN GIVEN TO THE COLLEGE OVER A NUMBER

Software ID:

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| PART III, LINE 4 | THE COLLEGE'S COLLECTION OF ARTIFACTS OF CULTURAL AND EDUCATIONAL SIGNIFICANCE RANGE FROM STONE TOOLS (6,000 B C) THROUGH CUNEIFORM TABLETS (2,000 B C), AN EGYPTIAN MUMMY (300 B C), COPTIC ITEMS (5TH CENTURY A D), JAPANESE SAMURAI ARMOR (18TH CENTURY A D) TO CURREN CY BEARING THE PORTRAIT OF SADDAM HUSSEIN (2003 A D) THE COLLECTION PROVIDES A CONNECTIO N TO THE PAST FOR STUDENTS OF HISTORY AND CULTURE, BOTH ON CAMPUS AND IN THE SURROUNDING C OMMUNITY IN ADDITION, SOME ITEMS IN THE COLLECTION HAVE BEEN LOANED TO MUSEUMS AND HISTOR ICAL SOCIETIES EXPANDING THEIR EDUCATIONAL REACH SOME OF THE COLLECTION IS HIGHLIGHTED ON LINE ALONG WITH RESEARCH MATERIALS (CT SCANS, DESCRIPTIONS, EDUCATIONAL MATERIALS) A FORE NSIC SCULPTOR RECONSTRUCTED A BUST OF THE 2,000+ YEAR-OLD MUMMY ALLOWING STUDENTS OF HISTO RY TO SEE THE VISAGE OF A WOMAN WHO LIVED IN ANCIENT EGYPT ALL OF THE ARTIFACTS ENCOURAGE RESEARCH AND STUDY BY BRINGING HISTORY TO LIFE AS STUDENTS SEE FIRSTHAND THE ITEMS ABOUT WHICH THEY READ IN CLASS |

| Supplemental Information | | | | | |
|--------------------------|---|--|--|--|--|
| Return Reference | Explanation | | | | |
| PART V, LINE 4 | THE COLLEGE'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED FOR SUPPORT OF TH E COLLEGE'S MISSION ITS ENDOWMENT INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS, AND FUNDS DE SIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCE PTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DE SIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED B ASED 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 T | | | | |
| | HE AVERAGE MARKET VALUE OF THE ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EA CH 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 O F TRUSTEES MUST ELECT, IN WRITING, A SPENDING RATE OF BETWEEN 2% AND 7% FOR THE YEARS END ED JUNE 30, 2017 AND 2016, THE COLLEGE UTILIZED A 5% SPENDING RATE ON RESTRICTED ENDOWMENT ASSETS AND A 7% SPENDING RATE ON UNRESTRICTED ENDOWMENT ASSETS, BASED ON A THREE-YEAR MOV ING AVERAGE OF HISTORICAL END-OF-QUARTER ENDOWMENT MARKET VALUES THE LAST QUARTER USED TO DETERMINE THE TRANSFER FOR THE FISCAL YEAR ENDED JUNE 30, 2017 WAS THE QUARTER ENDED DECE MBER 31, 2015 THE COLLEGE CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS THE ORIGINAL VA LUE OF GIFTS DONATED TO THE ENDOWMENT AND THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE ENDOWMENT AND THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE ENDOWMENT THE UNDISTRIBUTED AMOUNTS EARNED ARE INCLUDED IN UNRESTRICTED NET ASSETS IN ACCO RDANCE WITH ACT 141, THE COLLEGE HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTI ON SPECIFICALLY RELATES TO THE ENDOWMENT THE COLLEGE CONSIDERS THE FOLLOWING FACTORS IN M AKING 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 W ITH REASONABLE RISK AND OPERATIONAL CONSIDERATION 4 COMPLYING WITH APPLICABLE LAWS | | | | |

| applemental amorniation | | | | | |
|-------------------------|--|--|--|--|--|
| Return Reference | Explanation | | | | |
| PART X, LINE 2 | THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL RE VENUE 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 CODIFI CATION (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 R ETURN THE COLLEGE HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS T AX RETURNS AND NO LIABILITY HAS BEEN RECORDED FOR UNCERTAIN TAX POSITIONS, FURTHER, THE CO | | | | |

Supplemental Information

LLEGE HAS NO UNRECOGNIZED TAX BENEFITS THE COLLEGE IS NO LONGER SUBJECT TO EXAMINATION OF

ITS TAX RETURNS FOR YEARS BEFORE 2014

| Supplemental Information | |
|---|---|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | COST OF GOODS SOLD 437,935 RENTAL EXPENSES 103,197 CHANGES IN UNRECOGNIZED PENSION BENEFIT PLAN COSTS 823,972 |

| Supplemental Information | |
|---|------------------------------------|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | SCHOLARSHIPS AND GRANTS 24,220,670 |

| upplemental Information | | |
|--|--|--|
| Return Reference | Explanation | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | COST OF GOODS SOLD 437,935 RENTAL EXPENSES 103,197 | |

