Form 990-T	Ex	empt Organi			iness Inco ler section 6				OMB No 154	45-0687
	For cale	anu pı) ndar year 2018 or other ta							2M <b>1</b>	Ω
Department of the Treasury	or care.	► Go to www.irs.ge							40	U
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers						c)(3)	Open to Public In 501(c)(3) Organiz	spection for zations Only
A Check box if address changed		Name of organization (	Check be	ox if nam	ne changed and see in	structions	5)		oyer identification oyees trust, see instru	
B Exempt under section		THE WESTMINS	TER SCH	ools,	INC					
X 501( C )(03)	Print or	Number, street, and roor	m or suite no I	faPO	box, see instructions				566206	
408(e) 220(e)	Туре	1404 *********	000 DDD	DV D					ated business actistructions)	livity code
408A530(a)		1424 WEST PA			<del></del>	-				
529(a)		City or town, state or pro			iP or foreign postal cod	ie		5230	00	
C Book value of all assets at end of year	- C	ATLANTA, GA						_		
397,516,907		up exemption number of ck organization type	<del>`,</del>			501(c)	truet	401(a)	truct	Other trust
H Enter the number of the						301(0)			(or first) unrelat	
trade or business here	. ►FLC	W THROUGH INV	ESTMENT	ACTI	VITY If on	 lv one	complete Parts I	•	•	
		end of the previous s					•			
trade or business, the			omenee, ee.		· crto randin, comp	.0.0 0	0			
I During the tax year, v			rv in an affili	ated gr	oup or a parent-sub	sidiary d			▶ Ye	es X No
		identifying number of t				,				
J The books are in care					Te	elephon	e number ► 40	4-801-	-3486	
		or Business Incom	1e		(A) Income		(B) Expen	ses	(C) N	Vet /
1a Gross receipts or s	ales									
b Less returns and allowan	ces		<b>c</b> Balance ▶	1c						
2 Cost of goods sold	(Sched	ule A, line 7)		2						
3 Gross profit Subti	ract line	2 from line 1c		3						
4a Capital gain net in	come (a	ttach Schedule D)		4a		220				220
b Net gain (loss) (For	m 4797,	Part II, line 17) (attach Fo	rm 4797)	4b		159			,	-159
c Capital loss deduce	tion for	rusts		4c	1 701	450	3 = 611 1	/	1 7	01 452
5 Income (loss) from a pa	rtnership o	r an S corporation (attach state	ment)	5	-1,721,	453	ATCH 1		-1, /	21,453
6 Rent income (Sche	edule C)			6						
7 Unrelated debt-fin	anced in	come (Schedule E) .		7						
		ents from a controlled organizat					/		<del> </del>	
		1(c)(7), (9), or (17) organization					/	·-	<del>- </del>	
·	•	ncome (Schedule I) .		10					+	
		fule J)		11	<del></del>	/			-	
		tions, attach schedule)		12	-1,721,	392			-1 7	21,392
Part II Deduction	es 3 thr	ough 12	(See inst	13 T			leductions ) (	Evcent		
deduction	SNOT	be directly conne	cted with t	he un	ris ioi illilitation	is unco	me )	Lxcept	Or Contribute	ліз,
		directors, and trustees						14		
16 Repairs and maint	enance			·/· ·				. 16	-	
17 Bad debts	Citation		· · · · · //	<i>.</i>		• • •		17		
		(see instructions)								
19 Taxes and licenses		ECTIVED								800
20 Charitable contrib	utions (	See instructions for limit								
21 Depreciation (atta	ch Form	4562). 21.2020.	1%1		21					
22 Less depreciation	claimed	of School A and els	sewere on re	eturn .	22a			22b	,	
23 Depletion	[S].		· · · · · · · ·		<i></i> <del></del>		 	23	1	.30,197
24 Contributions to d	eferred	of Achebyte A and els	آ . لبب					24		
25 Employee benefit	program	8000 m						25		
26 Excess exempt exp	oenses (	Schedule I)						26		
27 Excess readership	costs (S	chedule J)						27		
28 Other deductions	(attach s	schedule)					АТСН. 2	28		6,475
		es 14 through 28								.37,472
		ole income_before ne							-1,8	58,864_
		ig loss arising in tax ye							<u> </u>	1
32 Unrelated busines	s taxab	e income Subtract line	31 from line	30	<u> </u>		<u>part.l .</u>	<u>. l.   3½</u>		58,864.
For Paperwork Reducti 8X2740 1 000 JSA	on Act I	Notice, see instructions	i.				· ·		Form 9	<b>90-T</b> (2018)

