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### 990 Form

# **Return of Organization Exempt From Income Tax**

2013 Inspection

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. 06-30 , 2013, and ending For the 2013 calendar year, or tax year beginning 07-01

| R .                                     | Check if a                 | applicable   | C Name of organization PILL                                    | AR COLLEGE INC   |  |                  |                               | D Employer identification no                        |  |  |
|---|----------------------------|--|--|--|--|------------------|-------------------------------|---|--|--|
| Ц,                                      | Address o                  | change   | Doing Business As  |  |  |                  |                               | 45-3912932  |  |  |
| LJ.                                     | Name cha                   | ange   | Number and street (or P O b                                    | ox if mail is not delivered to street address)   |  | Room/si          | uite                          | E Telephone number                                  |  |  |
| X                                       | Initial retu               | ırn  | 70 PARK PLACE ST   | E 701  | · · · · · · · · · · · · · · · · · · ·  | L                |                               | (973)803-5000                                       |  |  |
|   | Terminate                  | ed   | City or town, state or province                                | e, country, and ZIP or foreign postal code   |  |                  |                               | 6,509,561   |  |  |
|   | Amended                    | return   | NEWARK, NJ 07102   |  |  |                  |                               | G Gross receipts \$                                 |  |  |
|   | Applicatio                 | n pending  | F Name and address of princi                                   | pal officer REV DR DAVID E SC  | HROEDER  | ,                | I. II                         | -<br>   |  |  |
|   |                            |  | 140 BEECHWOOD AV   | E, Middlesex, NJ 08846   |  | H(a)             | Is this a group subordinates? | return for Yes X No                                 |  |  |
|   | Tax-exem                   | npt status   | 501(c)(3) 501(c)(  | ) (insert no ) 4947(a)(1) or   | 527  | H(b)             | Are all subordir              | nates included? Yes No<br>a list (see instructions) |  |  |
| J ,                                     | Website:                   |  | LLAR.EDU   |  |  | H(c)             | Group exemption               | on number   |  |  |
| ĸ                                       | Form of o                  | rganization  | Corporation Trust Ass  | ociation Other   | L Year of formation 20   | 001              | M State of le                 | egal domicile NJ                                    |  |  |
| -                                       | rt I.                      | Summar   | γ  |  |  |                  |                               |   |  |  |
|   | 1                          |  | · · · · · · · · · · · · · · · · · · ·                          | on or most significant activities  | Pillar College is  | an inc           | dependent,                    | -   |  |  |
|   |                            | -  | and  |  |  |                  |                               |   |  |  |
| ည                                       |                            | faith-based, 4-year institution of higher education licensed by the State of New Jersey accredited by Middle States Commission on Higher Education and the Association of Biblic |  |  |  |                  |                               |   |  |  |
| Ē                                       | İ                          | Higher Ed  | lucation.  |  |  |                  |                               |   |  |  |
| ž Š                                     | 2                          |  |  | discontinued its operations or dispo-  | sed of more than 25% of its  | net ass          | sets                          |   |  |  |
| , g                                     | 3                          |  | oting members of the govern                                    | •  |  |                  | 3                             | 15  |  |  |
| ಶ<br>೧೯೭೦                               | 4                          |  |  | of the governing body (Part VI, line   | 1b)  |                  | 4                             | 15  |  |  |
| ) i                                     | 5                          |  | •  | calendar year 2013 (Part V, line 2a)   |  |                  | 5                             | C   |  |  |
|   | 6                          |  | r of volunteers (estimate if n                                 |  |  |                  | 6                             | 25  |  |  |
| MAR 0 9 2015<br>Activities & Governance |                            |  | ed business revenue from P                                     | • •  |  |                  | 7                             | <del></del>   |  |  |
| <u></u>                                 | i                          |  | d business taxable income fi                                   |  |  |                  | 7                             | b   |  |  |
| Revenue RRED                            | <del></del>                |  |  |  | [ [ ] [ ] [ ] [ ] [ ] [ ]  | ~ P              | rior Year                     | Current Year  |  |  |
| تربة<br>وربية<br>قريمة                  | 8                          | Contributions  | s and grants (Part VIII, line 1                                | h)   |  | $\overline{}$    | co!                           | 265,940   |  |  |
| a a                                     | 9                          |  | vice revenue (Part VIII, line 2                                |  |  | i                |                               | 5,911,072   |  |  |
| en en                                   | 10                         | •  | n∞me (Part VIII, column (A)                                    | <del>-</del>   | 183 FEB 2 5 Z  | <del>015  </del> | Ţj.                           | 106,608   |  |  |
| ું ફુ                                   | 11                         |  |  | es 5, 6d, 8c, 9c, 10c, and 11e)  |  |                  | !.                            | 225,941   |  |  |
| _                                       | 12                         |  |  | nust equal Part VIII, column (A), line   | 12)  | 7 7              |                               | 6,509,561   |  |  |
|   | 13                         |  | similar amounts paid (Part IX                                  |  | and the second s | <i>4</i>         | - W.                          | (   |  |  |
|   | 14                         |  |  |  |  |                  |                               |   |  |  |
|   | 1                          | •  | to or for members (Part IX,                                    | benefits (Part IX, column (A), lines 5   | -10)   |                  |                               | 4,083,365   |  |  |
| es                                      | 15                         |  | fundraising fees (Part IX, co                                  |  |  |                  |                               | 1,003,303   |  |  |
| Expenses                                |                            |  | • ,  |  | 0  |                  |                               |   |  |  |
| ă.                                      |                            |  | sing expenses (Part IX, colu<br>ses (Part IX, column (A), line |  |  |                  | : 479.5 1 50 But 2            | 2,420,783   |  |  |
| ш                                       | 17                         | -  | •  | egual Part IX, column (A), line 25)  |  |                  |                               | 6,504,148   |  |  |
|   | 18                         |  | •  | •  |  |                  |                               |   |  |  |
|   | 19                         | Revenue les  | s expenses. Subtract line 1                                    | 8 from line 12   |  |                  |                               | 5,413   |  |  |
| its or                                  |                            | <b>-</b> 4.1 4.  | (D-+V l 40)  |  | <del>                                     </del>   | seginning        | g of Current Yea              |   |  |  |
| Asse<br>Bal                             | 20                         |  | (Part X, line 16)  |  |  |                  |                               | 2,751,018   |  |  |
| Net Assets of Fund Balance              | 21                         |  | es (Part X, line 26)   |  |  |                  |                               | 594,389   |  |  |
|   |                            |  | r fund balances Subtract lir                                   | ne 21 from line 20   |  |                  |                               | 2,156,629   |  |  |
|   | irtill#                    |  | ire Block  | rn, including accompanying schedules and st  | atements, and to the hest of my k  | nowledge         | and belief it is              | ,   |  |  |
| true, d                                 | r penaltie:<br>correct, ar | s of perjury, I decl<br>nd complete. Dec   | claration of preparer (other than off                          | rn, including accompanying screedies and st<br>icer) is based on all information of which prep | arer has any knowledge   | nowledge         | and belief it is              |   |  |  |
|   | _                          |  | 1////  | //.=   | <u> </u>   |                  |                               | 1 17 7  |  |  |
| Sig                                     |                            | 2  | X Clup   | s ug   |  |                  |                               | 2-17-2015   |  |  |
| _                                       |                            | l.   | ure of officer   | -  |  |                  | J                             | aic   |  |  |
| Her                                     | re                         |  | EL WRIGHT, PROVOST r print name and title                      |  | · · · · · · · · · · · · · · · · · · ·  |                  |                               |   |  |  |
|   |                            | · · · · · · · · · · · · · · · · · · ·  |  | <del>,</del>   | Date   | <del></del>      |                               | <del></del>   |  |  |
|   |                            | Print/Type pro   | reparer's name   | Preparer's signature   | Date   | 1                | Check if                      | PTIN  |  |  |
| Pai                                     |                            |  |  |  |  | 1                | self-employed                 | L   |  |  |
|   | parer                      |  |  |  |  | Firm's E         |                               |   |  |  |
| Use                                     | e Only                     | Firm's addres  | ss 🚩   |  |  | Phone n          | 10                            |   |  |  |
|   |                            |  | <del></del>  |  |  | l                |                               |   |  |  |
|   |                            |  |  | wn above? (see instructions) .   |  | <u></u>          | · · · · · ·                   | Yes No  |  |  |
|   | Paperv                     | vork Reduction   | ion Act Notice, see the se                                     | parate instructions.   | Au   | 4                |                               | Form <b>990</b> (2013                               |  |  |
| EEA                                     |                            |  |  |  | 7) (   | 1                |                               | //  |  |  |
|   |                            |  |  |  |  |                  |                               |   |  |  |

| $\overline{}$ | 990 (2013) PILLAR COLLEGE INC 45-3912932 Page 2  |
|---------------|--|
| Par           | Statement of Program Service Accomplishments   |
|               | Check if Schedule O contains a response or note to any line in this Part III   |
| 1             | Pinefly describe the organization's mission.   |
|               | Pillar College is an independent, faith-based, 4-year institution of higher education  |
|               | licensed by the State of New Jersey and accredited by Middle States Commission on Higher                                       |
|               | Education and the Association of Biblical Higher Education.  |
|               | Did the organization undertake any significant program services during the year which were not listed on the                   |
| 2             | pnor Form 990 or 990-EZ? Yes x No  |
|               | If "Yes," describe these new services on Schedule O  |
| 3             | Did the organization cease conducting, or make significant changes in how it conducts, any program                             |
| 3             | services?  |
|               | If "Yes," describe these changes on Schedule O   |
| 4             | 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 reported   |
|               |  |
| 4a            | (Code ) (Expenses \$ 6,504,148 including grants of \$ ) (Revenue \$ 6,509,561)   |
|               | Cumulative student headcount enrolled from 7.1.13 to 6.30.14 is 553.   |
|               |  |
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| 4b            | (Code) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
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| 4c            | (Code) (Expenses \$ including grants of \$) (Revenue \$)   |
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|               |  |
| 4:1           | Other and any and (Department Cabadida O.)   |
| 4d            | Other program services (Describe in Schedule O )   |
| 4-            | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 6,504,148                                  |
| 4e            | Tytal program service expenses " 0/30x/±x0   |

## 3) PILLAR COLLEGE INC Checklist of Required Schedules Part IV

|          |   | -   | 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   | X     |               |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | X     |               |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  |     | -1-   |               |
| J        | 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   |       | X             |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |     |       |               |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   | 1   |       |               |
|          | Part III  | 5   |       | X             |
| 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   |       | Х             |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |     |       |               |
| 9        | 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   |       | Х             |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted   | -   |       |               |
| 10       | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  | х     |               |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  | -10 | - 11  | 1             |
| • •      | 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,"  |     |       | J             |
| a        | complete Schedule D, Part VI  | 11a | х     |               |
| h        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more  |     |       |               |
| _        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | Х     |               |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more   |     |       |               |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |       | X             |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  |     |       |               |
|          | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |       | X             |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |       | X             |
| 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 |       | X             |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |       |               |
|          | Schedule D, Parts XI and XII  | 12a |       | _X_           |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if  |     |       |               |
|          | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |       | _X_           |
| 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   | i   |       |               |
|          | 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   |     |       |               |
|          | 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  |     |       |               |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |       | X             |
| 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   |     |       | 1,7           |
| 40       | 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?  | 40  |       | v             |
| 20-      | If "Yes," complete Schedule G, Part III   | 19  |       | $\frac{X}{X}$ |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a |       |               |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b | 990 / | 2012\         |

Checklist of Required Schedules (continued) Part IV Yes No Bid 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 Scheudle I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 Х on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Χ ........... 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? X 25b 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 Χ disqualified persons? If so, complete Schedule L, Part II 26 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 38

| Par        | t V Statements Regarding Other IRS Filings and Tax Compliance   |         |       |  |
|------------|---|---------|-------|--|
|            | Check if Schedule O contains a response or note to any line in this Part V  | · · · , | • • • | ᆜ  |
|            |   |         | Yes   | No   |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |         |       |  |
| b          | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | Ì       | 1     |  |
| C          | Did the organization comply with backup withholding rules for reportable payments to vendors and  |         |       |  |
|            | 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   |         |       |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b      | X     | <u> </u>   |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |         |       | -  |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a      |       | X  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b      |       |  |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |         |       |  |
|            | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  | 4.      |       | X  |
|            | account)?   | 4a      |       |  |
| 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 Financial Accounts           |         | i     |  |
| <b>-</b> - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a      |       | X  |
| 5a         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b      |       | X  |
| b          |   | 5c      |       | <u> </u>   |
| C<br>C     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30      |       | <del>                                     </del> |
| 6a         | organization solicit any contributions that were not tax deductible as chantable contributions?   | 6a      |       | X  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or  | -       |       |  |
| U          | qifts were not tax deductible?  | 6b      |       |  |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |         |       |  |
| a          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |         |       |  |
|            | and services provided to the payor?   | 7a      |       | 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 was  |         |       |  |
|            | required to file Form 8282?   | 7с      |       | Х  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year   |         |       |  |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e      |       | X  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f      |       | Х  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g      |       | X  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h      |       | X  |
| 8          | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   |         |       | 1  |
|            | 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?  | 8       |       | <del>                                     </del> |
| 9          | Sponsoring organizations maintaining donor advised funds.   | ٥-      |       |  |
| 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: Initiation fees and capital contributions included on Part VIII, line 12  | -,      |       |  |
| a          | Initiation fees and capital contributions included on Part VIII, line 12  |         |       |  |
| ь<br>11    | Section 501(c)(12) organizations. Enter.  |         |       |  |
| a          | Gross income from members or shareholders   |         |       |  |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources  |         |       |  |
|            | against amounts due or received from them )   |         |       |  |
| 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 during the year   |         |       |  |
| 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  |         |       |  |
|            | the organization is licensed to issue qualified health plans  |         |       |  |
| С          | Enter the amount of reserves on hand  |         |       | <u> </u>   |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a     |       | X  |
| ь          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b     | 1     | 1  |

Part VI 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 the Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х The governing body? 8a Each committee with authority to act on behalf of the governing body? 8ь Х . . . . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b h Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Χ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 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 with a taxable entity during the year? 16a 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 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website □ Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 DANIEL WRIGHT (973)803-5000, 70 PARK PLACE STE 701, Newark, NJ 07102

| Form | aan | /201 | וצו |
|------|-----|------|-----|
|      |     |      |     |

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Page 7

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

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 organization compensated any current officer, director, or trustee

| (A)   | (B)                         | (C)                               |                             |         |          | (D)                          | (E)      | (F)                             |                              |                          |  |
|---|-----------------------------|-----------------------------------|-----------------------------|---------|----------|------------------------------|----------|---------------------------------|------------------------------|--------------------------|--|
| Name and Title  | Average                     |                                   | Position                    |         |          |                              |          | Reportable compensation         | Reportable compensation from | Estimated amount of      |  |
|   | hours per<br>week (list any | (do no                            | (do not check more than one |         |          |                              |          | from                            | related                      | other                    |  |
|   | hours for                   | box, unless person is             |                             |         |          |                              |          | the                             | organizations                | compensation             |  |
|   | related organizations       |                                   | r and                       |         |          | trustee)                     | _        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)              | from the<br>organization |  |
|   | below dotted                | Individual trustee<br>or director | nstit                       | Officer | Key      | Highest compensated employee | Former   |                                 |                              | and related              |  |
| •   | line)                       | ecto                              | nstitutional                | er      | employee | est c                        | Ē        |                                 |                              | organizations            |  |
|   |                             | trus                              | altr                        |         | oyee     | omp                          |          |                                 |                              |                          |  |
|   |                             | tee                               | trustee                     |         |          | ensa                         |          |                                 |                              |                          |  |
|   |                             |                                   |                             |         |          | ted                          |          |                                 |                              |                          |  |
|   |                             |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| (1) TIM SCHMIDT                                       | 2.00                        |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| BOARD CHAIRMAN  | <u> </u>                    | Х                                 |                             |         |          |                              |          | 0                               | 0                            | 0                        |  |
| (2) GEORGE REILLY                                     | 2.00                        | 37                                |                             |         |          |                              |          | _                               |                              |                          |  |
| ADVANCEMENT CHAIR                                     |                             | Х                                 |                             |         |          |                              |          | 0                               | 0                            | 0                        |  |
| (3) ELIZABETH ROBLES                                  | 2.00_                       | X                                 |                             |         |          |                              |          | O                               |                              | 0                        |  |
| TRUSTEE   | 2.00                        | $\vdash$                          | -                           |         |          |                              |          |                                 | 0                            | - 0                      |  |
| (4) DR K BRAD STAMM ACADEMIC AFFAIRS AND ASSESS CHAIR | 2.00                        | $\mid_{X}\mid$                    |                             |         |          |                              |          | a                               | o                            | 0                        |  |
| (5) JUAN VELESCO                                      | 2.00                        |                                   | -                           |         |          |                              | -        |                                 | 0                            |                          |  |
| BOARD SECRETARY                                       |                             | х                                 |                             |         |          |                              |          | o                               |                              | 0                        |  |
| (6) DELLA MOSES WALKER                                | 2.00                        |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| PUBLIC AFFAIRS CHAIR                                  |                             | х                                 |                             |         |          |                              |          | o                               | o                            | 0                        |  |
| (7) PHL CASCIANO                                      | 2.00                        |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| BOARD TREASURER                                       |                             | Х                                 |                             |         |          |                              |          | o                               | o                            | 0                        |  |
| (8) REV DR ROB CRUVER                                 | 2.00                        |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| CHANCELLOR SPIRITUAL DEVEL CHAIR                      |                             | X                                 |                             |         |          |                              |          | 0                               | 0                            | 0                        |  |
| (9) REV DR ROBERT B DALLENBACH                        | 2.00                        |                                   |                             |         |          |                              |          |                                 |                              | _                        |  |
| BOARD CHAPLAIN  |                             | X                                 |                             |         |          |                              |          | 0                               | 0                            | 0                        |  |
| (10) DR FRANK DONARUMA                                |                             |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| BOARD VICE CHAIR ENROLLMENT CHAIR                     |                             | Х                                 |                             |         |          |                              |          | 0                               | 0                            | 0                        |  |
| (11) ABRAHAM A ESPADA                                 | 1.00                        |                                   |                             |         |          |                              |          |                                 |                              |                          |  |
| TRUSTEE   |                             | X                                 |                             |         |          |                              | <u> </u> | 0                               | 0                            | 0                        |  |
| (12) DAVID GROSS                                      | 2.00                        | ,,                                |                             |         |          |                              |          |                                 |                              |                          |  |
| TRUSTEE   | ļ. <u></u>                  | Х                                 |                             |         |          |                              | _        | O                               | 0                            | 0                        |  |
| (13) REV DR JASON C GUICE SR                          | 2.00                        | <sub>v</sub>                      |                             |         |          |                              |          | _                               | _                            | _                        |  |
| TRUSTEE   |                             | X                                 | _                           |         |          | -                            |          | C                               | 0                            | 0_                       |  |
| (14) SHINO JOHN                                       | 2.00                        | x                                 |                             |         |          |                              |          | _                               |                              | _                        |  |
| STRATEGIC GROWTH AND INTL DEVLPMENT                   | <u> </u>                    | lacksquare                        | L                           |         | Щ.       | <u> </u>                     |          |                                 | 0                            | 0                        |  |