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| Supplemental Information | |
|--|------------------------------------|
| Return Reference | Explanation |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | SCHOLARSHIPS AND GRANTS 24,220,670 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493099008698 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the oscanization **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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE E, PART I, LINE 3 | THE WESTMINSTER COLLEGE NONDISCRIMINATION POLICY IS INCLUDED ON THE COLLEGE WEBSITE, IN OFFICIAL PUBLICATIONS, IN EMPLOYEE ADVERTISING, AND IN STUDENT RECRUITMENT MATERIALS |
| SCHEDULE E, PART I, LINE 6 | THE INSTITUTION RECEIVES FEDERAL GRANTS AND PARTICIPATES IN THE FOLLOWING GOVERNMENTAL AGENCY FINANCIAL AID OR ASSISTANCE PROGRAMS FEDERAL PELL GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK STUDY GRANT, FEDERAL DIRECT LOAN PROGRAM, PENNSYLVANIA INSTITUTIONAL ASSISTANCE GRANT, PENNSYLVANIA PARTNERSHIP FOR ACCESS TO HIGHER EDUCATION (PATH), PENNSYLVANIA, FEDERAL TEACH GRANT PROGRAM, PA STATE GRANT PROGRAM, OHIO COLLEGE OPPORTUNITY GRANT PROGRAM, WEST VIRGINIA HIGHER EDUCATION GRANT 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 F (Form 990 or 990-F7) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493099008698 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. **Open to Public** ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** WESTMINSTER COLLEGE 25-0981156 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the region (by type) (e.g., program service, describe for and investments employees, agents, and independent fundraising, program specific type of in region region service(s) in region contractors in services, investments, grants to recipients located in the region region) See Add'l Data 16,616,357 3a Sub-total b Total from continuation sheets to Part I 16,616,357 c Totals (add lines 3a and 3b) Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

| Chedule F (Form 990) 2016 | | | | | | | |
|---|---|--------------------------|------------|---|---|--|--|
| | Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. | | | | | 90, Part IV, line 16. | |
| <u>Part III can be</u> | <u>e duplicated if additio</u> | <u>ാnal space is r</u> | needed | | | | |
| (a) Type of grant or assistance | ., - | (c) Number of recipients | cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | ICELAND AND GREENLAND) | 6 | , | CREDIT TO STUDENTS' ACCOUNT FOR FINANCIAL AID | | | N/A |
| STUDY ABROAD GRANTS AND SCHOLARSHIPS | RUSSIA AND NEIGHBORING STATES | 1 | | CREDIT TO STUDENTS' ACCOUNT FOR FINANCIAL AID | 0 | N/A | N/A |
| | | | ļ | | | | |
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| AND SCHOLARSHIPS | NEIGHBORING STATES | | ACCOUNT FOR FINANCIAL AID | | |
|------------------|--------------------|--|------------------------------|--|--|
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| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|---|--------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | | |
| | Instructions for Comis 3320 and 3320 my | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | | |
| | Corporations (see Instructions for Form 5471) | ✓ Yes | □No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ✓ Yes | □No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | | ✓ Yes | ∐No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | | |
| | 5713) | ☐ Yes | ✓ No |

Schedule F (Form 990) 2016 Page **5**

Part V Supplemental Information

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

| Return Reference | Explanation |
|---------------------|--|
| PART I, LINE 2 | FINANCIAL AD IS AWARDED TO INCOMING FIRST YEAR STUDENTS ON THE BASIS OF THE RESULTS OF THE FREE PLICATION FOR FEDERAL STUDENTS AND REPAIR JOE OF THE WARDANCIAL AID MATRIX X THE FINANCIAL AID MATRIX THE FINANCIAL AID MATRIX THE FINANCIAL AID MATRIX THE BASE OF THE AWARDING OF INSTITUTIO NAL FUNDS A STUDENT IS PLACED INTO A FINANCIAL AID MATRIX CELL BASED ON BOTH HIGH SCHOOL GRADE POINT AVERAGE MAD SAT AND/OR ACT SCORES THE AMOUNT A STUDENT IS AWARDED BETWEN 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 REGARDL ESS OF FINANCIAL NEED MERIT SCHOLARSHIPS (INFUNDED AID) ACCEPTED FIRST YEAR STUDENTS ARE AWARDED ON MERIT SCHOLARSHIP DETERMINED BY HERE THEY FALL IN THE MATRIX BASED ON HIGH SCHOOL OL GRADE POINT AVERAGE AND SAT ANDIOR ACT SCORES THE MERIT SCHOLARSHIP AWARD IS THE FLOOR VALUE FROM THE RESPECTIVE MATRIX CELL STUDENTS WHO FALL IN THE COTE OF OF THE APPLICANT POOL MAY BE SELECTED BY THE ADMISSIONS STAFF AS A WESTIMINSTER SCHOLAR SELECTED STUDENTS ARE GUARANTEED A MERTH AWARD WHICH IS THE FLOOR OF THE APPLICANT OF THE ADMISSIONS STAFF AS A WESTIMINSTER SCHOLAR SELECTED STUDENTS AS CHOLAR SALSO SIVEN AN OPPORTUNITY TO COMPETE FOR A LARGER FOUR YEAR AWARD THROUGH THE SCHOLAR SALSO SIVEN AN OPPORTUNITY TO COMPETE FOR A LARGER FOUR YEAR AWARD THROUGH THE SCHOLAR SHIPS AND THE AWARD WHICH IS THE FLOOR OF THE APPLICANT OF THE AWARD WHICH AWARD WHICH IS THE FLOOR ALL SHIP AWARD WHICH AW |