13

Form	990-T (2018)	Page 2
Par	t Ⅲ Total Unrelated Business Taxable Income   \$\infty \( \alpha \) \\ \footnote \]	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see,	
	instructions):	,864
34	Amounts paid for disallowed fringes	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	,864.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	
30	enter the smaller of zero or line 36	.864
Par	t IV Tax Computation	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	
39 40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
40		
	the difficult of this contains	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
Par		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	
b	Other credits (see instructions)	
С	General business credit Attach Form 3800 (see instructions)	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
е	Total credits. Add lines 45a through 45d	
46	Subtract line 45e from line 44	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) . 47	
48	Total tax. Add lines 46 and 47 (see instructions)	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments	
С	Tax deposited with Form 8868	
	Foreign organizations Tax paid or withheld at source (see instructions)	
е	Backup withholding (see instructions)	
f	Credit for small employer health insurance premiums (attach Form 8941)	
g	Other credits, adjustments, and payments Form 2439	
	Form 4136 Other Total ▶ 50g	
51	Total payments. Add lines 50a through 50g	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	
<i>-</i> 55	Enter the amount of line 54 you want Credited to 2019 estimated tax	
Par	Statements Regarding Certain Activities and Other Information (see instructions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	
	here ▶	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
•	If "Yes," see instructions for other forms the organization may have to file	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	return
Her	e VP FINANCE AND OPS with the preparer shown	
	Signature of officer Date Title (see instructions)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check If	
Paid	MICHELE N MELCHIOR  We be self-employed P00488	037
-	Parer Firm's name ► GRANT THORNTON LLP Firm's EIN ► 36-60555	
use	Firm's address ► 1100 PEACHTREE STREET STE 1200, ATLANTA, GA 30309 Phone no 404-330-200	00

Form 990-T (2018)									Pag	је <b>3</b>
Schedule A - Cost of Go	<b>oods Sold.</b> Er	ter method	d of invento	ry valuation	N/A	_				
1 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	6			
2 Purchases :	2			7 Cost of	goods so	ld Subtract line				
3 Cost of labor	3			6 from I	line 5 En	ter here and in				
4a Additional section 263A co	osts			Part I, line	2		7		_	
(attach schedule)	4a			8 Do the	rules of	section 263A (w	th re	spect to	Yes N	Vo
<b>b</b> Other costs (attach schedu				property	produced	or acquired for	resal	e) apply		
5 Total. Add lines 1 through	4b . 5			to the orga	anization?				N/A	
Schedule C - Rent Income	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Proper	ty)			
(see instructions)									_	
1. Description of property										
(1)						,				
(2)									-	
(3)									•	
(4)									-	
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of re			age of rent for	personal property personal property pased on profit or	rrly exceeds in columns 2(a) and 2(b) (attach schedule)					3
(1)		†						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)										
(3)										
(4)									_	
Total		Total								
(c) Total income. Add totals of chere and on page 1, Part I, line 6	, ,					(b) Total deductio Enter here and on Part I, line 6, colun	page 1			
Schedule E - Unrelated D			ee instruction	ns)		1	(-/			
		(1)		ncome from or	3 [	Deductions directly cor			le to	_
1 Description of del	ot-financed property		allocable to	ole to debt-financed	(a) Straigh	debt-financed property  ht line depreciation (b) Other ded			ictions	—
			pro	operty	(attach schedule)		(attach schedule)			
(1)										
(2)										
(3)										
(4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4 0	Column Iivided olumn 5		income reportable n 2 x column 6)		Allocable ded mn 6 x total ( 3(a) and 3(	of columns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals		-				re and on page 1, ne 7, column (A)		r here and o I, line 7, col		

Total dividends-received deductions included in column 8 . . . . . . . .

Schedule F—Interest, Anni	unies, Royanies			ntrolled Or			10113 (366	: IIISII uciio	110)	
1. Name of controlled organizațion	2. Employer identification numb	er 3 Ne	t unrela	ated income nstructions)	4 Total	of specified	ıncluded	f column 4 th in the control on's gross in	lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										_
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instructions)			Total of specifi ayments made		includ	rt of column led in the co zation's gros	ntrolling		Deductions directly     nected with income in     column 10
(1)										
(2)					i					
(3)										
(4)							columns 5 a			dd columns 6 and 11
Totals	ncome of a Sec	tion 501(c	:)(7),			Part	here and on I, line 8, colu I (see Insi	mn (A)		ter here and on page 1, int I, line 8, column (B)
1. Description of income	2 Amount of	income		3 Deductive directly contact (attach sci	nnected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										Enter here and on page 1
Totals ▶ Schedule I – Exploited Exc	Enter here and Part I, line 9, c	olumn (A)	er Th	an Advert	ising Ir	ncome (	see instru	ctions)		Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated	es with n of d	4. Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ne (loss) ted trade (column lumn 3) ompute	5. Gros from as	ss income ctivity that unrelated ss income	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	1									
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here at page 1, Pa line 10, col	ırtl,				10011100			Enter here and on page 1, Part II, line 26
Totals				L				<del></del>		
Schedule J-Advertising l	· · · · · · · · · · · · · · · · · · ·		ne e'	idated Da	oic					
Part I Income From Per	iodicais Report	ed on a Co	onsoi	idated Ba	SIS	Γ				<del></del>
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Adver gain or (lo 2 minus o a gain, co cols 5 thr	ss) (col ol 3) If impute	1	culation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								<u> </u>		
(2)		<del></del>		1						
(3)		. <del>.</del>		1						
(4)				1						
<del></del>	1									
Totals (carry to Part II, line (5))						ļ				Fam 990-T /2019