| Part    | VII Section A. Officers, Directors, Trustees               | , Key Emplo   | yees,                            | and                   | l Hig   | hes        | t Con                        | nper         | sated Employees                         | (continued)                           | ,          |                  |      |
|---------|--|---|----------------------------------|-----------------------|---------|------------|------------------------------|--------------|---|---------------------------------------|------------|------------------|------|
|         | ' (A)  | (B)   |                                  |                       | (0      | <b>:</b> ) |                              |              | (D)                                     | (E)                                   |            | (F)              |      |
|         | Name and title   | Average   |                                  |                       | Pos     |            |                              |              | Reportable                              | Reportable                            | E          | stimated         | d    |
|         | hours per  | (do not check more than one box, unless person is both an |                                  |                       |         |            | ,                            | compensation | compensation from                       | а                                     | mount o    | of               |      |
|         |  | week (list any<br>hours for                               |                                  |                       | •       |            | ustee)                       | '            | from<br>the                             | related organizations                 | COL        | other<br>npensat | tion |
|         |  | related   | 2 5                              | 0 5 5 0 A 9 F         |         |            |                              | P            | organization                            | (W-2/1099-MISC)                       |            | from the         |      |
|         |  | organizations   | divi                             | stite                 | Officer | Key e      | nplo                         | l m          | (W-2/1099-MISC)                         | ,                                     | OI         | ganızatı         | on   |
|         |  | below dotted  | dual                             | l tion                | 4       | μpl        | est c                        | 4            |   |                                       |            | nd relate        |      |
|         |  | line)   | Individual truste<br>or director | Institutional trustee |         | employee   | Highest compensated employee |              |   |                                       | ord        | ganızatıc        | ns   |
|         |  |   | stee                             | uste                  |         |            | ens                          |              |   |                                       |            |                  |      |
|         |  |   |                                  | •                     |         |            | ated                         |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            | _                            |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| (15) T  | MMIE REID  | 2.00  |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         | USTEE  |   | X                                |                       |         |            |                              |              | 0                                       | 0                                     |            |                  | 0    |
|         | V DR DAVID E SCHROEDER                                     | 40.00   |                                  |                       | М       |            |                              |              |   | <del></del>                           |            |                  |      |
|         | ESIDENT  | - <del>1</del> 0.00                                       |                                  |                       | x       |            | Х                            |              | 109,940                                 | 0                                     |            | 6 5              | 060  |
|         |  | 10.00   |                                  |                       |         | -          | 71                           |              | 103,340                                 |                                       |            |                  | 000  |
|         | NIEL WRIGHT  | 40.00   |                                  |                       |         |            |                              |              |   | _                                     |            |                  |      |
| PF      | OVOST  | <del>                                     </del>          |                                  |                       |         | _X         |                              |              | 130,000                                 | 0                                     | ļ <u>.</u> |                  | 0    |
| (18) DE | ALFORD OTTLEY  | 40.00   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| VI      | CE PRESIDENT OF ACADEMIC AFFAIRS                           |   |                                  |                       |         | X          |                              |              | 63,490                                  | 0                                     |            | 49,              | 260  |
| (19)_   |  | '   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| (20)    |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| (21)    |  |   |                                  |                       |         |            | -                            |              |   |                                       |            |                  |      |
| 7-7/    |  |   |                                  |                       |         | J          |                              | ļ            |   |                                       |            |                  |      |
| (22)    |  |   |                                  |                       | -       |            |                              |              |   |                                       |            |                  |      |
| (22)    |  |   |                                  |                       |         |            |                              |              |   |                                       | ļ          |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       | ļ — —      |                  |      |
| (23)    |  |   |                                  |                       |         |            |                              |              |   |                                       | 1          |                  |      |
|         |  |   |                                  |                       | $\Box$  |            |                              |              |   |                                       |            |                  |      |
| (24)    |  |   |                                  |                       |         |            |                              |              |   |                                       | 1          |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| (25)    |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            | 1                            |              |   |                                       |            |                  |      |
| 1b      | Sub-total  |   |                                  |                       |         |            |                              | <b>•</b>     |   |                                       |            |                  |      |
| С       | Total from continuation sheets to Part VII, Section        |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| d       | Total (add lines 1b and 1c)                                |   |                                  |                       |         |            |                              | ٠            | 303,430                                 | 0                                     |            | 114,             | 320  |
|         | Total number of individuals (including but not limited to  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| _       |  | J ti iose iisted  | above                            | VVIIC                 | J 160   | CIVC       | u more                       | , uia        | 11 \$ 100,000 01                        | 4                                     |            |                  |      |
|         | reportable compensation from the organization              |   |                                  |                       |         |            |                              |              |   | 4                                     |            | \ <u>\</u>       | T    |
| _       |  |   |                                  |                       |         |            |                              |              |   |                                       |            | Yes              | No   |
| 3       | Did the organization list any former officer, directo      |   | -                                | nplo                  | yee,    | or h       | nghes                        | t cor        | npensated                               |                                       |            |                  |      |
|         | employee on line 1a? If "Yes," complete Schedule J for     |   |                                  |                       | • •     |            |                              |              | · • • • • • • • • • • • • • • • • • • • |                                       | 3          |                  | X    |
| 4       | For any individual listed on line 1a, is the sum of report | •   |                                  |                       |         |            | -                            |              |   |                                       |            |                  |      |
|         | organization and related organizations greater than \$7    | 150,000?If "Y   | es," cc                          | mple                  | ete S   | Sche       | dule J                       | for s        | uch                                     |                                       |            |                  |      |
|         | Individual   |   |                                  |                       |         |            |                              |              |   |                                       | 4          | X_               |      |
| 5       | Did any person listed on line 1a receive or accrue con     | npensation fro  | om any                           | unre                  | elate   | d org      | ganıza                       | tion         | or individual                           |                                       | L          |                  |      |
|         | for services rendered to the organization? If "Yes," con   | mplete Sched  | lule J fo                        | or su                 | ich p   | erso       | n                            |              |   |                                       | 5          | •                | X    |
| Secti   | on B. Independent Contractors                              |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| 1       | Complete this table for your five highest compensated      | Independent   | contra                           | ctors                 | s tha   | t rec      | eived                        | more         | than \$100,000 of                       | · · · · · · · · · · · · · · · · · · · |            |                  |      |
| •       | compensation from the organization Report compens          | = -   |                                  |                       |         |            |                              |              |   | n's tay                               |            |                  |      |
|         |  |   | Jaiona                           | ai yo                 | , CI CI | i Can i i  | y ******                     | 01 ***       | ami ale organizator                     | 113 tax                               |            |                  |      |
|         | year   |   |                                  |                       |         |            |                              |              |   | <del>-</del> -                        |            |                  |      |
|         | (A)  |   |                                  |                       |         |            |                              |              | (B)                                     |                                       |            | (C)              |      |
|         | Name and business address                                  |   |                                  |                       |         |            |                              |              | Description of s                        | services                              | Com        | pensatio         | n_   |
|         |  |   |                                  |                       |         |            |                              |              | <del> </del>                            |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         | _          |                              |              | <u> </u>                                |                                       |            |                  |      |
|         |  | 7   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
|         |  |   |                                  |                       |         |            |                              |              |   |                                       |            |                  |      |
| 2       | Total number of independent contractors (including bi      | ut not limited t  | o those                          | e liste               | ed al   | oove       | e) who                       |              |   |                                       |            |                  |      |
|         | received more than \$100,000 of compensation from the      |   |                                  | •                     |         |            |                              |              |   |                                       |            |                  |      |

| <u> </u>  |          | * Check if Schedule O contains a response or not  | e to any line in this F  | Part VIII            |                                       |                     |                                     |
|---|----------|---|--------------------------|----------------------|---------------------------------------|---------------------|-------------------------------------|
|   |          | the things of the a factor and the control of the control   | មយាធាណ្ឌ                 | (A)<br>Total revenue | (B)<br>Related or                     | (C)<br>Unrelated    | (D)<br>Revenue                      |
| <b>!</b><br><b>}</b>                                      | -        | . e verrigen neugen in felt fill für fill menetraften fille fillere benennt   | en linge serverianskar a |                      | exempt<br>function                    | business<br>revenue | excluded from tax<br>under sections |
|   | 4.       | 5.4   | 1                        |                      | revenue                               |                     | 512-514                             |
| nts   | 1a       | Federated campaigns 1a  |                          |                      |                                       |                     |                                     |
| Gra   | b        | Membership dues   |                          |                      |                                       |                     |                                     |
| ξž  | C        | Fundraising events 1c  Related organizations  |                          | -                    |                                       |                     |                                     |
| iai gi  | d        | - January Control of the Control of |                          |                      |                                       |                     |                                     |
| Sir   | e        | Government grants (contributions) 1e  |                          |                      |                                       |                     |                                     |
| ig je   | 1        | All other contributions, gifts, grants, and similar amounts not included above  | 265 040                  |                      |                                       |                     |                                     |
| 들   |          |   | 265,940                  |                      |                                       |                     |                                     |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g        | Noncash contributions included in lines 1a-1f: \$   |                          | 265 040              | :                                     |                     |                                     |
| ပြုဖ  | h        | Total. Add lines 1a-1f  | I                        | 265,940              | · · · · · · · · · · · · · · · · · · · |                     |                                     |
| Program Service Revenue                                   | 2-       | multiple and many   | Business Code            | 5 011 072            | F 011 070                             |                     |                                     |
|   | l        | Tuition and Fees  | 611600                   | 5,911,072            | 5,911,072                             |                     |                                     |
|   | b        |   |                          |                      |                                       |                     | <del></del>                         |
| ٤   | ے ا      |   |                          |                      |                                       |                     |                                     |
| E Se  | d        |   |                          | -                    |                                       |                     |                                     |
| grat  | ، ا      | All other program service revenue   |                          |                      |                                       |                     |                                     |
| P.  | l        | Total. Add lines 2a-2f  |                          | 5,911,072            |                                       |                     |                                     |
|   |          |   | • • • • • • •            | 3,911,072            |                                       |                     | <u> </u>                            |
|   | 3        | Investment income (including dividends, interest, and other similar amounts)  | •                        | 106,608              | 106,608                               |                     |                                     |
|   | 4        | Income from investment of tax-exempt bond procee  |                          | 100,000              | 100,000                               |                     |                                     |
|   | _        | Royalties   |                          |                      |                                       |                     |                                     |
|   |          | (ı) Real  | (II) Personal            |                      |                                       |                     |                                     |
|   | 6a       | Gross rents   | (ii) i croonal           |                      |                                       |                     |                                     |
|   |          | Less rental expenses  |                          |                      |                                       |                     | ļ                                   |
|   | l        | Rental income or (loss)   |                          |                      |                                       |                     |                                     |
|   | l        | Net rental income or (loss)   | <b>•</b>                 |                      |                                       |                     |                                     |
|   |          | Gross amount from sales of (i) Securities   | (II) Other               |                      |                                       |                     |                                     |
|   | /a       | assets other than inventory   | ()                       |                      |                                       |                     |                                     |
|   | <b>.</b> | Less cost or other basis  |                          | -                    | 1                                     |                     |                                     |
|   |          | and sales expenses  |                          |                      |                                       |                     | į                                   |
|   | С        | Gain or (loss)  |                          | -1 -                 |                                       |                     | 1                                   |
|   | 1        | Net gain or (loss)  | <b>.</b> ▶               |                      |                                       |                     |                                     |
| e   |          | Gross income from fundraising   |                          |                      |                                       | . "                 | 1                                   |
| _   |          | events (not including \$  |                          |                      |                                       |                     | !                                   |
| Other Reve  |          | of contributions reported on line 1c)   |                          |                      |                                       |                     |                                     |
| er_   |          | See Part IV, line 18 a  |                          |                      |                                       |                     |                                     |
| 횽   | ь        | Less direct expenses b  |                          |                      |                                       |                     |                                     |
|   |          | •   |                          |                      | [-                                    |                     |                                     |
|   |          | Gross income from gaming activities   |                          | n+                   |                                       |                     |                                     |
|   |          | See Part IV, line 19 a  |                          | - "                  |                                       |                     |                                     |
|   | ь        | Less direct expenses b  |                          | •                    |                                       |                     |                                     |
|   | c        | Net income or (loss) from gaming activities   |                          |                      |                                       |                     |                                     |
|   |          | Gross sales of inventory, less  |                          |                      |                                       |                     |                                     |
|   |          | returns and allowances  |                          |                      |                                       |                     |                                     |
|   | b        | Less cost of goods sold b   |                          |                      |                                       |                     | 1                                   |
|   | l        |   |                          |                      |                                       |                     |                                     |
|   |          | Miscellaneous Revenue   | Business Code            |                      |                                       |                     |                                     |
|   | 11a      | Auxiliary Income  | 611600                   | 171,688              | 171,688                               |                     |                                     |
|   | b        | Other sources   | 611600                   | 54,253               | 54,253                                |                     |                                     |
|   | С        |   |                          |                      |                                       |                     |                                     |
|   | d        | All other revenue   |                          |                      |                                       |                     |                                     |
|   | е        | Total. Add lines 11a-11d  |                          | 225,941              |                                       |                     |                                     |
|   | 12       | Total revenue. See instructions   | ▶                        | 6,509,561            | 6,243,621                             | 0                   | 0                                   |

#### Part IX Statement of Functional Expenses

| Secu     | <ul> <li>ion 501(c)(3) and 501(c)(4) organizations must complete all column</li> <li>Check if Schedule O contains a response or note to any l</li> </ul> |                   | <del></del>              |                                 |                      |
|----------|--|-------------------|--------------------------|---------------------------------|----------------------|
| Do 1     | not include amounts reported on lines 6b, 7b,  | (A)               | (B)                      | (C)                             | (D)                  |
|          | 9b, and 10b of Part VIII.  | Total expenses    | Program service expenses | Management and general expenses | Fundraising expenses |
| 1        | Grants and other assistance to governments and   |                   | схрепаса                 | general expenses                | схрензез             |
| •        | organizations in the United States See Part IV, line 21 .  |                   |                          |                                 | !                    |
| 2        | Grants and other assistance to individuals in  | _                 |                          |                                 | · ·· ·               |
| _        | the United States. See Part IV, line 22  |                   |                          |                                 |                      |
| 3        | Grants and other assistance to governments,  |                   |                          |                                 |                      |
| •        | organizations, and individuals outside the   |                   |                          |                                 | ı                    |
|          | United States See Part IV, lines 15 and 16   |                   |                          |                                 |                      |
| 4        | Benefits paid to or for members  |                   |                          |                                 |                      |
| 5        | Compensation of current officers, directors,   |                   |                          |                                 |                      |
|          | trustees, and key employees  |                   |                          |                                 |                      |
| 6        | Compensation not included above, to disqualified   |                   |                          |                                 |                      |
|          | persons (as defined under section 4958(f)(1)) and  |                   |                          |                                 |                      |
|          | persons described in section 4958(c)(3)(B)   |                   |                          |                                 |                      |
| 7        | Other salanes and wages  | 3,444,909         | 3,444,909                |                                 |                      |
| 8        | Pension plan accruals and contributions (include   |                   |                          |                                 |                      |
|          | section 401(k) and 403(b) employer contributions)  |                   |                          |                                 |                      |
| 9        | Other employee benefits  | 263,876           | 263,876                  |                                 | <del></del>          |
| 10       | Payroll taxes  | 374,580           | 374,580                  |                                 |                      |
| 11       | Fees for services (non-employees)  |                   |                          |                                 |                      |
| а        | Management   |                   |                          |                                 |                      |
| b        | Legal  | 2,103             | 2,103                    |                                 |                      |
| С        | Accounting   | 16,784            | 16,784                   |                                 |                      |
| d        | Lobbying   |                   |                          |                                 |                      |
| е        | Professional fundraising services See Part IV, line 17 .   |                   |                          |                                 |                      |
| f        | Investment management fees   | 12,453            | 12,453                   |                                 |                      |
| g        | Other (If line 11g amount exceeds 10% of line 25, column   |                   |                          |                                 |                      |
|          | (A) amount, list line 11g expenses on Schedule O)  |                   |                          |                                 |                      |
| 12       | Advertising and promotion  | 356,492           | 356,492                  |                                 |                      |
| 13       | Office expenses  | 56,304            | 56,304                   |                                 |                      |
| 14       | Information technology   | 56,148            | 56,148                   |                                 |                      |
| 15       | Royalties  |                   |                          |                                 | <del></del>          |
| 16       | Occupancy  | 557,094           | 557,094                  |                                 |                      |
| 17       | Travel   | 56,392            | 56,392                   |                                 | <del>.</del>         |
| 18       | Payments of travel or entertainment expenses   |                   |                          |                                 |                      |
|          | for any federal, state, or local public officials  |                   |                          | -                               |                      |
| 19       | Conferences, conventions, and meetings   |                   |                          |                                 |                      |
| 20       | Interest   | 4,095             | 4,095                    |                                 |                      |
| 21       | Payments to affiliates   |                   |                          |                                 |                      |
| 22       | Depreciation, depletion, and amortization  | 110,403           | 110,403                  |                                 |                      |
| 23       | Insurance  | 76,656            | 76,656                   |                                 |                      |
| 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)  | F.C. 200          |                          |                                 |                      |
| a        | Copy Print   | 56,380            | 56,380                   | <u></u>                         |                      |
| b        | Commissions Tauthooks publications   | 199 429           | 406,542                  |                                 |                      |
| c        | Textbooks publications   | 188,429           | 188,429                  |                                 |                      |
| d        | All other expenses   | 85,736<br>378,772 | 85,736                   | <del></del>                     |                      |
| е<br>25  | All other expenses  Total functional expenses. Add lines 1 through 24e .   | 6,504,148         | 378,772<br>6,504,148     | 0                               | 0                    |
| 25<br>26 | Joint costs. Complete this line only if the  | 3,304,140         | 0,301,110                |                                 | <u> </u>             |
|          | organization reported in column (B) joint costs  |                   |                          |                                 |                      |
|          | from a combined educational campaign and   |                   |                          |                                 |                      |
|          | fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)  |                   |                          |                                 |                      |
|          |  |                   | <del></del>              |                                 |                      |