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 | | FACULTY/STAFF TRAVELING OUTSIDE OF | 1,900 |

| | | region | services, grants to recipients located in the region) | service(s) in region |
|---------------|---|--------|---|----------------------|
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF |

| | , og | region | services, grants to recipients located in the region) | service(s) in region | |
|---------------|------|--------|---|---|------|
| NORTH AMERICA | 0 | 0 | I . | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 1,90 |

| | | | region) | | |
|---------------------------|---|---|---------|---|-------|
| NORTH AMERICA | 0 | 0 | | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 1,900 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | | FACULTY/STAFF TRAVELING OUTSIDE OF | 3,590 |

| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 1,900 |
|---------------------------|---|---|------------------|---|-------|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 3,590 |

| | | | | 11112 05 | |
|---------------------------|---|---|------------------|---|-------|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 3,590 |
| EUROPE (INCLUDING ICELAND | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF | 7,800 |

| | | | THE US | |
|---------------------------|---|---|---|--|
| EAST ASIA AND THE PACIFIC | 0 | 0 | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | |

| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF TRAVELING OUTSIDE OF THE US | 3,590 |
|---------------------------|---|---|------------------|---|-------|
| EUROPE (INCLUDING ICELAND | 0 | 0 | PROGRAM SERVICES | FACULTY/STAFF | 7,800 |

| | | | | _ |
|---|---|---|------------------------------------|-------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | FACULTY/STAFF TRAVELING OUTSIDE OF | 7,800 |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region agents in fundraising, program describe specific type of region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 PROGRAM SERVICES ISTUDENT TRAVEL 1,761 CARIBBEAN CENTRAL AMERICA AND THE 0 PROGRAM SERVICES FACULTY/STAFF 3,165 CARIBBEAN TRAVELING OUTSIDE OF THE US EUROPE (INCLUDING ICELAND 0 HONORS STUDY ABROAD FACULTY AND STUDENT 80,787 & GREENLAND) TRAVELING OUTSIDE OF US FOR PART OF HONORS IPROGRAM.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES STUDENT TRAVEL 5,059 & GREENLAND) CENTRAL AMERICA AND THE 0 INVESTMENTS 16.512.295 IN/A CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS DLN: 93493099008698 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** WESTMINSTER COLLEGE 25-0981156 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, if applicable non-cash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

| chedule I (Form 990) 2016 Part III Grants and Other Assistance to | | | nızatıon answered "Yes" | on Form 990, Part IV, line 22 | Page 2 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| Part III can be duplicated if additio (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| (1) ACADEMIC AND FINANCIAL ASSISTANCE/SCHOLARSHIPS | 1138 | 24,186,969 | 0 | N/A | N/A |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 5) | | | | | |
| 7) | | | | | |

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 QUALIFY 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

Compensation Information

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

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

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

OMB No 1545-0047

DLN: 93493099008698

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Employer identification number Name of the organization

| WE: | SIMINSTER COLLEGE | | 25-0981156 | | | |
|-----|---|----------------------|--|------------|-----|----|
| Pa | rt I Questions Regarding Compensation | n | [23-0361130 | | | |
| | | | | | Yes | No |
| la | Check the appropriate box(es) if the organization pro | | | | | |
| | First-class or charter travel | | Housing allowance or residence for personal use | | | |
| | Travel for companions | Г | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Ľ | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ. | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do | | | 1 b | Yes | |
| 2 | Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe | | | 2 | Yes | |
| 3 | | hat appl sation o | ly Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III | | | |
| | Compensation committee | | Written employment contract | | | |
| | ☐ Independent compensation consultant | | · · · · · · · · · · · · · · · · · · · | | | |
| | Form 990 of other organizations | Ľ | Approval by the board or compensation committee | | | |
| ŀ | During the year, did any person listed on Form 990, or a related organization | . Part V I | II, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymer | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ntal nor | nqualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-b | ased co | ompensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | rovide th | he applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza | tions m | ust complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of | A, line 1 | a, did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," on line 5a or 5b, describe in Part III | | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of | A, line 1 | a, did the organization pay or accrue any | | | |
| а | The organization? | | | 6 a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," on line 6a or 6b, describe in Part III | | | | | |
| , | For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of | | | 7 | | Νo |
| 3 | Were any amounts reported on Form 990, Part VII, | | | | | |
| | subject to the initial contract exception described in Part III $$ | n Kegula | acions section 53 4958-4(a)(3)/ IT "Yes," describe | 8 | | No |
| • | If "Yes" on line 8, did the organization also follow th section 53 4958-6(c)? | ne rebutt | table presumption procedure described in Regulations | 9 | | |