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)					_	
Totals from Part I ▶			]			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	•			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14		▶	

Form **990-T** (2018)

## The Westminster Schools Form 990T - Income (Loss) From Partnerships 7/31/2019

EIN: 58-0566206 ATTACHMENT 1

### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

Entity Name		Other Income	ST CG	LT CG	<u>1231</u>
Fund 1		(131)	-	-	-
Fund 2		(402,956)	-	-	-
Fund 3		(1,109,978)	-	-	-
Fund 5		-	-	-	-
Fund 6		(9)	-	-	-
Fund 7		(140)	-	-	(55)
Fund 8		15,091	-	220	(104)
Fund 9		(3)	-	-	-
Fund 10		-	-	-	-
Fund 11		153	-	-	-
Fund 12		-	-	-	-
Fund 13		-	-	-	-
Fund 14		92	-	-	-
Fund 16		-	-	-	-
Fund 17		-	-	-	-
Fund 18	_	(223,571)			-
	Total UBI	(1,721,453)	-	220	(159)
	_	Part I, Ln 5	Sched D	Sched D	Form 4797

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

UBIT TAX PREPARATION FEES

6,475.

PART II - LINE 28 - OTHER DEDUCTIONS

6,475.

# The Westminster Schools Form-990T - Charitable Contribution Carryforward Schedule 7/31/2019

EIN: 58-0566206

ATTA	CHM	ENT 4
------	-----	-------

### CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

		CONTRIBUTION
TAX YEAR		CARRYFORWARD
6/30/2017	CONTRIBUTIONS GENERATED	339
6/30/2018	CONTRIBUTIONS GENERATED	514
7/31/2018	CONTRIBUTIONS GENERATED	-
7/31/2019	CONTRIBUTIONS GENERATED	1,861

The Westminster Schools

EIN: 58-0566206

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 7/31/2019

FORM 990-T PART III, LINE 35
DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING BEFORE 1/1/2018

Year	NOL Generated	NOL Utilized PY	NOL Utilized	NOL Carryforward	_
6/30/2016	479,591	-		479,591	-
6/30/2017	415,008	-	-	415,008	
6/30/2018	1,091,714	-	-	1,091,714	*
Totals	1,986,313	-	-	1,986,313	
Current Year	UBI Income (Loss) be	fore NOL		-	
	ER TO 7/31/2020			1,986,313	<i>-</i> =

<sup>\*</sup> NOL for 6/30/18 is adjusted to increase the NOL due to repeal of 512(a)(7) - Income of \$1,393 for qualified transportation benefits that was originally reported is no longer taxable and therefore the NOL is adjusted accordingly.

The Westminster Schools

EIN: 58-0566206

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 7/31/2019

FORM 990-T PART III, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

ACTIVITY			AMOUNT
QPI K-1s	NOL GENERATED	7/31/2019	1,858,864
	TOTAL CARRY	OVER TO 7/31/2020	1,858,864

#### **SCHEDULE D** (Form 1120)

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

Employer identification number

Department of the Treasury Internal Revenue Service

► Go to www irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

58-0566206 THE WESTMINSTER SCHOOLS, INC. Short-Term Capital Gains and Losses (See instructions (h) Gain or (loss) (g) Adjustments to gain See instructions for how to figure the amounts to enter on Subtract column (e) from or loss from Form(s) the lines below Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949. leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses (See instructions.) (h) Gain or (loss) See instructions for how to figure the amounts to enter on (a) Adjustments to gain (e) or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 220 with Box F checked . . . . . . . . . . . . . . . . 220 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 220 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . . . . . . . . . . . . . . . Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 220 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 220 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital losses in the instructions

Attachment Sequence No 12A

Page 2

Social security number or taxpayer identification number Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

THE WESTMINSTER SCHOOLS, INC

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

	· · · · · · · · · · · · · · · · · · ·
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
Х	(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Мо , day, ут )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT GAIN FROM LP INVESTMENTS	VAR	VAR	220				220
	-						
					<u> </u>		
-							
2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			220				220

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment