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## Form 990

For Paperwork Reduction Act Notice, see the separate instructions DAA

**Return of Organization Exempt From Income Tax** 

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

<u>ОМВ № 1545-0047</u> **2013** 

. •											
Department of the Treas											
A	For the 2013	(									
В	Check if applicable										

Department of the Trea	Do not enter Social Security numbers on this form as it may be perfect by Information about Form 990 and its instructions is at www.ir	•		Open to Public
	calendar year, or tax year beginning 06/01/13, and ending 05/31/			
B Check if applicable	C Name of organization The Thomas More College	7	D Employer	dentification number
Address change	of Liberal Arts, Inc.			
_	Doing Business As		02-0	344073
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
Initial return	6 Manchester Street		603-	880-8308
Terminated	City or town state or province, country, and ZIP or foreign postal code			
Amended return	Merrimack NH 03054-4855		G Gross receipt	ss 3,541,29
	F Name and address of principal officer			
Application pending	William Fahey, President	H(a) Is this a gro	up return for subc	ordinates? Yes X N
	6 Manchester Street	H(b) Are all sub	ordinates include	ed? Yes N
	Merrimack NH 03054-4855	if "No,"	attach a list (se	e instructions)
Tax-exempt statu				
J Website ▶	WWW.THOMASMORECOLLEGE.EDU	H(c) Group exer	nption number	<b>&gt;</b>
K Form of organizati		Year of formation 1		State of legal domicile N
	Summary	100.01.01.01.01		
	describe the organization's mission or most significant activities			
9-1	Schedule O			
ا ع				
Ę i				
<u> </u>				
(D)	this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net ass		
3 Numbe	or of voting members of the governing body (Part VI, line 1a)			12
4 Numbe	er of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	12
5 Total n	umber of individuals employed in calendar year 2013 (Part V, line 2a)		5	84
6 Total n	umber of volunteers (estimate if necessary)		6	0
	nrelated business revenue from Part VIII, column (C), line 12		7a	
	related business taxable income from Form 990-T, line 34		7b	
2 1101 011	Stated Basiness tandara massive many form and 17 miles of	Prior Yea	r	Current Year
8 Contrib	outions and grants (Part VIII, line 1h)	1,296	5,552	861,41
9 Progra	m service revenue (Part VIII, line 2g)	2,876	5,111	2,587,23
10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)	16	5,089	17,94
11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,848	1,39
12 Total re	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,600	3,467,98
_	and similar amounts paid (Part IX, column (A), lines 1–3)		3,635	909,07
14 Penefit	s paid to or for members (Part IX, column (A), line 4)		7,000	,
	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,483	1 892	1,179,52
		1,10.	1,052	1/1/0/32
16a Profes	sional fundraising fees (Part IX, column (A), line 11e) undraising expensee-fPart IX, column (D), line 25) ► 139,154			<u> </u>
A		1 140	120	1 102 02
Les Others	expenses (Partil), column (A), lines 11a-11d, 11f-24e)		7,429	1,192,02
	xpenses Add Haes 18-17 (must equal Part IX, column (A), line 25)		5,956	3,280,61
19 Reven	ue less expenses Sulptract line 18 from line 12		5,644	187,36
Local Parameters of Carlon Par	T 1 5 2014 6	Beginning of Cur		End of Year
age 200 Total a	ssets (Part X, line 16) 🗳		9,514	6,020,68
폴립 21 Total-II	abilities (Rart X, line 26)		9,490	3,323,29
	sets or fund balances. Subtract line 21 from line 20	2,51	0,024	2,697,39
Part II	Signature Block			
Under penalties	of perjury, I declare that I have examined this return including accompanying schedules and statem	ents, and to the be	est of my knov	vledge and belief, it is
true, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg		<del></del>
	(Ill All )		10	113/14
Sign	Sissature a officer		Date	
Here	William Fahey Presi	dent		
	Type or print name and title			
Print//	ype preparer's name Preparer's signature	Date	Check	ıf PTIN
David	10 hours 10 14	1/1	/14 self-emplo	<b>□</b> "
Proparor	r J. Houde, CPA	1		02-0374548
- Fillis		F	ırm's EIN ▶	02-03/4348
Use Only	215-A Main St			603 000 000
	address Nashua, NH 03060-2938	P	hone no	603-882-278
May the IRS disc	cuss this return with the preparer shown above? (see instructions)			X Yes No

			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	<u>x</u>	
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		<u>X</u>
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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ŀ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
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		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		٠,	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	- 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.r	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	· ·	44.1	x	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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	445		X
11-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ı Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
L	Schedule D, Parts XI and XII	IZa		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	- 41
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	- 11	170		
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<del></del>
	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	-10		
	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			<u> </u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del> -
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del></del>
. •	If "Yes," complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Form 990 (2013) The Thomas More College
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		4,	
	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	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
24a	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$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		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 11
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
Ū	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		Х
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		X
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	X	
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		X
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
•	Schedule L, Part IV  An antity of which a current or former officer, director, tructon, or key ampleyed (or a family member thereof)	28b		_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		_
-	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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-chantable			•
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
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,			v
20	Part VI	37	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	19 - Note: All 1 Only 390 mets are required to complete Sociedate O		ggr	) (0040

Pa	Check if Schedule O contains a response or note to any line in this Par	t V				$\Box$
	The state of the s				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	133			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	j				
	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		ľ	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r financial				37
	account)?			4a		X
b	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 Finance		nts	_		7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	isaction		5b 5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	d the		36		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	u trie		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or		- Ua		
~	gifts were not tax deductible?	010113 01		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			- 52		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly if	for goods				
	and services provided to the payor?	J		7a		Х
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	t was				
	required to file Form 8282?			7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	fit contract	7	7e	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 889	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nızatıon fil	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ing				
	organization, have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		<u> X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	امدا	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1 Ta		$\dashv$		
U	against amounts due or received from them )	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	( .25				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<b></b>	
_	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					
	the organization is licensed to issue qualified health plans	13b			.	
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule O		. 14b		
_						

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Pamela Bernstein 6 Manchester Street NH 03054 603-880-8308 Merrimack

# 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 (B) (E) (D) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other week officer and a director/trustee) organizations compensation (list any the hours for organization (W-2/1099-MISC) from the Individual trustee or director Institutional trustee Highest co employee (W-2/1099-MISC) related organization and related organizations employee below dotted organizations line) (1) T. Patrick Monadhan 1.00 Chairman 0.00 X 0 0 (2) Harry C. Veryser 1.00 X 0 0.00 0 Treasurer 0 (3) William R. Stott, Jr. 1.00 X 0 0.00 0 0 Trustee (4) Stephen G. Peroutka 1.00 X 0 0 0.00 (5) Dr. Charles E. Rice, Esq. 1.00 0.00 X 0 0 0 Trustee (6) Frederic H. Clark 1.00 X Vice. Chairm 0.00 0 0 0 (7) Rep. Maureen C. Mooney 1.00 X 0.00 0 0 **Board Secretary** (8) Victoria Hughes 1.00 0.00 X 0 0 0 Trustee (9) Michael C. Gilleran 1.00 X 0.00 0 0 0 Trustee (10) Jim Broom 1.00 X 0.00 0 0 Trustee 0 (11) Sean Kay 1.00 X Trustee 0.00 0 0

		Stee	S, N			oyee	S, a	nd Highest Compensated (D)	(E)	(F)
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson	than o s both or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	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-2/1099-MISC)	from the organization and related organizations
(12) William E. Fahe	40.00									
President	0.00			x				119,315	0	16,798
(13)										
(14)			}							
(15)										
(16)		-								
(17)									:	
(18)										
(19)										
1b Sub-total			L		<u> </u>		<u> </u>	119,315		16,798
c Total from continuation sh d Total (add lines 1b and 1c)		Secti	ion /	4			<b>&gt;</b>	119,315		16,798
Total number of individuals (reportable compensation fro	including but not			thos	se lis	sted a	bov	•	\$100,000 in	
3 Did the organization list any								loyee, or highest compensa	ated	Yes No
employee on line 1a? If "Yes  For any individual listed on I  organization and related org	ine 1a, is the sum	of re	port	able	con	npens	satic			3 X
individual  5 Did any person listed on line for services rendered to the									r ındıvıdual	5 X
Section B. Independent Contract  1 Complete this table for your	five highest comp									
compensation from the orga	(A) ind business address	omp	ensa	ition	tor t	he ca	alen		nin the organization's tax you (B) stion of services	(C) Compensation
				-					<u>_</u>	
									·	
	<u>.</u>		_							
Total number of independer received more than \$100,00	it contractors (inc 0 of compensation	udınç n fro	g but m th	not e org	lımı ganız	ted to	tho	ose listed above) who	0	
DAA										Form <b>990</b> (2013

₽a	rt V	Statement of Reve Check if Schedule	e <mark>nue</mark>	tains a	response d	or note to any line i	in this Part VIII		
		Oncok ii concadie		icamo u	Гобропас	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
Srai	b	Membership dues	1b				-		
s, C	С	Fundraising events	1c				1		
Sift lar	d	Related organizations	1d				I I		
ini ini	е	Government grants (contributions)	1e		2,413				
tion r.S	f	All other contributions, gifts, grants,					1		
the		and similar amounts not included above	1f		858,997				
ati d Oi	g	Noncash contributions included in lines 1a	-1f	\$	27,100		1		
Program Service Revenue   Contributions, Gifts, Grants	h	Total. Add lines 1a-1f			<b>•</b>	861,410			
ıne					Busn Code				
ver	2a	Tuition and Fees				1,866,478	1,866,478		
2	b	Room and Board				700,300	700,300		
ķ	C	Auxiliary Enterpris	es			16,264	16,264		
Ser	d	Community Religious	Ed.	Prog.		4,193	4,193		
E	е								
ğ.	f	All other program service reve	enue						
<u>-</u>	g	Total. Add lines 2a-2f			•	2,587,235			
	3	Investment income (including	dıvıder	nds, intere	est,				
		and other similar amounts)			▶	18,496			18,496
	4	Income from investment of tax	x-exem	pt bond p	roceeds 🕨				
	5	Royalties			<b>•</b>				
		(ı) Real		(n) i	Personal				
	6a		,160						
	b		,765						
	C	Rental inc or (loss)	,605						
	d	Net rental income or (loss)		т		-7,605			-7,605
	/a	Gross amount from sales of assets (i) Securities	<u> </u>	(11	) Other				
		other than inventory					Ī		
	b	Less cost or other							
		basis & sales exps			547				
	С	Gain or (loss)			-547				
		Net gain or (loss)	1			-547	-547		
<u>o</u>	8a	Gross income from fundraising even	ents						
en C		(not including \$							
Š		of contributions reported on line 10	;)						
e.		See Part IV, line 18	а						
Other Revenue		Less direct expenses	b						
	I	Net income or (loss) from fun-		events	<u> </u>				
	9a	Gross income from gaming activiti	es						
		See Part IV, line 19	а						
		Less direct expenses	b						
		Net income or (loss) from gar	- 1	tivities	<u> </u>				
	10a	Gross sales of inventory, less	•						
		returns and allowances	а		_				
	i	Less cost of goods sold	þ						
	<u> </u>	Net income or (loss) from sale		ventory	<u> </u>				
	<u> </u>	Miscellaneous Revenue			Busn Code				
	11a	<del>-</del>	ne. t	rust	<u> </u>	8,870	8,870		
	b	Gain on investments			<b></b>	126	126		
	C								· <del></del> -
	d								
	е	Total. Add lines 11a-11d			<b>•</b>	8,996			
	1 12	Total revenue See instruction	ne			3.467.985	2.595.684	0	10.891

Form **990** (2013)

Part IX Statement of Functional Expenses

DAA

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All other		olete column (A)	
	Check if Schedule O contains a respons		<del></del>	(6)	(0)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		į.		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		•		
	the U.S. See Part IV, line 22	909,070	909,070		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		Į.		
	U S See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 315	11 020	02 500	22 062
	trustees, and key employees	119,315	11,932	83,520	23,863
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	051 054	641 760	140 701	66 504
7	Other salaries and wages	851,054	641,769	142,781	66,504
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105 450	01.050	21 501	10 615
9	Other employee benefits	135,458	91,252	31,591	12,615
10	Payroll taxes	73,701	49,650	17,188	6,863
11	Fees for services (non-employees).				
а	Management				
b	Legal	20 010		20.010	
С	Accounting	30,019		30,019	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		100 000	10.050	
	(A) amount, list line 11g expenses on Schedule O)	114,903	100,953	13,950	1 000
12	Advertising and promotion	20,402	19,402		1,000
13	Office expenses				
14	Information technology				<u></u>
15	Royalties	006 005	026 005		<del></del>
16	Occupancy	236,925	236,925	0.707	7.760
17	Travel	29,991	19,504	2,727	7,760
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164 000	164 020		
20	Interest	164,232	164,232		
21	Payments to affiliates	02 020	03 000		
22	Depreciation, depletion, and amortization	93,920	93,920		<del></del>
23	Insurance	22,038	22,038		<del></del>
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 )	100 505	106 002		1 000
а	Food	108,705	106,883	1 210	1,822
b	Utilities	97,638	96,319	1,319	· · ·
С	Maintenance	90,806	90,806	10 431	
d	Miscellaneous Expenses	60,016	47,585	12,431	10 505
е	All other expenses	122,426	84,868	18,831	18,727
25	Total functional expenses. Add lines 1 through 24e	3,280,619	2,787,108	354,357	139,154
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)				

<u>P</u>	art )	( Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest bearing	64,674	1	76,329
	2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net	18,853	3	9,603
	4	Accounts receivable, net	22,195	4	18,827
	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) voluntary employees' beneficiary			
ş		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	8,264	7	13,575
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,086	9	18,729
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 6,471,167			
	ь	Less accumulated depreciation 10b 1,825,499	2,296,095	10c	4,645,668
	11	Investments—publicly traded securities	38,422	11	4,645,668
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	2,469	14	
	15	Other assets See Part IV, line 11	2,776,456	15	1,197,565
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,239,514	16	6,020,685
	17	Accounts payable and accrued expenses	121,076	17	149,202
	18	Grants payable		18	
	19	Deferred revenue	20,245	19	26,061
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	26,000
_	23	Secured mortgages and notes payable to unrelated third parties	2,320,569	23	2,846,425
	24	Unsecured notes and loans payable to unrelated third parties	248,600	24	248,877
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	19,000		26,730
	26	Total liabilities. Add lines 17 through 25	2,729,490	26	3,323,295
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ě		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,324,012	27	1,412,327
Ba	28	Temporarily restricted net assets	804,990	28	908,280
Pur	29	Permanently restricted net assets	381,022	_29	376,783
Ŧ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.	-		
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	2,510,024		2,697,390
	34	Total liabilities and net assets/fund balances	5,239,514	34	6,020,685

Form	990 (2013) The Thomas More College 02-0344073			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2		
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 366</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,5	10,	024
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,6	97,	<u> 390</u>
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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			ŀ	
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	X	
	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 Audit Act and OMB Circular A-133?		3a	X	<u> </u>
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	X	

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Thomas More College

of Liberal Arts, Inc. 02-0344073

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

Par	t I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt.) Se	e inst	ruction	าร		
he or	gar	nization is not	a private foundation becaus	e it is (For lines 1 through 11,	check only	one box	)						
1	Ť	A church, cor	nvention of churches, or ass	ociation of churches described	ın <b>sectio</b> r	170(b)(1	)(A)(i).						
2	K		cribed in section 170(b)(1)(										
3	7			ce organization described in se	ction 170	(b)(1)(A)(	iii).						
4	┪	•	•	d in conjunction with a hospital			•	)(1)(A)(i	ii). Ente	er the he	ospital's name	a.	
٠ ـ	_	city, and state	*					N - M - M -	.,				
5	٦	-		of a college or university owned	or operat	ed by a ni	overnme	ntal uni	descri	hed in			
L		-	b)(1)(A)(iv). (Complete Part	•	or operat	ca by a g	J V C	intai ain	ucson	DCG			
6	7	•		overnmental unit described in s	oction 17	/0/b\/4\/A	V(v)						
7	+							rom tho	202055	مناطييما			
' L		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
<b>。</b> 「													
8   9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
9 L		_	• ,							_	)55		
		-		npt functions—subject to certair nd unrelated business taxable in	•	•	•						
			•	0, 1975 See section 509(a)(2)	•			, iroin c	usines	565			
10 [	7			exclusively to test for public safe			•						
11	$\dashv$	•	,	exclusively to test for public said exclusively for the benefit of, to	•			to corn	out the	_			
'' [		-		ed organizations described in s	•			-					
				he type of supporting organizati						Section	•		
						•	Г			6	tionally integra		
. [	7						d					iteu	
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
		or section 50	•	a than one or more publicly sup	ported or	gariizadoi	15 06301	Dea iii s	CUUIT	505(a)(	''		
f			` ',` '	rmination from the IRS that it is	a Tyne I	Type II /	or Type I	II sunna	ortina				
1		_	check this box	ininiation from the tixs that it is	a Type I,	Type II, (	or Type	iii suppe	nung				
_		_		tion accepted any gift or contrib	ution from	any of th	16			-			Ш
g		following per	•	non accepted any girt of contino	duon non	i any or u	10						
		•		ontrols, either alone or together	with nors	ne decer	ibad in (	u) and				Yes	No
			•	•	willi beist	nis desci	ibea iii (	ii) and			110(1)	Tes	NO
			<ul> <li>v, the governing body of the member of a person describ</li> </ul>	* * *						-	11g(ı)	+-	$\vdash$
		• •	·	described in (i) or (ii) above?							11g(iı)	_	$\vdash$
		• •	•	he supported organization(s)							11g(iii	ш	т—
<u>h</u>	la				(bu) Is the	organization	(v) Did y	ou notifu	( <sub>1</sub> (1)	Is the	fuul Amount		
(1) 14		e of supported anization	(a) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	sted in your		ization in		tion in col	(vii) Amount supp		laiy
				above or IRC section	governing	document?	col (I)	of your ort?		zed in the S?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
A)					1	- 10	100	-10	100	1	_		
~,										1			
B)			<del></del>	<del></del>									
-,													
C)				<del></del>									
•													
D)													
E)			_		+					<del> </del>			
_,													
	_												
Tatal			I .	}	i .	ŧ :	•	1	+	• ~ 1	1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	·						
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201	13	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							<b>•</b>
Sec	tion C. Computation of Public Su	ipport Percent	tage				<del> </del>	
14	Public support percentage for 2013 (line 6	, column (f) divided	d by line 11, colum	nn (f))			14	<u></u>
15	Public support percentage from 2012 Sch						15	<u> </u>
16a	33 1/3% support test-2013. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		. —
	box and <b>stop here</b> . The organization qual		-					▶ ∐
b	33 1/3% support test—2012. If the organ				15 is 33 1/3% or m	ore,		
	check this box and stop here. The organic	•		-				▶ ∐
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet				•			
	Part IV how the organization meets the "fa	icts-and-circumsta	nces" test. The or	ganization qualifie	s as a publicly sup	ported		▶ □
	organization	10 15 11		1 40 4	0- 405 - 47			▶ ∐
b	10%-facts-and-circumstances test—20°	•						
	15 is 10% or more, and if the organization			·	•			
	Explain in Part IV how the organization me	ets the facts-and	-circums(ances" to	est i ne organizati	on qualifies as a p	ublicty		<b>&gt;</b>
10	supported organization  Private foundation. If the organization di	d not check a bay	on line 12 16a 14	Sh 17a ar 17h ah	ack this hav and a	00		
18	instructions	u not check a box (	лінн <del>е із, Іоа,</del> ІС	50, 17a, 01 170, Ch	CON HIIS DOX SHO S	5 <del>6</del>		▶ [

Schedule A (Form 990 or 990-EZ) 2013 The Thomas More College

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

	-				( / / / / /			
(Complete	only if yo	ou checked the	e box on line 9 o	of Part I or it	the organization	failed to qualify	under Part	iΠ.
If the organ	nization f	ails to qualify i	inder the tests I	listed below	please complete	Part II )		

Sec	tion A. Public Support	quality diluci ti	ic tests listed t	below, please c	omplete i art ii		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(1.7)	(7)		(-)	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	_					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		_	_			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			_			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<b></b>
Sec	ction C. Computation of Public Su	upport Percen	tage			<b>,</b> , , , ,	
15	Public support percentage for 2013 (line 8		•	nn (f))		15	%
16	Public support percentage from 2012 Sch				<del></del>	16	%
	ction D. Computation of Investme					·· ·· ·	
17	Investment income percentage for 2013 (I		· -	3, column (f))		17	<u>%</u>
18	Investment income percentage from 2012					<u> 18  </u>	<u>%</u>
19a	33 1/3% support tests—2013. If the orga						▶ □
L	17 is not more than 33 1/3%, check this b		=				▶ ∐
b	33 1/3% support tests—2012. If the orgal line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di		<del>-</del>			=	<b>▶</b>   -

Schedule A (Form 990 or 990-EZ) 2013 The Thomas More College 02-0344073 P

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer ı	dentification number
	ne Thomas More College			
	Liberal Arts, Inc.			344073
Pa	Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" to		Account	s.
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		_	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	clusive legal control?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant lar	d area
	Protection of natural habitat	Preservation of a certified histori	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure in	icluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, or	extinguished, or terminated by the organiza	ation during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of		п., п.,
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the y	/ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing > \$	g conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	v the requirements of section 170(h)(4)(B)		
•	(i) and section 170(h)(4)(B)(ii)?	, and requirements of section (176(17)(17)(2)		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stateme	nt. and	
_	balance sheet, and include, if applicable, the text of the footnote to the	·		he
	organization's accounting for conservation easements	-		
Pa	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" to		Similar	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	, not to report in its revenue statement and	balance sh	neet
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	nerance of	
	public service, provide, in Part XIII, the text of the footnote to its finan	icial statements that describes these items	;	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	, to report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	nerance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$ .
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, pr	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 95)	8) relating to these items.		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
<u> </u>	Assets included in Form 990, Part X			\$

3 Using the organization's acquisition, acces collection items (check all that apply)	sion, and other records	s, check any of the folio	owing that are a signific	cant use of its		
a Public exhibition	d 🗍	Loan or exchange prog	rams			
b Scholarly research	=	Other				
c Preservation for future generations						
4 Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt p	ourpose in Part		
XIII						
5 During the year, did the organization solicit	or receive donations of	of art, historical treasure	es, or other similar			_
assets to be sold to raise funds rather than	to be maintained as p	art of the organization	s collection?		Yes	No
Part IV Escrow and Custodial A	rrangements.					
Complete if the organization 990, Part X, line 21	on answered "Yes'	to Form 990, Part	t IV, line 9, or repo	rted an amount o	n Form	
1a Is the organization an agent, trustee, custo	dian or other intermed	iary for contributions or	other assets not			_
included on Form 990, Part X?					Yes	No
b If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table				
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an amount on	Form 990, Part X, line	21?			Yes _	∐ No
b If "Yes," explain the arrangement in Part X	III Check here if the ex	xplanation has been pro	ovided in Part XIII			
Part V Endowment Funds.						
Complete if the organization	on answered "Yes"	to Form 990, Par			<del>,</del>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	
1a Beginning of year balance	38,422	39,051	32,484	28,895		,891
<b>b</b> Contributions	2,413	-969	6,651	4,507	5,	, 322
<ul> <li>Net investment earnings, gains, and</li> </ul>					1	
losses	300	490	66	-918		682
d Grants or scholarships	1,000					
<ul> <li>Other expenditures for facilities and</li> </ul>						
programs					<b>_</b>	
f Administrative expenses	1,461	150	150		<u> </u>	
g End of year balance	38,674	38,422	39,051	32,484	28,	,895
2 Provide the estimated percentage of the co	urrent year end balanc	e (line 1g, column (a)) l	held as			
a Board designated or quasi-endowment ▶	%					
b Permanent endowment ► %						
c Temporanly restricted endowment ▶	%					
The percentages in lines 2a, 2b, and 2c sh						
3a Are there endowment funds not in the pos-	session of the organiza	ation that are held and	administered for the		Γ	_
organization by					Yes	No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					3a(ii)	X
b If "Yes" to 3a(II), are the related organization	ons listed as required of	on Schedule R?			3b	
4 Describe in Part XIII the intended uses of t		owment funds			<del></del>	
Part VI Land, Buildings, and Eq						
Complete if the organization	<u>on answered "Yes</u>	<u>" to Form 990, Par</u>	<u>t IV, line 11a. See</u>	Form 990, Part X	( <u>, line 10</u>	
Description of property	(a) Cost or other	1		Accumulated	(d) Book value	
	(investment)	<u> </u>	·	epreciation		
1a Land			78,259		1,578,	
b Buildings		4,2	07,113 1	,351,067	2,856,	046
c Leasehold improvements					- <del></del>	
d Equipment			36,672	455,596	181,	
e Other			49,123	18,836		287
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line 10	(c) )	<u> </u>	<u>4,645,</u>	668
				Sched	ule D (Form 99	0) 2013

Part VII	Investments—Other Securities.		02 0311073	rage
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11b See Form 990, Part	X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year m	narket value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				<del></del>
(H)				
•	n (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.	•		-
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11c See Form 990, Part	X, line 13
	(a) Description of investment	(b) Book value	(c) Method of val	
			Cost or end-of-year m	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
_	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11d See Form 990, Part	t X, line 15
	(a) Description	on		(b) Book value
(1)	Beneficial interest			1,138,77
(2)	Deferred financing of	costs		41,53
(3)	Property taxes held			17,26
(4)				
(5)				
(6)				
(7)	<del></del>			
(8)	· · ·			· · · · · · · · · · · · · · · · · · ·
(9)	, , , , , , , , , , , , , , , , , , ,			
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	1,197,56
Part X	Other Liabilities.			
,	Complete if the organization answered "Yes	s" to Form 990 Part IV line	11e or 11f See Form 99	0 Part X
	line 25.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Book value		······································
	income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	s Payable Employees	26,730		
(3)				
(4)				
(5)		<del>   </del>		
(6)				
(7)				
(8)	<del></del>			
(9)	(1)			
	n (b) must equal Form 990, Part X, col (B) line 25)	26,730		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of t	he footnote to the organization's fi	nancial statements that reports	the .

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

.Pa	rt XI Reconciliation of Revenue per Audited Financial State  Complete if the organization answered "Yes" to Form 99		-	urn.	
1	Total revenue, gains, and other support per audited financial statements	oo, raitiv, iiic	<u> </u>	1	2,632,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				270027227
	Net unrealized gains on investments	2a	ļ.	1	
a b	Donated services and use of facilities	2b	<del></del>		
		2c			
d		2d	73,312		
	Add lines 2a through 2d	<u> </u>		2e	73,312
3	Subtract line 2e from line 1		Ì	3	73,312 2,558,915
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1			<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII )	4b	909,070	.	
	Add lines 4a and 4b			4c	909,070
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,467,985
Pa	art XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per R	Returi	1.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	2,444,861
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c	<u> </u>		
	Other (Describe in Part XIII )	2d	73,312		72 210
	Add lines 2a through 2d			2e	73,312
3	Subtract line 2e from line 1	1 1		3	2,3/1,549
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	4a	909,070		
	Other (Describe in Part XIII )	4b	909,070		909,070
С 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	1		4c	3,280,619
	art XIII Supplemental Information	,			3,200,013
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV. lines 1b and	d 2b. Part V. line 4. P	art X. I	ne
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				
	art XI, Line 2d - Revenue Amounts Inclu	•		Oth	er
			•		
L	oss on Sale of Asset not Included in Fi	nancials	\$	•	547
R	ental Expenses Reclassed from Expenses	in Financi	ials \$	;	72,765
P	art XI, Line 4b - Revenue Amounts Inclu	ded on Ret	turn - Othe	r	
			•		
S	cholarships Treated as Revenue Reductio	n in Finar	ncials \$	}	909,070
P	art XII, Line 2d - Expense Amounts Incl	uded in F	inancials -	Ot	her
_		000		•	F 4 F
L	oss on Sale of Asset not Included on Fo	rm 990	\$	•	547
R	ental Expenses Reclassed to Revenue on	Form 990	\$	;	72,765
	and the second s		<b>.</b>		_ ,
ת	art XII, Line 4b - Expense Amounts Incl	uded on Pa	sturp - Oth	er	
ץ	are arr, brue an - expense amounts inci	.uueu on R	ccarn - och	-CT	
S	cholarships Treated as Expense on Form	990	\$	;	909,070
	-		·		

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

The Thomas More College of Liberal Arts, Inc.

Employer identification number 02-0344073

<u> </u>	II t			
			YES	NO
1	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	х	
2	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	х	
3	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  Publicized in posters and the College Handbook.	3	x	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	X	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		x
b	Admissions policies?	5b		х
_	Administration political			
С	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		x
f	Use of facilities?	5f		х
g	Athletic programs?	5g		x
h	Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h	-	х
•		6-	x	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	<del>-</del>
b	Has the organization's right to such aid ever been revoked or suspended?	6b	ļ	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II		ł	
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	7	х	

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

Sch E - Financial Aid or Government Assistance Explanation

The college administers federal assistance on behalf of the students in the forms of Pell Grants, FSEOG and Federal Direct Loans.

Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public Inspection 2013

Name of	Name of the organization The Thomas More College	lege						Employer identification number	
	of Liberal Arts, In	10.	3					02-0344073	
Part	t i General Information on Grants and Assistance	Assistance							
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ne amount of the g	grants or ass	stance, the grantees'	eligibility for the grani	s or assistance, an	<b>.</b>		<b>2</b>
2	the selection britishs used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ntoring the use of	grant funds	in the United States				S91 4	
Part II	# Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	vernments ar	nd Organi than \$5.00	zations in the Ur	duplicated if addit	plete if the organism	anization ans	<b>Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be duplicated if additional space is needed.	,
-	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Ξ									
(5)									
(3)									
(4)									
(2)									
(9)									
6	:								
<u>(8)</u>				1.5					
6									
3 2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations lister 1 table	d in the line	1 table				<b>A A</b>	

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2013) The Thomas More College 02-0344073

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

	Part III can be duplicated if additional space is needed	onal space is needed.		ļ		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
, AC PO	ייין יייין מייין אפאין אפאין אפאין אפאין	7.7	020.606			
7						
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_ ^						
Part IV	Supplemental Information. Provide the information	vide the information re	quired in Part I, line 2	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information.	nformation.

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

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

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

Name of the orga	nization The Thomas More C	college					Employ	er idei	ntıficatı	ion nun	nber		
	of Liberal Arts,						02-0	3440	73				
Part I	Excess Benefit Transacti												
	Complete if the organization answ	<del></del>					990-EZ, Part V, I	ine 4	<u>0b</u>				
1	(a) Name of disqualified person	(b) Relatio	nship between disq	ualifie	d pers	son and	(c) Description of tra	nsactio	'n		(d)	Correct	
	<del></del>		organizatio	n							Yes		No
<u>(1)</u>											—	$\dashv$	
(2)											—	+	
(3)											Ь—	+	
_(4)											—	+	
(5)											—	+	
(6)											Ь		
under s	he amount of tax incurred by the orga section 4958 he amount of tax, if any, on line 2, ab				rson	s during the year		<b>▶</b> \$	š <u> </u>				
Part II	Loans to and/or From Int	erested Perso	ns.			· · · · · · · · · · · · · · · · · · ·							
	Complete if the organization answ			rt V,	line	38a or Form 990,	Part IV, line 26,	or if t	he				
	organization reported an amount					·	, ,						
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to	, , ,	(f) Balance due	(g) in	default?		proved		/ritten
		with organization	loan		om the	principal amount					oard or nittee?	agree	ement?
					From			Yes	No	Yes	No	Yes	No
Willian	n Fahey	President											
(1)	General Oper	ating		X		26,000	26,000		X		x	х	
(2)				1	_					├	<u> </u>	<u> </u>	-
(2)													Ì
(3)				+	+				$\vdash$	$\vdash$	$\vdash$	$\vdash$	₩
/A\													
(4)			-	╁	╁╾			$\vdash$	$\vdash$	$\vdash$	$\vdash$		<del> </del>
/E\												•	
(5)				+	╁			<del> </del> -	+	┼	$\vdash$	$\vdash$	├
(E)			ļ						İ			ł	
(6)			<del> </del>	+	╁			<del>                                     </del>	+	+		<del>                                     </del>	<del> </del>
(7)													
_(7)			1	+	$\vdash$			<del>                                     </del>	+	<del> </del> -	<del> </del>		<del>                                     </del>
(8)													
10/				+	╁			<u>†                                      </u>	+	†	<u> </u>	<del> </del>	┢
(9)						İ				ŀ			
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Part III	Grants or Assistance Bei	nefitina Intere	sted Perso	ns.			=0,000	<u></u>		<del></del>			
, .	Complete if the organization answ				e 27								
	(a) Name of interested person	(b) Relation	ship between intere	ested	Ī		(d) Type of assistance		(e)	Purpos	e of ass	stance	
(4)		, , ,			t			+					
(1)	· · · · · · · · · · · · · · · · · · ·	<del>-  </del>			+			+					
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Part IV	Business Transactions Involvi Complete if the organization answered "	ing Interested Persons. Yes" on Form 990, Part IV, line 28	3a, 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) Sharir of org revenues
		Organization			Yes No
(1)					
(2)			<del></del>		-
(4)					1 1
(5)					
(6)				-	
(7)					
(8)	- <del></del>				
(9)					
10) Part V	Supplemental Information			<u> </u>	
Tan V	Provide additional information for respon	nses to questions on Schedule L (	see instructions)		
				-	
	· · · · · · · · · · · · · · · · · · ·				
	· <del>-</del>	· ··			
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Thomas More College of Liberal Arts, Inc.

Employer identification number

02-0344073

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ	-		
1	Art — Works of art			Form 990, Part VIII, line 19	·			
2	Art — Historical treasures							
3	Art — Fractional interests	-						
4	Books and publications	х		1,800				
5	Clothing and household			1,000				
э	-		•					
e	goods							
6	Cars and other vehicles		<u>-</u>					
7	Boats and planes					<del></del>		
8	Intellectual property	x	1	7,692				
9	Securities — Publicly traded	<u> </u>	<u> </u>	1,032				
10	Securities — Closely held stock				<del></del>			
11	Securities — Partnership, LLC,							
40	or trust interests							
12	Securities — Miscellaneous	-						
13	Qualified conservation							
	contribution — Historic							
	structures		···· · · ·					
14	Qualified conservation							
4-	contribution — Other	<u> </u>						
15	Real estate — Residential	-						
16	Real estate — Commercial	-					-	
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		<del></del>		_			
22	Historical artifacts	-				<del></del>		
23	Scientific specimens	1						
24	Archeological artifacts							
25	Other ►(	' <del>                                     </del>	1	17 600				
26	Other (loan discount)	X	1	17,608				
27	Other ►(	'					-	
28	Other ►(	<u> </u>	L					
29	Number of Forms 8283 received by							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years			ion, and which is not require	ed to be			
	used for exempt purposes for the er		g period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a gift ac	cceptance	policy that requires the r	eview of any non-standard				
	contributions?					31		X
32a	Does the organization hire or use th	urd parties	or related organizations	to solicit, process, or sell ne	oncash			
	contributions?				•	32a	<u> </u>	X
b	If "Yes," describe in Part II							l
33	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.							١.

02-0344073

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### **SCHEDULE 0** (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization

The Thomas More College of Liberal Arts, Inc.

Employer identification number 02-0344073

Form 990 - Organization's Mission

The Thomas More College of Liberal Arts is dedicated to providing a catholic education to students of all faiths. It recognizes that reflection on the specific nature of liberal education has been entrusted to the Church in a special way and so assumes as its task the rediscovery and articulation on this tradition in our own time.

Form 990, Part III, Line 4d - All Other Accomplishment Delivery of Education and Services to students.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Copies are given to the finance committee to review.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Board reviews each members conflict of interest status at its May and December board meetings each year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official President's compensation is approved by the Board of Trustees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are kept on file at the premises. They are available for inspection upon request.

Name of the organization	Employer id	entification number
The Thomas More College	02-0	344073
Loss on Sale of Asset not Included in Financials	\$	547
Rental Expenses Reclassed from Expenses in Financials	\$	72,765
Scholarships Treated as Revenue Reduction in Financials	\$	-909,070
Loss on Sale of Asset not Included on Form 990	\$	-547
Rental Expenses Reclassed to Revenue on Form 990	\$	-72,765
Scholarships Treated as Expense on Form 990	\$	909,070

## Form **4562**

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

Attach to your tax return.

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Identifying number

The Thomas More College Name(s) shown on return 02-0344073 of Liberal Arts, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 122,334 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period only-see instructions) service 3-year property 19a b 5-year property С 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. 27.5 yrs. S/L Residential rental MM property MM 27 5 yrs. S/L 39 yrs MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L c 40-year 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 122,334

For assets shown above and placed in service during the current year, enter the

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The Thomas More College 02-0344073 Form 4562 (2013) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Yes No 24b If "Yes," is the evidence written? Yes 24a Do you have evidence to support the business/investment use claimed? (1) (a) (b) Business Elected section 179 Type of property Date placed Basis for depreciation Recover Method/ Degreciation investment use percentage Cost or other basis (list vehicles first) (business/investment deduction cost in service penod Convention use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 26 Property used 50% or less in a qualified business use S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (d) (b) Amortization (a) Date amortization Amortizable amount Code section Amortization for this year period or Description of costs begins percentage Amortization of costs that begins during your 2013 tax year (see instructions 42 Amortization of costs that began before your 2013 tax year 43 43

Total. Add amounts in column (f) See the instructions for where to report

02-0344073	Federal Sta	Statements		
	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	ees for Service (Non-	employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
Ocher Expenses Total		100,	13,	0
	Form 990, Part IX, Line 24e	e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies Dues & Bank Fees	\$ 42,117	\$ 30,966	\$ 6,516 11,899	\$ 4,635 1,020
Oxford Program Expense Printing	14,022 11,905	14,022 11,163		742
Marketing & Promotion Postage	11,405	2,430	416	2,975
Conference Expenses Books	5,120 3,562	5,120 3,134		428
venicie Expense Total	\$ 122,426	\$ 84,868	\$ 18,831	\$ 18,727