(ii)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| instructions, on row (ii) Do no Note. The sum of columns (B) | | | | | Part VII, Section A, lin | e 1a, applicable colui | mn (D) and (E) amount | s for that individual |
|---|------|--------------------------|---|---|--------------------------------|------------------------|-----------------------|--|
| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MI: | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| • • | | Base (i) compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| KATHY BRITTAIN 1 RICHARDSON | (i) | 159,290 | 0 | 21,241 | 52,188 | 19,198 | 251,917 | 0 |
| PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 KENNETH J ROMIG TREASURER/VP FOR | (i) | 159,411 | 0 | 18,138 | 12,446 | 19,188 | 209,183 | 0 |
| FINANCE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MATTHEW STINSON VICE PRESIDENT FOR | (i) | 142,756 | 0 | 60 | 10,969 | 12,652 | 166,437 | 0 |
| INSTITUTIONAL ADV | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 THOMAS STEIN VP FOR ENROLLMENT IN | (i) | 135,525 | 0 | 396 | 10,500 | 12,636 | 159,057 | 0 |
| ADMISSIONS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 RICHARD DORMAN FORMER PRESIDENT (EXIT | (i) | 112,925 | 0 | 279,852 | 9,551 | 20,151 | 422,479 | 277,688 |
| 06/2016) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Schedule 3 (1 01111 330) 2013 | i age 5 | | | | | | |
|---|--|--|--|--|--|--|--|
| Part III Supplemental Information | | | | | | | |
| Provide the information, explanation, o | 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 | | | | | | |
| | 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 HER 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 AND THE AVALON COUNTRY CLUB DIRECT EXPENSES FOR UTILIZATION OF THE CLUBS IS THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN ATTRIBUTABLE TO COLLEGE BUSINESS | | | | | | |

Page 3

Schedule J (Form 990) 2015

KATHY BRITTAIN RICHARDSON \$40,000 CONTRIBUTION RICHARD DORMAN \$27,735 DISTRIBUTION WESTMINSTER COLLEGE ACCOUNTED FOR THE PERSONAL USE OF VEHICLE ON BEHALF OF RICHARD H. DORMAN ON HIS 2016 FORM W-2.

PART I, LINE 4B FORM 990, SCHEDULE J. PART II

Schedule J (Form 990) 2015

THE AMOUNT OF THE PERSONAL USE OF THE VEHICLE WAS \$382 FOR THE 2016 CALENDAR YEAR WESTMINSTER COLLEGE ACCOUNTED IFOR THE PERSONAL USE OF VEHICLE ON BEHALF OF KATHY B RICHARDSON ON HER 2016 FORM W-2 THE AMOUNT OF THE PERSONAL USE

OF THE VEHICLE WAS \$403 FOR THE 2016 CALENDAR YEAR

| ef | ile GRAPHIC print - DO NOT | PROCESS As | Filed Data - | | | | | | | | DLN: 9 | 934930 | 09900 | 8698 |
|-----|---|---|----------------------|---|-------------|-----------------|--------------|-----------------|------------------|----------|-----------|---------------------|--------|---------|
| Sc | hedule K | C | | nformation o | n Tay F | - 14 0 100 10 1 | Dondo | | | | ОМВ | No 154 | 5-0047 | · |
| (F | orm 990) | | | Information o | | | | | | | 1 | 201 | 6 | |
| | | P Complete ii tii | explanations | , and any additional i | information | | | escriptions, | | | | 4 U I | ·U | |
| | artment of the Treasury rnal Revenue Service | ▶Informatio | | Attach to Form 990 ((Form 990) and its | | s is at ww | w.irs.gov/fo | rm990. | | | | en to P Inspecti | | |
| Nam | ne of the organization | , | | . (| | <u> </u> | | | Emplo | yer iden | | n numbe | | |
| WES | STMINSTER COLLEGE | | | | | | | | 25-09 | 81156 | | | | |
| P | art I Bond Issues | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue | price | (f) Descri | otion of purpos | se (g) De | feased | |) On | | Pool |
| | | | | | | | | | | | | alf of uer | finai | ncing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | NEW WILMINGTON MUNICIPAL AUTHORITY-SERIES 2017 | 25-1739535 | 64920RBJ1 | 02-01-2017 | 31,4 | 415,514 SE | E PART V | | | X | | × | | X |
| De | art III Proceeds | | | | | | | | | | | | | |
| ГС | Proceeds | | | | | A | | В | | ! | | | D | |
| 1 | Amount of bonds retired | | | | | <u> </u> | | | - | | | | | |
| 2 | Amount of bonds legally defease | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | 31,415,5 | L4 | | | | | | | |
| 4 | Gross proceeds in reserve funds | 5 | | | | 1,775,00 | | | | | | | | |
| 5 | Capitalized interest from procee | ds | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows . | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds . | | | | | 288,36 | 55 | | | | | | | |
| 8 | Credit enhancement from proce | eds | | | | | | | | | | | | |
| 9 | Working capital expenditures fro | | | | | | | | | | | | | |
| 10 | Capital expenditures from proce | eds | | | | 1,253,64 | 16 | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | 13,459,7 | L5 | | | | | | | |
| 13 | Year of substantial completion . | | | | | | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | Yes | | No |
| 14 | Were the bonds issued as part o | of a current refunding | gıssue? | | X | | | | | | | | | |
| 15 | Were the bonds issued as part o | of an advance refund | ing issue? | | | Х | | | | | | | | |
| 16 | Has the final allocation of procee | eds been made? . | | | | Х | | | | | | | | |
| 17 | Does the organization maintain proceeds? | | | | Х | | | | | | | | | |
| Pa | rt IIII Private Business Us | | | | | | | | | | - | | ı | |
| | | | | | | A | | В | C | | | | D | |
| 1 | Was the organization a partner | ın a partnership, or a | a member of an LLC, | which owned property | Yes | No X | Yes | No | Yes | No | | Yes | | No |
| 2 | financed by tax-exempt bonds? Are there any lease arrangemen property? | nts that may result in | private business use | | | X | | | | | | | | |
| For | Panerwork Reduction Act Notice | | | | C-3 | t No 5019 | 25 | | | <u> </u> | ah adıılı | o V (Eo | rm 000 | 1) 2016 |

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

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 were

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

b

C

d

6

Part IV

c

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

Yes

C

No

Yes

C

Nο

Yes

Yes

Χ

0 %

0 %

0 %

В

Nο

Yes

Х

Χ

Χ

No

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Χ

Χ

Χ

Χ

Yes

Χ

Х

| | (GIC) ² | ^ | | |
|---|--------------------|---|--|--|
| b | Name of provider | | | |
| С | Term of GIC | | | |

Was the regulatory safe harbor for establishing the fair market value of





No

Yes

Page 3

No

D

No

Yes

Part V Procedures To Undertake Corrective Action Yes Nο Yes

THE PROCEEDS OF THE SALE OF THE BONDS WERE USED TO FINANCE ALL OF THE COSTS OF REFUNDING THE

AUTHORITY'S OUTSTANDING REVENUE BONDS, SERIES 2007, REFUNDING THE AUTHORITY'S OUTSTANDING COLLEGE REVENUE NOTE. SERIES 2011. CERTAIN CAPITAL PROJECTS OF THE BORROWER. FUNDING A DEBT

SERVICE RESERVE FUND FOR THE BONDS, AND PAYMENT OF COSTS OF ISSUANCE OF THE BONDS

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

voluntary closing agreement program if self-remediation is not available under

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

requirements of section 148? . . .

applicable regulations?

Return Reference

SCHEDULE K SUPPLENTAL

Schedule K (Form 990) 2016

period?

Part VI

INFORMATION

| | A |
|-----|----|
| Yes | N- |
| | |
| | |

Х

Χ

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

| efile GRAPHI | RAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934930990 | | | | | | 9900 |)8698 | | | | | | | |
|-----------------------------------|--|---|---|--|---------------------------------|--|-----------|----------------|-----------------|---------------|---------------------|---------|--------|--------------------------|--|
| Schedule L (Form 990 or 990 | ı-EZ) | | ► Compl rm 990, Pa | ns with li lete if the orga art IV, lines 2! 1990-EZ, Part | anization ans 5a, 25b, 26, 3 | swered 27, 28a, 28b, | | ÷, | | OI | мв No 2 (| | | | |
| Department of the Tre | asurs ▶Inf | ormation ab | ► Atta | ch to Form 999 ule L (Form 99 | 0 or Form 99 90 or 990-EZ | 0-EZ. | ruction | s is | at | | ∠ (Open | | | | |
| Internal Revenue Serv | ice | | | www.irs.gov | <u>/form990</u> . | | | | | | Ins | oectio | on | | |
| Name of the org WESTMINSTER CO | | | | | | | | | | entifica | ition r | numbe | er | | |
| Part I Exce | ss Benefit Tra | nsactions (s | section 501 | (c)(3), section ! | 501(c)(4), and | d 501(c)(29) o | | | 1156 s only) | | | | | | |
| Comp | lete if the organiza | ation answered | | | | | | | | | | | | | |
| 1 (a |) Name of disqual | ified person | (b) | Relationship be | • | lıfıed person a | nd (| • | escrip | | | | ected? | | |
| | | | | | organization | | | tr | ansact | ion | n Y e | | No | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Cor rep (a) Name of | orted an amount o | nization answe on Form 990, I (c) Purpose | red "Yes" o Part X, line (d) Loan | Yes" on Form 990-EZ, Part, line 5, 6, or 22 Loan to or from the organization? (e) | | es" on Form 990-EZ, Part V, line line 5, 6, or 22 Loan to or from the (e)Original | | (f)Balance due | | |) In (h) | | (| (i)Written agreement? | |
| | | | То | From | | | Yes | No | Yes | No | Yes | ı | No | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | | | |
| | | | | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | | | | |
| Total | 1 | | | <u> </u> | <u> </u> | l | | | | | | | | | |
| Part IIII Gra | nts or Assista | nce Benefit | ing Inter | ested Perso | ns. | | | | | | | | | | |
| Con | nplete if the org | anızatıon an | swered "Y | es" on Form 9 | 990, Part IV, | | | | | | | | | | |
| (a) Name of inter | rested person (t |) Relationship terested perso organizat | n and the | (c) Amount | of assistance | (d) Type | of assist | tanc | e | (e) Pu | rpose (| of assi | stance | | |
| | | | | | | | | | | | | | | | |
| | | | | 1 | | | | | - 1 | | | | | | |
| | | | | | | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (a) Name of Inter | | erested perso | n and the | (c) Amount | of assistance | (d) Type | of assist | tanc | e | (e) Pu | rpose (| of assi | st: | | |

| Complete if the organization | on answered "Yes" on Forn | n 990, Part IV, line 28a | a, 28b, or 28c. | | |
|-------------------------------|--|----------------------------------|--|---------------------------------|--------------|
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sh o organiz reven | f atıon's |
| | | | | Yes | No |
| (1) R RICHARDSON | HUSBAND OF PRESIDENT | , | REGULAR PAY PROVIDED IN CONJUNCTION WITH HIS EMPLOYMENT AS COMMUNICATION STUDIES FACULTY | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | FACULTY | |
|---------------------------------|---|---------|--|
| | | | |
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| | | | |
| Part V Supplemental Information | · | | |

Explanation

Schedule I (Form 990 or 990-F7) 2016

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

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493099008698 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number WESTMINSTER COLLEGE 25-0981156 Part I **Types of Property** (a) (b) (c) (d) Noncash contribution Check If Number of contributions or Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . 0 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property . Securities—Publicly traded . Χ 88,671 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC. or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . . . 19 Food inventory . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . Other ▶ (25 Χ 3,500 FAIR MARKET VALUE DRUM SET) 26 Other ▶ (Χ 157 FAIR MARKET VALUE MISCELLANEOUS) Χ 27 84 FAIR MARKET VALUE Other ▶ (EVENT TICKETS) Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2016) Schedule M (Form 990) (2016)

Page 2

Schedule M (Form 990) (2016)

RECORDED IN THE FINANCIAL STATEMENTS THESE ITEMS HAVE BEEN GIVEN TO THE COLLEGE OVER A NUMBER OF YEARS, ARE GENERALLY DISPLAYED IN VARIOUS LOCATIONS AROUND CAMPUS AND ARE INSURED THE VALUE OF 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 APPRAISET 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 TO THE COLLEGE THIS METHOD PROVIDES AN OBJECTIVE DETERMINATION OF THE VALUE OF THE GIFT

| efile GRAPH | IIC print - | - DO NOT PROCESS As Filed Data - | DLN: | 93493099008698 |
|---|--|--|----------------------------|--------------------------------|
| SCHEDUL (Form 990 or EZ) | reasury | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions Form 990 or 990-EZ to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruction www.irs.gov/form990. | s on | 2016 Open to Public Inspection |
| Name of the org WESTMINSTER CO | LLEGE | | nployer identi -0981156 | ification number |
| Return Reference | | Explanation | | |
| FORM 990, PART VI, SECTION A, LINE 1 | PART VI, TRUSTEES WHEN THE BOARD IS NOT IN SESSION EXCEPT AS MAY OTHERWISE BE PROVIDED IN THESE BY SECTION A, LAWS, PROVIDED THAT THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO RESCIND OR CANCEL A | | | |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | 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 WE BSITE WHERE THEY ARE ABLE TO REVIEW A DRAFT OF THE COLLEGE'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2017 THE COLLEGE'S TRUSTEES ARE INVITED TO PARTICIPATE IN A TELECONFERENCE WITH MEMBERS OF THE COLLEGE'S ADMINISTRATION WHO ARE RESPONSIBLE FOR PREPARING THE COLLEGE'S TAX RETURN DURING THE TELECONFERENCE, THE COLLEGE'S FINANCIAL ADMINISTRATORS REVIEW THE 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 COLLE GE ARE REQUIRED TO ANNUALLY (1) REVIEW THE COLLEGE'S CONFLICT OF INTEREST POLICY, (2) DISC LOSE TO THE BEST OF HIS/HER KNOWLEDGE ANY BUSINESS, PERSONAL, FAMILY AND NOT-FOR-PROFIT RE LATIONSHIPS THAT COULD REASONABLY GIVE RISE TO A CONFLICT OF INTEREST, (3) SUMMARIZE IN WR ITING ANY POTENTIAL CONFLICT OF INTEREST AS MAY ALREADY EXIST, AND (4) ACKNOWLEDGE BY SIGN ATURE 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 HUM AN RESOURCES AND THE DISCLOSURE FORMS FOR TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE SUBMITT ED 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 RESPON SIBLE FOR DETERMINING WHETHER OR NOT CERTAIN RELATIONSHIPS GIVE RISE TO CONFLICTS OF INTER EST THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE ARE RESPON EST THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE ARE RESPON OF THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE ARE RESPONSIBLE FOR DETERMINING WHETHER OR NOT CERTAIN RELATIONSHIPS GIVE RISE TO CONFLICTS OF INTER EST THE CHAIR OF THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE DELIVERS A CONFLICT OF INTER |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | A SPECIALLY APPOINTED COMMITTEE OF THE BOARD OF TRUSTEES, WHO WAS EMPOWERED BY THE BOARD OF TRUSTEES TO NEGOTIATE AN EMPLOYMENT CONTRACT WITH THE PRESIDENT, DETERMINED THE COMPENSA TION FOR THE PRESIDENT OF THE COLLEGE 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 AGREE MENT WITH WESTMINSTER COLLEGE WAS APPROVED ON FEBRUARY 16, 2016 THE COMMITTEE REVIEWED THE COMPENSATION PAID TO THE PRESIDENTS OF 20 COLLEGES TO WHICH WESTMINSTER REGULARLY COMPARES ITSELF WITH RESPECT TO TUITION AND FEES, ENDOWMENT RETURNS AND OTHER METRICS BASED ON THIS DATA, THE COMMITTEE WAS SATISFIED THAT THE COMPENSATION OFFERED TO DR RICHARDSON REFLECTED THE FAIR MARKET VALUE FOR THE SERVICES TO BE RENDERED TO THE COLLEGE THE PRESIDENT SEMPLOYMENT CONTRACT HAS AN INITIAL TERM OF FOUR YEARS AND IT EXPIRES ON JUNE 30, 2020 THE PRESIDENT'S BASE SALARY SHALL BE SUBJECT TO ANNUAL REVIEWS BY THE GOVERNANCE COMMITTEE OR ITS DESIGNEE, AND MAY BE INCREASED WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE THE COLLEGE DETERMINES THE COMPENSATION FOR ITS KEY EMPLOYEES BASED ON THE COMPENSATION REPORTE DON FORM 990 FOR THE COLLEGE'S PEER INSTITUTIONS THE COLLEGE HAS IDENTIFIED 20 PEER INSTITUTIONS THAT HAVE CHARACTERISTICS SUCH AS ENROLLMENT, ENDOWMENT, STUDENT BODY, ETC THAT ARE SIMILAR TO THE COLLEGE'S CHARACTERISTICS IN ADDITION, THE COLLEGE ALSO USES A COMPENS ATION SURVEY OF HIGHER EDUCATION INSTITUTIONS WHICH PROVIDES A BROADER BASIS TO HELP ASSES S THE REASONABLENESS OF THE COMPENSATION OF THE COLLEGE'S KEY EMPLOYEES |

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB LE UPON REQUEST IN ADDITION, THE COLLEGE'S FINANCIAL STATEMENTS MAY BE VIEWED ON THE ELEC TRONIC MUNICIPAL MARKET ACCESS WEBSITE AT HTTP //EMMA MSRB ORG/

Return Explanation

FORM 990,
PART VII
HAVE NO VOTING RIGHTS JOSEPH BALCZON, JOHN BONOMO, JAMES GIEL, CORY HUGHES, DAVID JAMIES
ON, DANIEL LARSON, PAMELA RICHARDSON THE FOLLOWING MEMBERS SERVE ON THE WESTMINSTER BOARD
OF TRUSTEES AS TRUSTEES EMERITI BUT HAVE NO VOTING RIGHTS GEORGE BERLIN, ROBERT BRUCE, LE
ONARD CARROLL, JAMES DEWAR, ROBERT GARDNER, GEORGE GREER, ANN HALDEMAN, CAROLYN JONES, ROB

ERT PATTON, RICHARD WHITE, MARTHA WILE, DONALD CARDINAL WUERL

Return Explanation
Reference

LINE 9

FORM 990, CHANGES IN UNRECOGNIZED PENSION BENEFIT PLAN COSTS 823,972
PART XI.

| Return Reference | Explanation |
|---------------------|---|
| PART XII, | THE COLLEGE'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE ASSUMES THE RESPONSIBLITY FOR OVERSI GHT OF THE AUDIT AND OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT AUDI TORS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

| efile GRAPHIC print - DC | NOT PROCESS | As Filed Data - | | | | | | | | | | DLN: 93493 | 99008 | 698 |
|--|---|--|-----------------|----------------------------|-----------|-----------------------------------|-----------------------------------|------------------|---------|---------------------------------------|-------------|--|-----------------------------|---------------------------|
| SCHEDULE R (Form 990) | > 0 | Related O | _ | | | | | - | | 37. | | 20 | 16 | 7 |
| Department of the Treasury Internal Revenue Service | ► Attach to For | n 990. ► Infor | nation al | out Schedul | e R (Form | 990) and | its instruct | ions is at | www.ii | rs.gov/form9 | <u>90</u> . | Open to | Public ection | |
| Name of the organization WESTMINSTER COLLEGE | | | | | | | | | Emp | loyer identifi | ication | number | | |
| | | | | | | | | | | 981156 | | | | |
| Part I Identification | of Disregarded E | ntities Complete if t | he organ | ization answ | ered "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | | |
| Name, address, and | (a) EIN (if applicable) of dism | egarded entity | | (b) Primary a | | Legal dom | c) nicile (state n country) | (d) Total inc | ome | (e) End-of-year as | sets | (f Direct co ent | ntrolling | |
| | | | | | | | | | | | | | | |
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| | of Related Tax-Ex npt organizations di | empt Organization uring the tax year. | s Comple | ete if the org | anızatıon | answered | "Yes" on F | orm 990, | Part I\ | /, line 34 be | cause | ıt had one or | more | |
| Name, address, an | (a) d EIN of related organizati | on | Prim | (b) ary activity | Legal dom | c) nicile (state n country) | (d) Exempt Cod | | | (e) harity status on 501(c)(3)) | Dir | (f) rect controlling entity | Section (13) cor enti | 512(b) itrolled ty? |
| | | | | | | | | | | | | | Yes | No |
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| For Paperwork Reduction Ac | t Notice see the Inc | structions for Form 99 | | | | at No. 5013 | 257 | | | | Sch | edule R (Form | 990) 20 | 16 |

| (a) Name, address, and related organizati | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominar Income(relati unrelated, excluded fro tax under sections 512 | ed, total incom | (g) Share of e end-of-year assets | (I Disprop alloca | rtionate | (i) Code V- amount II 20 or Schedule (Form 10 | n box r f e K-1 | (j) General managi partnei | or Perd ng owi | (k) centa nersh |
|--|--|-----------------------------------|--|--|---|------------------------------------|--|---------------------------------|--------------------------|--|-----------------------|--|--------------------|-------------------------------|
| | | | | | 514) | | | Yes | No | | | Yes N | lo | |
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| IV Identification of Related Or because it had one or more re (a) Name, address, and EIN of | | a corporati | on or tru (c) Legal | st during th | (d) ct controlling | (e) Type of entity | (f) Share of total | <u> </u> | (g) e of end | -of- F | (h) Percent | age | Section | (i) n 5 |
| because it had one or more re | elated organizations treated as (b) | a corporation | (c) Legal domicile e or foreign | st during th | (d) ct controlling | (e) | (f) | Share | (g) | -of- F | (h) | age | Section (13) co | ontr |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) | a corporation | on or tru (c) Legal domicile | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | onti |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | onti |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | onti |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | onti |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | ont itity |
| because it had one or more re (a) Name, address, and EIN of | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | ontr itity |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | ontr itity |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | ontr |
| because it had one or more re (a) Name, address, and EIN of related organization | elated organizations treated as (b) Primary activity | a corporation | on or tru (c) Legal domicile e or foreign country) | st during th | (d) ct controlling | (e) Type of entity C corp, S corp, | (f) Share of total | Share | (g) e of end- year | -of- F | (h) Percent | age | Section (13) co | ont itity |

| Schedule R (Form 990) 2016 | | Pa | ige 3 |
|--|------------|-----|--------------|
| Part V Transactions With Related Organizations Complete if the organization answered "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 related organizations listed 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) | 1b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 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) | 1 i | | No |

| е | Loans of loan guarantees by related organization(s) | | |
|---|--|------------|----|
| | | | |
| f | Dividends from related organization(s) | 1 f | 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 |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| | | | |

| 1 Dividends from Felated Grantzation(3) | | I I | |
|--|---|------------|----|
| g Sale of assets to related organization(s) | | 1g | No |
| h Purchase of assets from related organization(s) | | 1h | No |
| i Exchange of assets with related organization(s) | | 1i | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$ | | 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 |
| 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 |
| q Reimbursement paid by related organization(s) for expenses | | 1q | No |
| | | | _ |

| | Fulchase of assets from related organization(s). | 11 | - 1 | |
|-----|--|------------|-----|----|
| i | Exchange of assets with related organization(s) | 1 i | | No |
| 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 |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| n | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| | Sharing of paid employees with related organization(s) | 10 | | No |
| p | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| 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 |
| | Other transfer of cash or property from related organization(s) | 1s | | No |

| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | No |
|--|----------------------------------|------------------------|--------------------------------|--------------|-----|
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | No |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | No |
| 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 |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | No |
| | | | | | |
| ${f r}$ Other transfer of cash or property to related organization(s) | | | | 1r | No |
| f s Other transfer of cash or property from related organization(s) | | | | 1s | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | e, including covered r | elationships and trai | nsaction thresholds | | |
| | | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount involv | /ed |
| | | | | | |

| q | Reimbursement paid by related organization(s) for expenses | | | | 14 | 110 |
|---|---|---|------------------------|---------------------------------|------------|----------|
| | Other transfer of cash or property to related organization(s) | | | | 1r 1s | No No |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered r | elationships and trai | nsaction thresholds | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining ar | nount invo | lved |
| | | | | | | |
| | | | | | | |

Schedule R (Form 990) 2016

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | section 501(c)(3) organizations? | | (f) Share of total Income | (g) Share of end-of-year assets | | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General managin partner | g | (k) Percentage ownership |
|---|-------------------------|---|---|--|----|------------------------------------|--|-----|----|--|--------------------------------------|------|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | ' | | | | | Schedul | e R (Forn | า 99 | 0) 2016 |

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016