Taxpayer Copy

TIN:

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A F	or th	ie 2023 d		inning 01-01-2023 $$, and endi	ng 12-31	2023					
B Che	ck if a	applicable:	C Name of organization PILLAR INC				D Employer i	dentif	fication number		
Address change Name change Initial return Final return/terminated Amended return							84-1353435				
			Doing business as								
			PILLAR Institute for Lifelong Learn	ning							
				mail is not delivered to street address)	Room/sui	te	E Telephone nu	umber			
O Ap	plicati	ion pending	6385 Corporate Dr SUITE 200				(719) 633-	4991			
			City or town, state or province, co COLORADO SPRINGS, CO 80919	ountry, and ZIP or foreign postal code							
					Ī		G Gross receip		62,834		
			F Name and address of princi Vickie Heffner	pal officer:		H(a) Is this	a group return	n for			
			6385 Corporate Dr Suite 200				dinates? subordinates		☐Yes ✓ No		
	v ovo	mpt status:	Colorado Springs, CO 80919			includ			☐ Yes ☐No		
		•	501(c)(3) U 501(c)()	(insert no.) 4947(a)(1) or	527		" attach a list.				
J W	ebsi	te:▶ htt	tps://www.pillarinstitute.org			n(c) Group	exemption nu	mber	•		
K For	m of o	organization	n: Corporation Trust As	sociation Other		L Year of forma	tion: 2001 M	State	of legal domicile: CO		
P	art I	Sum	nmary								
a)		Briefly de Pillar's m	escribe the organization's mission	ng, volunteer, and social opportuni	ities for e	ngaged adults	. We seek to st	timula	ate adult brain health		
Activities & Governance		- In ough i	meraetive learning, voidineer, an	a social opportunities.							
Ĕ											
o ve	,	Chack th	ois how In Co. if the organization	discontinued its operations or dispo	acad of m	oro than 25%	of its not asso	tc			
G				ning body (Part VI, line 1a)			or its fiet asse	3	6		
×8							•	4	6		
£ €	5	4 Number of independent voting members of the governing body (Part VI, line 1b)							2		
Ę.	6	Total nu	6	50							
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12						7a	0		
	b	Net unre	elated business taxable income fr	om Form 990-T, Part I, line 11 .				7b	0		
0						Pric	r Year		Current Year		
	8	Contribu	itions and grants (Part VIII, line 1	h)			86,347		228,269		
ž	9	Program	service revenue (Part VIII, line 2		22,518		26,692				
Revenue	10	Investm	ent income (Part VIII, column (A)		441		7,873				
	11	Other re	evenue (Part VIII, column (A), line		20,744		0				
	12	Total rev	venue—add lines 8 through 11 (n		130,050		262,834				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)							0		
	14	Benefits	paid to or for members (Part IX, $% \left(\mathbf{r}\right) =\mathbf{r}^{\prime }$	column (A), line 4)			0		0		
88	15	Salaries	, other compensation, employee	benefits (Part IX, column (A), lines	5-10)		91,585		100,950		
Expenses	16	a Professi	onal fundraising fees (Part IX, co	lumn (A), line 11e)			0		0		
ф	b	Total fund	Iraising expenses (Part IX, column (D), line 25) 🕨 0							
Ω	17	Other ex	rpenses (Part IX, column (A), line	s 11a-11d, 11f-24e)			59,869		60,292		
	18	Total exp	penses. Add lines 13–17 (must e	qual Part IX, column (A), line 25)			151,454		161,242		
-	19	Revenue	e less expenses. Subtract line 18	from line 12			-21,404		101,592		
Net Assets or Fund Balances						Beginning o	of Current Year		End of Year		
set	20	Total ass	sets (Part X, line 16)				143,666		243,109		
d B							6,307		4,158		
Š			ets or fund balances. Subtract line		_		137,359		238,951		
	art II	Siar	nature Block				,		,		
Unde	r pen	alties of p	perjury, I declare that I have exa	mined this return, including accom							
		e and beli edge.	ef, it is true, correct, and comple	te. Declaration of preparer (other t	than offic	er) is based or	n all informatio	n of v	which preparer has		
		****	**			202	24-04-16				
Sign	1	Signa	ature of officer			Dat	е				
Here		Vickie	e Heffner Executive Director								
			or print name and title								
			Print/Type preparer's name	Preparer's signature	Da	ate Che	ck if PTIN	ı	_		
Pai			and the second s			self-	employed				
Pre		e i	Firm's name			Firm	ı's EIN 🕨				
Use	Or	ıly	Firm's address 🕨			Pho	ne no.				
N4			s this return with the preparer sh						Zas No		

