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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2013 Open to Public Inspection

<u>A</u>	For the	е 2013 са	alendar year, or tax year beginning , and ending		
В	Check if ap	applicable	C Name of organization TREASURY INSTITUTE FOR	D Empl	oyer Identification number
	Address d	change	HIGHER EDUCATION, INC	1	
H		ľ	Doing Business As	25	-2107573
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		none number
	Initial retur	ım			
一	T	1	3876 E REGENTS CIRCLE	8 T	2-334-2340
ш	Terminate	ed [City or town, state or province, country, and ZIP or foreign postal code		
	Amended	retum	BLOOMINGTON IN 47401	G Gross rea	peipts \$ 493,396
1		. Ī	F Name and address of principal officer		
\Box	Application	on pending	DENNIS W. REEDY	up return for s	subordinates? Yes X No
					uded? Yes No
		1	3876 E REGENTS CIRCLE H(b) Are all sub		
			DECCHINCION IN 17401	ettach a list.	(see instructions)
1	Tax-exem	mpt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527		
J	Website:	: ► WI	WW.TREASURYINSTITUTE.ORG H(c) Group exer	mption numbe	er 🕨
K		organization		000	M State of legal domicile: IN
	Part I		mmary	000	I M State of legal dofficile 111
	T		- "		· · · · · · · · · · · · · · · · · · ·
	1 1 6		scribe the organization's mission or most significant activities		
Ф		TO IN	MPROVE AND ENHANCE THE QUALITY OF TREASURY OPERATION AND/OR N	1anagei	MENT
Ĕ		OF IN	NSTITUTIONS OF HIGHER EDUCATION.		
Ë	1				
Š	1 20	Chock this	s box Fig. 1 if the organization discontinued its operations or disposed of more than 25% of its net assets		
ၓ	1			1	l =
ජේ			f voting members of the governing body (Part VI, line 1a)	3	_ 5
ë	4 1	Number of	f independent voting members of the governing body (Part VI, line 1b)	4	5
₹	5 7	Total numi	ber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
Activities & Governance	6 1	Total numi	ber of volunteers (estimate if necessary)	6	12
•			elated business revenue from Part VIII, column (C), line 12	7a	0
	1		ated business taxable income from Form 990-T, line 34	7b	0
	51	Net unicia	Prior Von		Current Year
	8 0	Contabutio		2,288	244,752
ë				6,958	246,192
Revenue	•	-	101		
è	1		nt income (Part VIII, column (A), lines 3, 4, and 70) MAY 1 2 2014	1 <u>,380</u>	1,138
_	11 0	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10t, and 11e)		1,314
			nue – add lines 8 through 11 (must equal Part Vin, column (A) the 12)	0,626	493,396
	13 (Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)	500	1,000
_	44 6	Benefits pa		0	
Expenses	15 5	Salanes, o	other compensation, employee benefits (Part IX, column (A), lines 510)	4,885	47,500
83	1625		nal fundraising fees (Part IX, column (A), line 11e)		0
√ <u>ē</u> ;	10a1				
€X	1 0 1			200	404 757
5	17 (-		6,700	424,757
5	18 T	Total expe	, , , , , , , , , , , , , , , , , , ,	2 , 085	473,257
Net Assets or JUN	19 F	Revenue l		3,541	20,139
ြင် ရှိ	3		Beginning of Cur		End of Year
- 8 E	20 T	Total asse	ets (Part X, line 16) 590	5 , 271	616,410
	21 T	Total liabili	ities (Part X, line 26)	0	0
	22 N	Net assets	s or fund balances. Subtract line 21 from line 20 59	5,271	616,410
P	art II		nature Block		
5 			enury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowlo	dae and belief it is
			nplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowie	age and belief, it is
		1 6			
۵.		-	gnature of officer	Date	· · · · · · · · · · · · · · · · · · ·
Sig		▼ Sig			e le lui
He	re	 	DENNIS REEDY CO-EXECUTIVE	DIREC	TOR 5 5 14
		Туј	pe or print name and title		
		Print/Type	preparer's name Preparer's signature Gob, CPA Date 1/28/	Check	if PTIN
Pai	d	STEPHAN	NIE COBB CPA 4/28/	14 self-em	ployed P00627495
Pre	parer	Firm's name		rm's EIN ▶	35-1721048
	Only	I mili a mami	PO BOX 488	III S CIN F	JJ 1/21040
		l_	DICOMINGMON IN 47402 0400		010 000 7007
		Firm's addr		none no	812-336-7867
			this return with the preparer shown above? (see instructions)		X Yes No
For DAA		ork Reduct	tion Act Notice, see the separate instructions.		Form 990 (2013)
					1 /

Part III Statement of Program Service Accomplishments Check If Schedule Contains a response or note to any line in this Part III 1 Brefly describe the cognization's mission TO IMPROVE AND EMHANCE THE QUALITY OF TREASURY OPERATION AND/OR MANAGEMENT OF INSTITUTIONS OF HIGHER EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-EZ? If "Yes," diseasche these reverses on Schedule O. 3 Did the organization creates conducting, or make significant changes in how it conducts, any program services are received. The services of If "Yes," diseasche these rehanges on Schedule O. 4 Describe the organizations organization organizations are required to report the amount of grants and ellocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) TO IMPROVE AND EMHANCE THE QUALITY OF TREASURY OPERATION. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$)	orm 990 (2013)	TREASURY INSTITU	TE FOR 35	<u>-2107573</u>	Page 2
1 Breigh describe the organization's measion TO IMPROVE AND ENHÂNCE THE QUALITY OF TREASURY OPERATION AND/OR MANAGEMENT OF INSTITUTIONS OF HIGHER EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 H*Yes,* describe these reversions on Schedule O. 3 Did the organization crasses conducting, or make significant changes in how st conducts, any program services? H*Yes,* describe these changes on Schedule O. 4 Describe the organization's program service complishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) TO IMPROVE AND ENHANCE THE QUALITY OF TREASURY OPERATION. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services, (Describe in Schedule O.) (Copenses \$ including grants of \$) (Revenue \$)) 4d Other program services, (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$))					
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If "Yes," describe these new services on Schedule O. 3 Delt the organization cases conducting, or make significant changes in how it conducts, any program services? 16 "Yes," describe these changes on Schedule O. 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service protect. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) TO IMPROVE AND ENHANCE THE QUALITY OF TREASURY OPERATION AND/OR MANAGEMENT OF INSTITUTIONS OF HIGHER EDUCATION. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services, (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	_		program services during the year which were no	t listed on the	
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		-			
AR LOTEL REGETOM CONTINUE AVECAGE B			luding grants of \$)	(Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	 	<u>X</u>
b	• • • • • • • • • • • • • • • • • • • •		l	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	, , , , , , , , , , , , , , , , , , , ,			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	· · · · · · · · · · · · · · · · · · ·			v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-+	Α_
1 L a	Schedule D. Parts XI and XII	12a		Х
b		120		
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Í		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	l		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	J	- 1	
۰۵-	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	

			V	N.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	i	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	
	disqualified persons? If so, complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		:	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	:		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ŀ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_		3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	l	Х
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-+	- 43
J_	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	[- 1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1 1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		-		•	age
	Check if Schedule O contains a response or note to any line in this Par	t V	<u> </u>			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	12	<u> </u>	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b]	J
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					l
_	reportable gaming (gambling) winnings to prize winners?			1c	İ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		l .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority				Ì
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			<u>4a</u>		X
Ь	If "Yes," enter the name of the foreign country: ▶					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts	S.	_	l .	,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		<u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		60		v
ь	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		<u>6a</u>		X
U	gifts were not tax deductible?	ilis Oi		6b		
7	Organizations that may receive deductible contributions under section 170(c).			- 00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	loods				
_	and services provided to the payor?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7a		
b	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	ıs				
	required to file Form 8282?	,		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u>.l</u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		•			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		Form 109	98-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.					
9 a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a	<u> </u>			
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	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 dunng the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	ı			
_	the organization is licensed to issue qualified health plans	13b			-	
с 14а	Enter the amount of reserves on hand	13c	L			v
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14a	-+	<u>X</u>
DAA	100, mod a romina de report diese payments i in 140, provide an explanation in Schedule	<u> </u>			m 990	(2010)
				ron		(ZU13)

organization:

BLOOMINGTON

20

financial statements available to the public during the tax year.

DENNIS W REEDY

State the name, physical address, and telephone number of the person who possesses the books and records of the

3876 E REGENTS CIRCLE

IN 47401

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	verage Position urs per (do not check more than one week box, unless person is both an ist any officer and a director/trustee)					an æ)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/10 99-M ISC)	(***21035************************************	organization and related organizations
(1) JOAN K. PISCITEL										
	2.00	l		İ						
DIRECTOR	0.00	X	L	L		Ш		11,500	0	0
(2) ALVIN C. RODACK	ł	i								
	2.00								_	
DIRECTOR	0.00	X		Ь.				5,000	0	0
(3) AMY KWESKIN	l	1				Ιi				
	2.00									
DIRECTOR	0.00	X	<u> </u>			┞╌┤		5,000	0	0
(4) JOSEPH D. TINUCO	ľ									
	2.00	١.,							0	•
DIRECTOR	0.00	X			ļ			5,000	0	0
(5) JIM MATTEO	2 00									
DIDECTOR	2.00	١,,						F 000	0	0
DIRECTOR (6) DENNIS W. REEDY	0.00	X	┝	-		Н		5,000	0	0
(6) DENNIS W. REEDI	5.00	1								
CO-EXEC DIRECTOR	0.00	1		х		ll		16,000	0	0
(7) JON K. SPEARE	0.00	╁	\vdash	┢	 	Н		10,000		
(700N K. SEEAKE	5.00			İ		ll				
CO-EXEC DIRECTOR	0.00			Х		ll		o	o	0
(8)	<u> </u>	 		<u> </u>	\vdash			<u> </u>		
(-)					İ					
(9)										
(10)										
(11)										

<u>Pa</u>	rt VII Section A. Officer	s, Directors, Tru	stee T-	S, K(By E	mpic	yee:	s, ar	nd Hignest Compensated	Employees (continued)				
	'(A) \ Name and title	(B) Average hours per week (list any	Dic Of	ox, uni ficer a	Pos Check ess pe	mson :	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99-M ISC)	org and	om the anization d related anization:		
(12)							_	-				1		
(13)														
(14)				-										
(15)														
(16)														
(17)	····													
(18)														_
(19)														
1b	Sub-total		L	Ь	<u>. </u>	<u> </u>	L	▶	47,500		<u> </u>			
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				>	47,500					_
2	Total number of individuals (in reportable compensation from			to th	iose	liste	d abo	ve)	who received more than \$10	00,000 in				
3	Did the organization list any fo				ustea	- ke	v em	nlov	ee or highest compensated			Ye	es N	10
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	indiv	idual				3	-	+	<u>X</u> _
•	organization and related organization	nizations greater t	han	\$150	,000	? If "	Yes,	' con	nplete Schedule J for such		4	,		X
5	Did any person listed on line 1 for services rendered to the or	a receive or accr	ue co	ompe	ensat lete !	ion f Sche	rom a	any u	unrelated organization or inc	lividual		.		X
Sect	ion B. Independent Contracto	ors												_
1	Complete this table for your five compensation from the organic	zation. Report co	nsate mpe	ed in nsati	depe on fo	nder r the	nt cor cale	ntrac ndar	r year ending with or within t	he organization's tax year		 -		
	Name an	(A) d business address							Descrip	(B) tion of services		Compe	nsation	
										-				
												-	-	_
								-						
2	Total number of independent or received more than \$100,000								listed above) who					
DAA	received more man \$100,000	or compensation	HOIII	uie (orgal	ıızdl	U(1)			0		50m 9	90 //	

35-2107573 Form 990 (2013) TREASURY INSTITUTE FOR Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue Unrelated exempt function business excluded from tax revenue under sections revenue 512-514 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d 10 Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 244,752 g Noncash contributions included in lines 1a-1f: 244,752 h Total. Add lines 1a-1f Revenue Busn. Code 122,702 122,702 611600 2a WORKSHOPS 108,795 108,795 b 611600 SYMPOSIUM 2014 Program Service 611600 14,695 14,695 SYMPOSIUM 2013 C f All other program service revenue 246,192 Total. Add lines 2a-2f Investment income (including dividends, interest, 1,138 1,138 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (a) Personal 6a Gross rents b Less rental exps C Rental inc. or (loss) Net rental income or (loss) Gross amount from (ı) Securities sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 900099 1,314 1,314 11a REBATES b All other revenue

1,314

246,192

493,396

2,452

Total. Add lines 11a-11d

Total revenue. See instructions

TREASURY INSTITUTE FOR Form 990 (2013) 35-2107573 Page 10 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (B) Program service (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,000 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 47,500 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): 23,400 a Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 12,500 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 10,018 Office expenses 1.247 Information technology Royalties 16 Occupancy 18,409 Payments of travel or entertainment expenses 354,736

10	r ayments of travel of entertainment expenses	l									
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
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.)	L									
а	MEMBERSHIP DUES										
b	BUSINESS ENTITY REPORT SO										
С		L									
d											
A	All other expenses										

Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

٠.	``	
* .		
1,315		
7		
	·	

	Check if Schedule O contains a response or note to any line in this Part X	 		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	8,476		12,000
. 2	Savings and temporary cash investments	587 , 795	2	604,410
3	Pledges and grants receivable, net		3	
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		1	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	• • • • • • • • • • • • • • • • • • • •
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or		-	
	other basis. Complete Part VI of Schedule D 10a			
1.	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded secunties		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investmentsprogram-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	596,271	16	616,410
17	Accounts payable and accrued expenses	330/271	17	010,410
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	·			
1	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
23	• • •		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
Ì	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
	complete lines 27 through 29, and lines 33 and 34.		j	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and			
İ	complete lines 30 through 34.		ŀ	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	596,271	32	616,410
33	Total net assets or fund balances	596,271	33	616,410
34	Total liabilities and net assets/fund balances	596,271	34	616,410

Form **990** (2013)

om	990 (2013) TREASURY INSTITUTE FOR 35-2107573			Pac	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4 9	93,3	396
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	73,2	257
3	Revenue less expenses. Subtract line 2 from line 1	3		20,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,2	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	61	L6,4	110
Pa	rt XII Financial Statements and Reporting		_		
	Check if Schedule O contains a response or note to any line in this Part XII		·		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ	
	Schedule O		- 1 1		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- I		
	reviewed on a separate basis, consolidated basis, or both		1 1	i	
	Separate basis Consolidated basis Both consolidated and separate basis			İ	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1	
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			·	
	Schedule O.			ŀ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2013)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization

Department of the Treasury

TREASURY INSTITUTE FOR HIGHER EDUCATION, INC

35-2107573

FORM 990, PART I, LINE 6

SUPPORT COORDINATOR, PROGRAM COORDINATOR AND PROGRAM COMMITTEE MEMBERS

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

THE BOARD OF DIRECTORS HIRED A MANAGEMENT COMPANY TO HANDLE THE DAY

-TO-DAY ACTIVITIES OF THE ORGANIZATION; I.E. PLANNING AND EXECUTION OF

CONFERENCES/MEETINGS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MEMBERS OF THE BOARD AND THE EXECUTIVE DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF RETURN FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD MEMBERS REVIEW AND APPROVE COMPENSATION FOR THE CO-EXECUTIVE DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

10192 TREASURY INSTITUTE FOR

35-2107573

Federal Statements

4/25/2014 1:07 PM

FYE: 12/31/2013

Taxable Interest on Investments

Descrip	tion					
		Amount	Unrelated Exclusio Business Code Code	n Posta <u>Code</u>	Acquired after 6/30/75	US Obs (\$ or %)
JP MORGAN CHASE						
	\$	1,138	1	IN		
TOTAL	\$	1,138				

4/25/2014 1:07 PM Fund Raising Management & General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) 12,500 12,500 Program Service Federal Statements 12,500 12,500 Total Expenses 10192 TREASURY INSTITUTE FOR HONORARIUMS - COORDINATORS **Description** FYE: 12/31/2013 35-2107573