| Par                         | X   | Balance Sheet   | ***  |     |             |
|-----------------------------|-----|---|--|-----|-------------|
|                             |     | Check if Schedule O contains a response or note to any line in this Part X              |  |     | L           |
|                             |     |   | (A)  |     | (B)         |
|                             |     |   | Beginning of year  |     | End of year |
|                             | 1   | Cash - non-interest-bearing   |  | 1   | 107,661     |
|                             | 2   | Savings and temporary cash investments  |  | 2   | 40,945      |
|                             | 3   | Pledges and grants receivable, net  |  | 3   | 604,595     |
|                             | 4   | Accounts receivable, net  |  | 4   | 638,256     |
|                             | 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   | <del></del> |
|                             | 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          |  |     |             |
|                             |     | organizations (see instructions) Complete Part II of Schedule L                         |  | 6   |             |
|                             | 7   | Notes and loans receivable, net   |  | 7   |             |
| Assets                      | 8   | Inventories for sale or use   |  | 8   |             |
| Ass                         | 9   | Prepaid expenses and deferred charges   |  | 9   | 98,778      |
| ,                           | 10a | Land, buildings, and equipment cost or  |  |     |             |
|                             |     | other basis. Complete Part VI of Schedule D 10a 969,633                                 | ,  |     |             |
|                             | ь   | Less: accumulated depreciation 10b 472,430  |  | 10c | 497,203     |
|                             | 11  | Investments - publicly traded securities  |  | 11  | 602,792     |
|                             | 12  | Investments - other securities. See Part IV, line 11                                    |  | 12  | 160,788     |
|                             | 13  | Investments - program-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)                               | <del></del>  | 16  | 2,751,018   |
|                             | 17  | Accounts payable and accrued expenses   |  | 17  | 240,078     |
|                             | 18  | Grants payable  |  | 18  |             |
|                             | 19  | Deferred revenue  | · · · · · · · · · · · · · · · · · · ·  | 19  | 129,311     |
|                             | 20  | Tax-exempt bond liabilities   |  | 20  | ·           |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D                    |  | 21  |             |
| Ś                           | 22  | Loans and other payables to current and former officers, directors,                     |  |     |             |
| Liabilities                 |     | trustees, key employees, highest compensated employees, and                             |  |     |             |
| abi                         |     | disqualified persons Complete Part II of Schedule L                                     |  | 22  |             |
| =                           | 23  | Secured mortgages and notes payable to unrelated third parties                          |  | 23  |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                            |  | 24  | 225,000     |
|                             | 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   |  | 25  |             |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 0  | 26  | 594,389     |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here                                | The Committee of the Co |     |             |
| Ś                           |     | complete lines 27 through 29, and lines 33 and 34.                                      |  |     |             |
| 2                           | 27  | Unrestricted net assets   |  | 27  | 2,119,067   |
| <u>a</u>                    | 28  | Temporarily restricted net assets   |  | 28  | 37,562      |
| Net Assets of Fund Balances | 29  | Permanently restricted net assets   |  | 29  |             |
| ä                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here                         | <del></del>  |     |             |
| off                         |     | complete lines 30 through 34.   |  |     |             |
| ets                         | 30  | Capital stock or trust principal, or current funds                                      |  | 30  |             |
| \ss(                        | 31  | Paid-in or capital surplus, or land, building, or equipment fund                        | <del></del>  | 31  |             |
| et A                        | 32  | Retained earnings, endowment, accumulated income, or other funds                        |  | 32  |             |
| Z                           | 33  | Total net assets or fund balances   | 0  | 33  | 2,156,629   |
|                             | 34  | Total liabilities and net assets/fund halances  | 0  | 34  | 2.751.018   |

| Form | 990 (2013) PILLAR COLLEGE INC   | 45-3912932           | :       | P        | age 12         |
|------|---|----------------------|---------|----------|----------------|
| Par  | rt XI Reconciliation of Net Assets  |                      |         |          |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                   | <u> </u>             |         | · · · ·  | <u>.  x  _</u> |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | . 1                  | 6       | ,509,    | 561            |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | . 2                  | 6       | ,504,    | 148            |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | . 3                  |         | 5,       | 413            |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | . 4                  |         |          |                |
| 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                  | 2       | ,151,    | 216            |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |                      |         |          |                |
|      | 33, ∞lumn (B))  | . 10                 | 2       | ,156,    | 629            |
| Par  | rt XII Financial Statements and Reporting   |                      |         |          |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                  | · · · <u>· · · ·</u> | <u></u> |          | <u>. 🖳</u>     |
|      |   |                      |         | 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   |                      |         |          | 1              |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                      |         |          |                |
| 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       |                      |         | Ì        | 1              |
|      | separate basis, consolidated basis, or both.  |                      |         |          | 1              |
|      | Separate basis 🐰 Consolidated basis 📙 Both consolidated and separate basis                                    |                      |         | ļ        | ,              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |                      |         | <u>-</u> |                |
|      | 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 |                      | İ       |          | '              |
|      | Schedule O  |                      |         |          | <u> </u>       |
| За   | 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  |                      | 1       |          |                |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       | <u> </u>             | 3b      | X        | <u> </u>       |
| == ^ |   |                      | Form    | 990 (    | 2013)          |

### **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.

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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

Inspection

| Name  | of the | organization                          |  |   |                 |               |                     |                | Employer         | ridentification | n numbe      | r          |        |
|-------|--------|---------------------------------------|--|---|-----------------|---------------|---------------------|----------------|------------------|-----------------|--------------|------------|--------|
| PILI  | AR     | COLLEGE INC                           |  |   |                 |               |                     |                |                  | 912932          |              |            |        |
| Par   | t I    | Reason for F                          | Public Charity   | Status (All organiza                                      | ations m        | ust comp      | olete this          | part.) S       | See instru       | uctions         |              |            |        |
| The o | organ  | ization is not a private              | foundation because   | e it is. (For lines 1 through                             | 11, check       | only one b    | ox.)                |                |                  |                 |              |            |        |
| 1     | Ц      | A church, conventio                   | n of churches, or a  | ssociation of churches d                                  | lescribed ii    | section       | 170(b)(1)( <i>l</i> | <b>식)(i)</b> . |                  |                 |              |            |        |
| 2     | X      | A school described                    | ın section <b>170(b)</b> (1  | 1)(A)(ii). (Attach Schedu                                 | le E)           |               |                     |                |                  |                 |              |            |        |
| 3     | Ц      |                                       |  | rvice organization descri                                 |                 |               |                     |                |                  |                 |              |            |        |
| 4     | Ш      | A medical research                    | organization opera   | ted in conjunction with a                                 | hospital d      | escribed ii   | n section 1         | 170(b)(1)(     | A)(ıiı). Ent     | er the          |              |            |        |
|       |        | hospital's name, city,                |  |   |                 |               |                     |                |                  |                 |              |            |        |
| 5     | Ш      | An organization opera                 | ated for the benefit of  | of a college or university o                              | wned or op      | erated by a   | a governme          | ental unit d   | escribed in      |                 |              |            |        |
|       |        | section 170(b)(1)(A                   | (iv). (Complete Pa   | art II)   |                 |               |                     |                |                  |                 |              |            |        |
| 6     | Ц      |                                       | •  | r governmental unit desc                                  |                 |               |                     | -              |                  |                 |              |            |        |
| 7     |        | J                                     | •  | substantial part of its supp                              | oort from a     | governmer     | ntal unit or fi     | rom the ge     | eneral public    | С               |              |            |        |
|       |        | described in section                  |  |   |                 |               |                     |                |                  |                 |              |            |        |
| 8     | Ц      | •                                     |  | n <b>170(b)(1)(A)(vi)</b> . (Com                          | -               | •             |                     |                |                  |                 |              |            |        |
| 9     | Ш      | -                                     | - · · · · · · · · · · · · · · · · · · ·  | 1) more than 33 1/3% of it                                |                 |               |                     |                |                  | oss             |              |            |        |
|       |        | •                                     |  | pt functions - subject to c                               |                 |               |                     |                |                  |                 |              |            |        |
|       |        | · · · · · · · · · · · · · · · · · · · |  | nd unrelated business tax                                 |                 |               |                     | ) from bus     | inesses          |                 |              |            |        |
|       |        | , ,                                   |  | 30, 1975 See section                                      |                 |               | •                   |                |                  |                 |              |            |        |
| 10    | 片      |                                       |  | ed exclusively to test for                                |                 |               |                     |                |                  |                 |              |            |        |
| 11    | Ш      |                                       |  | exclusively for the benefit                               |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       |  | orted organizations desc                                  |                 |               |                     |                |                  | section         |              |            |        |
|       |        |                                       | _  | s the type of supporting e II c Type                      |                 |               |                     | ·              | 7                | Non-funtion     | a allu u a t | peratad    |        |
| _     |        |                                       | b ∐ Type   |   |                 |               |                     | d L            | - ,,             |                 | iany iriu    | grateu     |        |
| е     | ш      | -                                     |  | anization is not controlled<br>er than one or more public |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       | managers and oute  | er than one or more public                                | ay supporte     | iu Organiza   | IIIOI IS GESCA      | ibeu iii set   | Alon Jos(a)      | (')             |              |            |        |
|       |        | or section 509(a)(2)                  | sowed a written dete   | ermination from the IRS th                                | atitic a Tvi    | ne I Twoel    | II or Type II       | II supportir   | 20               |                 |              |            |        |
| f     |        | ŭ                                     |  | imination from the ins th                                 | atitis a 1 y    | Je i, i ype i | ii, or Type ii      | ii supportii   | ig .             |                 |              |            | П      |
| ~     |        | organization, check the               |  | tion accepted any gift or c                               | ontribution     | from any o    | fthe                |                |                  |                 |              |            | • • □  |
| g     |        | following persons?                    | o, nas tile organizat  | non accepted any girt of c                                | On an Educati   |               |                     |                |                  |                 |              |            |        |
|       |        | • •                                   | rectly or indirectly o   | ontrols, either alone or tog                              | ether with      | persons de    | escribed in (       | ii) and        |                  |                 |              | Yes        | No     |
|       |        |                                       |  | e supported organization?                                 |                 |               |                     |                |                  |                 | 11g(ı        |            |        |
|       |        | (ii) A family member                  |  |   |                 |               |                     |                |                  |                 | 11g(ii       |            |        |
|       |        | ` '                                   | •  | described in (i) or (ii) abov                             | /e? .           |               |                     |                |                  |                 | 11g(11       |            |        |
| h     |        |                                       |  | ne supported organization                                 |                 |               |                     |                |                  |                 | L. <u></u>   | ш          |        |
|       | (i) Na | ame of supported                      | (II) EIN   | (iii) Type of organization                                | (iv) is the or  | ganization    | (v) Did yo          | u notify       | (vi) is          | s the           | (vii) Amo    | ount of mo | netary |
|       |        | organization                          |  | (described on lines 1-9                                   | ın col (i) list | •             | the organi          |                | organizati       |                 |              | support    | -      |
|       |        |                                       |  | above or IRC section<br>(see instructions))               | governing o     | ocument?      | col (i) o           | oort?          | (ı) organız<br>U | S?              |              |            |        |
|       |        |                                       |  | ·   | Yes             | No            | Yes                 | No             | Yes              | No              |              |            |        |
| (A)   |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
| (B)   |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       |  |   |                 |               |                     |                | İ                |                 |              |            |        |
| (C)   |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
| (D)   |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
|       |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            |        |
| (E)   |        |                                       |  |   |                 |               |                     |                |                  |                 |              |            | _      |
|       |        |                                       |  |   |                 |               | <u> </u>            |                | <u> </u>         |                 |              |            |        |
|       |        |                                       | THE PLANT OF THE PROPERTY OF THE PARTY OF TH |   | _               |               |                     |                |                  |                 |              |            |        |
| Total | l      |                                       | TO A Tekan   | Turk digital to the control of                            | 1               | , ·           | 1                   | 1              | 1                | l l             | I            |            |        |

# SCHEDULE D (Form 990)

## **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2013

OMB No 1545-0047

Open to Public

Employer identification number

| PI:    | LLAR COLLEGE INC  | 45-3912932                      |
|--------|---|---------------------------------|
| Pai    | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts  | s.                              |
|        | Complete if the organization answered "Yes" to Form 990, Part IV, line 6.   |                                 |
|        | (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 that the assets held in donor advised  |                                 |
| •      |   |                                 |
| 6      | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used  |                                 |
| •      | only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose   |                                 |
|        | conferring impermissible private benefit?   |                                 |
| Pai    | Conservation Easements  |                                 |
| ala CI | Complete if the organization answered "Yes" to Form 990, Part IV, line 7.   |                                 |
| 1      | Purpose(s) of conservation easements held by the organization (check all that apply)  |                                 |
| '      | Preservation of land for public use (e.g., recreation or education)  Preservation of an historically in   | nnortant land area              |
|        | Protection of natural habitat  Preservation of a certified histor   |                                 |
|        |   | ne directore                    |
| _      | Preservation of open space  | 100                             |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the death down of the decay and the decay of the | Held at the End of the Tax Year |
|        | easement on the last day of the tax year  |                                 |
| а      | Total number of conservation easements  | 26                              |
| b      | Total acreage restricted by conservation easements  | 2b                              |
| C      | Number of conservation easements on a certified historic structure included in (a)  | 2c                              |
| d      | Number of conservation easements included in (c) acquired after 8/17/06, and not on a   |                                 |
|        | historic structure listed in the National Register  | 2d                              |
| 3      | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization   | during the                      |
|        | tax year •  |                                 |
| 4      | Number of states where property subject to conservation easement is located   |                                 |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  |                                 |
|        | violations, and enforcement of the conservation easements it holds?   |                                 |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   |                                 |
|        | <u> </u>  |                                 |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   |                                 |
|        | <b>\$</b>   |                                 |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)  | п., п.,                         |
|        | (i) and section 170(h)(4)(B)(ii)?   |                                 |
| 9      | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and  |                                 |
|        | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described   | ibes the                        |
|        | organization's accounting for conservation easements  | <u> </u>                        |
| Pa     | organizations Maintaining Collections of Art, Historical Treasures, or Othe   | r Similar Assets.               |
|        | Complete if the organization answered "Yes" to Form 990, Part IV, line 8  |                                 |
| 1a     | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance.   |                                 |
|        | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran-  | ce of                           |
|        | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  |                                 |
| b      | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance  | sheet                           |
|        | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran   | ce of                           |
|        | public service, provide the following amounts relating to these items   |                                 |
|        | (i) Revenues included in Form 990, Part VIII, line 1  |                                 |
|        | (ii) Assets included in Form 990, Part X  | <b>&gt;</b> \$                  |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  | e the                           |
|        | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  |                                 |
| а      | Revenues included in Form 990, Part VIII, line 1  | ▶ \$                            |
| _b     | Assets included in Form 990, Part X   | ▶ \$                            |

|      |  |                        |              |                           |                   |   | _                                     | _          |
|------|--|------------------------|--------------|---------------------------|-------------------|---|---------------------------------------|------------|
|      | tule D (Form 990) 2013 PILLAR COLLEGE IN                 |                        | 4 11:-4-     | airel Tarresser           | Oth (             | 45-391293                                     |                                       | <u>e 2</u> |
|      | Organizations Maintaining C                              |                        |              |                           |                   |   | s (continuea)                         | —          |
| 3    | Using the organization's acquisition, accession, an      | a otner records, chec  | x any or th  | e tollowing that are a si | gnificant use     | of its  |                                       |            |
|      | collection items (check all that apply):                 | . п.                   | •            |                           |                   |   |                                       |            |
| а    | Public exhibition  |                        |              | nge programs              |                   |   |                                       |            |
| b    | ☐ Scholarly research                                     | e ∐ Othe               | er           |                           | <del>.</del>      |   |                                       |            |
| ¢    | Preservation for future generations                      |                        |              |                           |                   |   |                                       |            |
| 4    | Provide a description of the organization's collection   | ns and explain how t   | hey further  | the organization's exei   | npt purpose II    | n Part  |                                       |            |
|      | XIII   |                        |              |                           |                   |   |                                       |            |
| 5    | Dunng the year, did the organization solicit or recei    |                        |              |                           |                   |   |                                       |            |
|      | assets to be sold to raise funds rather than to be m     |                        | he organiz   | ation's collection'?      |                   | · · · · <u>· · · · · · · · · · · · · · · </u> | . U Yes U                             | <u>No</u>  |
| ∗Paı | Complete if the organization and 990, Part X, line 21.   |                        | Form 9       | 90, Part IV, line 9,      | or reporte        | ed an amount                                  | on Form                               |            |
| 1a   | Is the organization an agent, trustee, custodian or o    | other intermediary for | contribution | ons or other assets not   |                   |   |                                       |            |
|      |  |                        |              |                           |                   |   | . 🗌 Yes 🗌                             | No         |
| ь    | If "Yes," explain the arrangement in Part XIII and or    |                        |              |                           |                   |   |                                       |            |
| -    |  |                        |              |                           |                   | Amou  | unt                                   |            |
| С    | Beginning balance  |                        |              |                           | 1c                |   | · · · · · · · · · · · · · · · · · · · |            |
| d    |  |                        |              |                           | 1d                |   |                                       | _          |
| e    |  |                        |              |                           | 1e                |   |                                       |            |
| f    | Ending balance   |                        |              |                           | 1f                | •   |                                       | _          |
| 2a   | Did the organization include an amount on Form 99        | 90, Part X, line 21?   |              |                           |                   |   | . Yes                                 | No         |
| b    | If "Yes," explain the arrangement in Part XIII Chec      |                        | ion has be   | en provided in Part XIII  |                   |   |                                       |            |
|      | ttV Endowment Funds.                                     |                        |              |                           |                   |   |                                       |            |
|      | Complete if the organization ans                         | swered "Yes" to        | Form 99      | 90, Part IV, line 10      | ).                |   |                                       |            |
|      |  | (a) Current year       | (b) Pro      | or year (c) Two yea       | rs back (d)       | Three years back                              | (e) Four years back                   |            |
| 1a   | Beginning of year balance                                | 792,901                |              |                           |                   |   |                                       |            |
| b    | Contributions  |                        |              |                           |                   |   |                                       |            |
| С    | Net investment earnings, gains, and                      |                        |              |                           | Ī                 |   |                                       |            |
|      | losses   | 48,792                 |              |                           |                   |   |                                       |            |
| d    | Grants or scholarships                                   |                        |              |                           |                   |   |                                       |            |
| e    | Other expenditures for facilities and                    |                        |              |                           |                   |   |                                       |            |
|      | programs   |                        |              |                           |                   |   |                                       |            |
| f    | Administrative expenses                                  |                        |              |                           |                   |   |                                       |            |
| g    | End of year balance                                      | 841,693                |              |                           |                   |   | ·                                     |            |
| 2    | Provide the estimated percentage of the current ye       | ar end balance (line   | 1g, column   | (a)) held as              | •                 |   |                                       |            |
| а    | Board designated or quasi-endowment                      | %                      |              |                           |                   |   |                                       |            |
| b    | Permanent endowment                                      |                        |              |                           |                   |   |                                       |            |
| C    | Temporarily restricted endowment                         | %                      |              |                           |                   |   |                                       |            |
|      | The percentages in lines 2a, 2b, and 2c should equ       | ıal 100%               |              |                           |                   |   |                                       |            |
| 3a   | Are there endowment funds not in the possession of       | of the organization th | at are held  | and administered for the  | ne                |   |                                       |            |
|      | organization by:   |                        |              |                           |                   |   | Yes N                                 | 0_         |
|      | (i) unrelated organizations                              |                        |              |                           |                   |   | 3a(ı) X                               |            |
|      | (ii) related organizations                               |                        |              |                           |                   |   | 3a(ii) X                              |            |
| b    | If "Yes" to 3a(II), are the related organizations listed | l as required on Sche  | dule R?      |                           |                   |   | 3b                                    |            |
| 4    | Describe in Part XIII the intended uses of the organ     | iization's endowment   | funds        |                           |                   |   |                                       |            |
| Pai  | rt.ั่งัเ∖ื Land, Buildings, and Equipme                  |                        |              |                           |                   |   |                                       |            |
|      | Complete if the organization ans                         | swered "Yes" to        | Form 99      | 90, Part IV, line 1       | <u>la. See Fo</u> | rm 990, Part                                  | X, line 10                            |            |
|      | Description of property                                  | (a) Cost or other      | er basis     | (b) Cost or other basis   | (c) Accu          | mulated                                       | (d) Book value                        |            |
|      |  | (investme              | ent)         | (other)                   | depred            | ciation                                       |                                       | _          |
| 1a   | Land   |                        |              |                           |                   |   |                                       | _          |
| b    | Buildings  |                        |              |                           |                   |   |                                       | _          |
| С    | Leasehold improvements                                   | 1                      | 94,066       |                           |                   | 310,129                                       | (116,06                               | 3)         |

775,567

d Equipment

613,266

497,203

162,301

| Part VII          | <ul> <li>Complete if the organization answers</li> </ul>             | ed "Yes" to Form 990. Pa           | art IV, line 11b. See Form 990, Part X, line 12.   |
|-------------------|--|------------------------------------|--|
| •                 | (a) Description of security or category (including name of security) | (b) Book value                     | (c) Method of valuation Cost or end-of-year market value   |
| (1) Financial d   | envatives  |                                    |  |
| (2) Closely-he    | ld equity interests  |                                    |  |
| (3) Other         |  |                                    |  |
| (A) Fixed         | Income Securities  | 140,62                             | 9  |
| (B) Mutua         | l funds  | 20,15                              | 9  |
| (C)               |  |                                    |  |
| (D)               |  |                                    |  |
| (E)               |  |                                    |  |
| (F)               |  |                                    |  |
| (G)               |  |                                    |  |
| (H)               |  |                                    |  |
| Total (Column (b. | ) must equal Form 990, Part X, col (B) line 12 )                     | 160,78                             | 8  |
| Part VIII         | Investments - Program Related.                                       |                                    |  |
|                   | Complete if the organization answere                                 | ed "Yes" to Form 990, Pa           | art IV, line 11c See Form 990, Part X, line 13   |
|                   | (a) Description of investment  | (b) Book value                     | (c) Method of valuation Cost or end-of-year market value   |
| (1)               |  |                                    |  |
| (2)               |  |                                    |  |
| (3)               |  |                                    |  |
| (4)               |  |                                    |  |
| (5)               |  |                                    |  |
| (6)               |  |                                    |  |
| (7)               |  |                                    |  |
| (8)               |  |                                    |  |
| (9)               |  |                                    |  |
|                   | ) must equal Form 990, Part X, col (B) line 13 )                     | <u> </u>                           |  |
| Part IX           | Other Assets.  |                                    |  |
|                   | Complete if the organization answere                                 | ed "Yes" to Form 990, Pa           | ort IV, line 11d See Form 990, Part X, line 15.  |
|                   | (a)  | Description                        | (b) Book value   |
| (1)               |  |                                    |  |
| (2)               |  |                                    |  |
| (3)               |  |                                    |  |
| _(4)              |  |                                    |  |
| (5)               |  |                                    |  |
| (6)               |  |                                    |  |
| (7)               |  |                                    |  |
| (8)               |  |                                    |  |
| (9)               |  |                                    |  |
|                   | n (b) must equal Form 990, Part X, col. (B) line 1                   | 5)                                 | <u>,</u>   |
| Part X            | Other Liabilities.   |                                    |  |
|                   | Complete if the organization answere line 25.                        | ed "Yes" to Form 990, Pa           | art IV, line 11e or 11f. See Form 990, Part X,   |
| 1.                | (a) Description of liability   | (b) Book value                     |  |
| (1) Federal ı     | ncome taxes  |                                    | . "  |
| (2)               |  |                                    |  |
| (3)               |  |                                    |  |
| (4)               |  |                                    |  |
| (5)               |  |                                    |  |
| (6)               |  |                                    | type in the property of a management of  |
| (7)               |  |                                    | within the second of the secon |
| (8)               |  |                                    | The Committee of Francisco   |
| (9)               |  |                                    | Section 1 to the section of the sect |
| Total (Column (b  | ) must equal Form 990, Part X, col (B) line 25 )                     |                                    |  |
| 2. Liability for  | uncertain tax positions. In Part XIII, provide the text              | of the footnote to the organizatio | n's financial statements that reports the  |

| chedule D (Form  | 990) 2013 PILLAR COLLEGE INC  Reconciliation of Revenue per Audited Financial Stateme  | ents W        | /ith Revenue per             | Return.       | Page 4      |
|------------------|--|---------------|------------------------------|---------------|-------------|
|                  | Complete if the organization answered "Yes" to Form 990, Pa  |               |                              |               |             |
| 1 Total rev      | enue, gains, and other support per audited financial statements  |               |                              | 1             |             |
|                  | s included on line 1 but not on Form 990, Part VIII, line 12   |               |                              |               |             |
|                  | alized gains on investments  | 2a            |                              | 1.            |             |
|                  | services and use of facilities   | 2b            |                              | 1             |             |
|                  | les of prior year grants   | 2c            | ·- · - · · -                 |               |             |
|                  | escribe in Part XIII )   | 2d            |                              | ا مراستان ا   |             |
|                  | s <b>2a</b> through <b>2d</b>  | $\overline{}$ | <del> </del>                 | 2e            |             |
|                  | line 2e from line 1  |               |                              | 3             |             |
|                  | s included on Form 990, Part VIII, line 12, but not on line 1:   | ,             |                              |               |             |
|                  | ent expenses not included on Form 990, Part VIII, line 7b  | 4a            |                              |               |             |
|                  | escribe in Part XIII )   | 4b            |                              | ┪ ┃           |             |
|                  | s 4a and 4b  |               |                              | 4c            |             |
|                  | venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   |               |                              | 5             |             |
| Part XII         | Reconciliation of Expenses per Audited Financial Staten  |               |                              |               |             |
| Part All         | Complete if the organization answered "Yes" to Form 990, P   |               |                              | ei itetu      |             |
| <del></del>      |  |               |                              | 1             |             |
|                  | or look and recess per duality in a recent and |               |                              | <del></del>   |             |
|                  | s included on line 1 but not on Form 990, Part IX, line 25.  | ا م ا         |                              |               |             |
|                  | services and use of facilities   | 2a            |                              | 4             |             |
| •                | ar adjustments   | 2b            | <del></del>                  | -             |             |
|                  | ses  | 2c            |                              | -             |             |
|                  | escribe in Part XIII)  | 2d            |                              | <del></del>   |             |
|                  | s <b>2a</b> through <b>2d</b>  |               |                              | 2e            |             |
|                  | line 2e from line 1  |               |                              | 3             |             |
|                  | s included on Form 990, Part IX, line 25, but not on line 1:   |               |                              | **-           |             |
|                  | ent expenses not included on Form 990, Part VIII, line 7b  | 4a            |                              | J-:-          |             |
|                  | escribe in Part XIII )   | 4b            |                              | ·             |             |
| c Add lines      | s <b>4a</b> and <b>4b</b>  |               |                              | 4c            |             |
| 5 Total exp      | penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |               | <u> </u>                     | 5             |             |
| Part XIII        | Supplemental Information   |               |                              |               |             |
| rovide the des   | scriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b  | b and 2t      | o, Part V, line 4, Part X, I | ine           |             |
| ; Part XI, lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete this part to provide any additional and also complete the provide and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and also complete the part to provide any additional and additional and also complete the part to provide any additional and additional and additional and additional and additional and additional and additional and additional and additional and additional and additional additional additional and additional | itional in    | formation                    |               |             |
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|                  |  |               |                              | <del>-</del>  |             |
|                  |  |               |                              |               |             |
|                  |  |               |                              |               |             |
|                  |  |               |                              |               |             |

## SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047 **2013** 

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Open to Public Inspection

PILLAR COLLEGE INC

Employer identification number

45-3912932

| Pai | rt  |                |  |                 |
|-----|---|----------------|--|-----------------|
|     |   |                | 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              | X  |                 |
| 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  |                |  | ļ ,             |
|     | describe If "No," please explain If you need more space, use Part II  | 3              | Х  |                 |
|     |   |                |  |                 |
|     |   |                |  |                 |
|     |   |                |  | :               |
|     |   |                |  | 1               |
|     |   |                |  | '               |
| 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?  | 4d             | X  |                 |
|     | If you answered "No" to any of the above, please explain If you need more space, use Part II.   |                |  |                 |
|     |   |                |  | •               |
|     |   |                |  |                 |
|     |   |                |  |                 |
| 5   | Does the organization discriminate by race in any way with respect to   |                |  | J               |
| а   | Students' rights or privileges?   | 5a             |  | X               |
|     |   |                |  | v               |
| b   | Admissions policies?  | 5b             |  | X               |
|     |   | -              |  | x               |
| С   | Employment of faculty or administrative staff?  | 5c             |  | <u> </u>        |
|     | O. I. J. J. J. J. J. J. J. J. Branchill acceptance O.   | 5d             |  | X               |
| d   | Scholarships or other financial assistance?   | <del>5</del> a |  |                 |
|     |   | 5e             |  | X               |
| е   | Educational policies?   | _ Se           |  |                 |
|     | 11  | 5f             |  | X               |
| T   | Use of facilities?  | -              |  | 1               |
| _   | Athletic programs?  | 5g             |  | X               |
| 9   | Athletic programs?  | Jg             |  | <del>  **</del> |
| h   | Other extracumcular activities?   | 5h             |  | Х               |
| "   | If you answered "Yes" to any of the above, please explain If you need more space, use Part II.  | <b>—</b>       |  | <del></del>     |
|     | in your anistration in the district product explain in you need meta apaco, and it dit in   |                |  |                 |
|     |   |                |  | :               |
|     |   |                |  |                 |
|     |   |                | 1  |                 |
| 6a  | Does the organization receive any financial aid or assistance from a governmental agency?   | 6a             |  | X               |
| ь   | Has the organization's right to such aid ever been revoked or suspended?  | 6b             | <del>                                     </del> | X               |
| -   | If you answered "Yes" to either line 6a or line 6b, explain on Part II  | <del></del>    |  |                 |
| 7   | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through  |                | •  |                 |
| •   | 4.05 of Day Date 75 50, 4075 2.0 D. 507 capping speed approach of section of the | 7              | v  | 1 1             |

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

| PIL    | LAR COLLEGE INC 45-3912932  |    |              |          |
|--------|---|----|--------------|----------|
| Pa     | rt I Questions Regarding Compensation   |    | ,            |          |
|        |   |    | Yes          | No       |
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form   |    |              |          |
|        | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.  |    |              | 1        |
|        | First-class or charter travel Housing allowance or residence for personal use   |    |              | 1        |
|        | ☐ Travel for companions ☐ Payments for business use of personal residence   |    | ]            |          |
|        | Tax indemnification and gross-up payments Health or social club dues or initiation fees   |    |              |          |
|        | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  |    |              |          |
| b      | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment  |    |              |          |
| _      | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to   |    |              | _        |
|        | explain   | 1ь |              |          |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all   |    |              | <u> </u> |
| -      | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line  |    |              |          |
|        | 1a?   | 2  |              |          |
|        | 10'   |    |              |          |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the  |    |              |          |
|        | organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a   |    |              |          |
|        | related organization to establish compensation of the CEO/Executive Director, but explain in Part III   |    |              | Ī        |
|        | Compensation committee  |    |              |          |
|        | ☐ Independent compensation consultant ☐ Compensation survey or study  |    |              |          |
|        | Form 990 of other organizations  Approval by the board or compensation committee  |    |              |          |
|        | Training of a training at maximum.  |    |              |          |
| 4      | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  |    |              |          |
| -      | organization or a related organization  |    |              |          |
| а      | Receive a severance payment or change-of-control payment?   | 4a |              |          |
| h      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b |              |          |
| 6      | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |              |          |
| Ĭ      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |    |              |          |
|        | The foot to daily of miles for all persons and provide and appreciate annual methods are seen and miles and appreciate and appreciate annual methods are seen and appreciate and appreciate and appreciate annual methods are seen and appreciate and appreciate annual methods are seen annual methods are seen and appreciate annual methods are seen annual methods are seen and appreciate annual methods are seen and appreciate annual methods are seen annual methods are seen annual methods are seen annual methods are seen and appreciate annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual methods are seen annual |    |              |          |
|        | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   |    |              |          |
| 5      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |    |              |          |
| •      | compensation contingent on the revenues of  |    |              |          |
| 2      | The organization?   | 5a |              | Х        |
| h      | Any related organization?   | 5b |              | X        |
| b      | If "Yes" to line 5a or 5b, describe in Part III.  |    |              |          |
| 6      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |    |              |          |
| O      | compensation contingent on the net earnings of  |    |              | 1        |
| _      | The organization?   | 6a |              | X        |
| d<br>L |   | 6b |              | X        |
| b      | · · · · ·   | 00 |              | 122      |
| 7      | If "Yes" to line 6a or 6b, describe in Part III   |    |              |          |
| 7      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed  | -  |              | X        |
| _      | payments not described in lines 5 and 6? If "Yes," describe in Part III   | 7  |              |          |
| 8      | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject  |    |              |          |
|        | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe  | _  |              | v        |
| _      | ın Part III   | 8  | ļ            | X        |
| 9      | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  | _  | <del> </del> |          |
|        | Regulations section 53 4958-6(c)?   | 9  | l            | 1        |

Page 2

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

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

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

| 0 65,060 175,000<br>0 65,060 175,000                                      | (B) Breakdown of W-2 and/or 1099-MIS |            | (B) Breakdown of V       | (B) Breakdown of W-2 and/or 1099-MISC | C compensation                      | (C) Retirement and | C compensation (C) Retrament and (D) Nontaxable (E) Total of columns (E) C | (F) Total of columns | (F) Compensation   | l   |
|---|--------------------------------------|------------|--------------------------|---------------------------------------|-------------------------------------|--------------------|--|----------------------|--|-----|
| PRESIDENT E CHRORE (1) 99.96 6 0 10.394 0 65.064 179.000    PRESIDENT (1) | (A) Name and Title                   |            | (i) Base<br>compensation |                                       | (III) Other reportable compensation | other deferred     | benefits   | (B)(I)-(D)           | (r) Compensation<br>reported as deferred in<br>pnor Form 990 |     |
| 10   0   0   0   0   0   0   0   0   0                                    | i i i                                | =          |                          |                                       |                                     | 46                 | 090,199  | 175,000              | 0  | 10  |
|   |                                      | : <u>€</u> |                          |                                       |                                     | 0                  | 0  | 0                    | 0  | ٦   |
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|   | 2                                    | (E)        |                          |                                       |                                     |                    |  |                      |  | l   |
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|   | 8                                    | (ii)       |                          |                                       |                                     |                    |  |                      |  | ı   |
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|   | 9                                    | €          |                          |                                       |                                     |                    |  |                      |  | 1   |
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|   |                                      | (i)        |                          |                                       |                                     |                    |  |                      |  | ı   |
|   | 8                                    | (ii)       |                          |                                       |                                     |                    |  |                      |  | l   |
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|   | 6                                    | Ξ          |                          |                                       |                                     |                    |  |                      |  | 1   |
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|   | 16                                   | (ii)       |                          |                                       |                                     |                    |  |                      |  |     |

## **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Inspection** Employer identification number

| PILLAR COLLEGE INC   | 15-3912932  |
|--|-------------|
| 01. Officer, directors, etc. family relationship (Part VI                              | , line 2)   |
| Two of our trustees Phil Casciano and Frank Donaruma are brothers in law               |             |
|  |             |
| 02. Form 990 governing body review (Part VI, line 11)                                  |             |
| Form 990 is reviewed by Provost and the Administrative Committee of the Board. Form 99 | 0 is        |
| reviewed by Chief Financial Officer and Provost  |             |
|  |             |
| 03. Conflict of interest policy compliance (Part VI, line                              | 12c)        |
| Conflict of Interest Policy is sent to all Trustees and Senior Management yearly. Any  |             |
| conflicts are addressed by the Administrative Committee                                |             |
|  |             |
| 04. CEO, executive director, top management comp (Part VI,                             | , line 15a) |
| Top management compensation is reviewed by the Administrative Committee                |             |
|  |             |
|  |             |
| \  |             |
|  |             |
| 05. Other officer or key employee compensation (Part VI,                               | line 15b    |
| Other officer or key employee are determined and reviewed by the Administrative Commit | tee.        |
|  |             |
| 06. Form 990 availability to public (Part VI, line 18)                                 |             |
| The organization's website indicates that the 990 is available for review upon request |             |
|  |             |
| 07. Governing documents, etc, available to public (Part VI                             | (, line 19) |
| The organization's website indicates that the Governing documents are available for re | view        |

| Schedule O (Form 990 or 990-EZ) (2013)       |               |                            | Page 2      |
|--|---------------|----------------------------|-------------|
| Name of the organization                     |               | Employer identification no | umber       |
| PILLAR COLLEGE INC                           |               | 45-3912932                 |             |
| •  |               |                            |             |
| upon request*/                               |               |                            |             |
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|  |               |                            |             |
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| 08. Explanation of other changes in net asse | ate or fund h | alances (Dar               | + YT 14:    |
| oo. Explanacion of other changes in het asse | CB OI I und D | arances (Far               | C AL, II.   |
| Beginning Balance of Net assets              |               |                            |             |
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| 990                        | Overflow Statement | <b>2013</b><br>Page 1 |
|----------------------------|--------------------|-----------------------|
| Name(s) as shown on return |                    | FEIN                  |
| PILLAR COLLEGE INC         |                    | 45-3912932            |

## CASH AND INVESTMENTS

| Description               | Amount        |
|---------------------------|---------------|
| CASH AND CASH EQUIVALENTS | \$<br>107,662 |
| INVESTMENTS               | <br>804,525   |
| Total:                    | \$<br>912,187 |