Form	1 990 (2023)				Page 2
Pa	art III Statement of Program Se	ervice Accomplis	hments		
	Check if Schedule O contains a	response or note to a	any line in this Part III .		\square
1	Briefly describe the organization's miss				
	's mission is to provide lifelong learning,		opportunities for engag	ed adults. We seek to stimulate adu	lt brain health through
intera	active learning, volunteer, and social opp	ortunities.			
2	Did the organization undertake any sig	nificant program serv	vices during the year whi	ich were not listed on	
_	the prior Form 990 or 990-EZ?				🗆 Yes 🔽 No
	If "Yes," describe these new services o	n Schedule O.			
3	Did the organization cease conducting,	or make significant	changes in how it conduc	cts, any program	
	services?				🗌 Yes 🔽 No
	If "Yes," describe these changes on Sci	hedule O.			
4	Describe the organization's program se Section $501(c)(3)$ and $501(c)(4)$ organ and revenue, if any, for each program	izations are required			
4a	(Code:) (Expenses \$	145,049	including grants of \$) (Revenue \$	262,834)
	Pillar's main program service is to provide lif	e-long learning opportur	ities to adult in the Pikes Pe	ak region.	
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-				
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
40	(Code.) (Expenses \$		including grants or \$) (Nevenue \$,
	-				
4d	Other program services (Describe in S	•			
	(Expenses \$	including grants of	*) (Revenue \$)
4e	Total program service expenses	145,0	49		
					Form 990 (2023)

Pai	TIV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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21

No

•	•
Part IV	Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No			
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
27							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No			
Par	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
4-	Entar the number reported in how 2 of Form 1006. Enter 0. if ast analysis like 1.		Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.					
	(gambling) winnings to prize winners?	1c	orm 99	0 (202			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
	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		
	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		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to ines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI **✓** Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** 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 any other officer, director, trustee, or key employee? 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision No of officers, directors or trustees, or key employees to a management company or other person? ... $\ \, \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \, \textbf{.}$ 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 5 Did the organization have members or stockholders? 6 No 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes **b** Each committee with authority to act on behalf of the governing body? 8b No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes **10a** Did the organization have local chapters, branches, or affiliates? . 10a No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c No 13 No 13 Did the organization have a written document retention and destruction policy? 14 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a **a** The organization's CEO, Executive Director, or top management official . Yes 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CO Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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 ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records:

policy, and financial statements available to the public during the tax year.

►Vickie Heffner 6385 Corporate Dr Suite 200 Colorado Springs, CO 80919 (719) 633-4991

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related o	rganiza	tion c	omp	oens	sated a	ny o	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) Trish Grihalva Director	2.00	Х						0	0	C
(2) Debi Bauer President	4.00	х		х				0	0	C
(3) Judith Casey Director	2.00	х						0	0	C
(4) Philip McDonald Director	2.00	х						0	0	C
(5) Melanie Wehrle Treasurer	4.00	х		х				0	0	C
(6) Bertha Koch Vice President	2.00	х		х				0	0	C
(7) Vickie Heffner Executive Director	60.00			х	х			80,537	2,416	1,920
(8) Angela Ann Cesario Director	2.00	х						0	0	C
										Farm 000 (2022)

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Form 990 (2023) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII **(B)** Average (**D**) Reportable (A) Name and title **(C)** Position (do not check more **(F)** Estimated (E) Reportable hours per than one box, unless person compensation compensation amount of other from related organizations (Wweek (list is both an officer and a from the compensation organization (Wany hours for director/trustee) from the 2/1099-MISC/1099-NEC) 2/1099-MISC/1099-NEC) related organization and Highest compensated employee Former Individual trustee or director Officer related organizations Institutional below dotted organizations employee line) Trustee 1b Sub-Total . Þ c Total from continuation sheets to Part VII, Section A . ۰ 2,416 d Total (add lines 1b and 1c) 80,537 1.920 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 No Yes 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 4 No 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 Nο

Section	В.	Independent	Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
= Table and the finder and the same transfer for the first and the first		

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

0

Form **990** (2023)

Part	Statement	of Revenue						
	Check if Sched	dule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts,	1a Federated campai	igns	1a	0				
필	b Membership dues		1b	15,475				
g,ĕ	c Fundraising event	:s	1c	8,440				
###	d Related organizat	ions	1d	0				
s E	e Government grants	(contributions)	1e	0				
Contributions, gifts, grants and other similar amounts	f All other contribution and similar amounts above		1f	204,354				
ontrib nd of	g Noncash contribution lines 1a - 1f:\$	ns included in	1g	0				
σ ö	h Total. Add lines 1	.a-1f		•	228,269			
				Business Code				
en	2a Pillar's main program long learning opportu	n service is to pro- unities to adults.	vide life-	611699	26,692	26,692	0	(
Program Service Revenue	b							
rvice	c							
Se	d							
rogran	e							
ā.	f All other program	service revenu	Δ					
	9 Total. Add lines 2			26,692				
	3 Investment income				——————————————————————————————————————		1	1
	similar amounts) .	• • •		interest, and other	3,54	3,54	6 0	(
	4 Income from invest	tment of tax-ex	empt b	ond proceeds	•		0 0	
	5 Royalties				•	0	0 0	(
		(i) R	eal	(ii) Personal				
	6a Gross rents	6a		0	0			
	b Less: rental	cı.						
	expenses	6b		0	0			
	c Rental income or (loss)	6c		0	0			
	d Net rental income	e or (loss)		•		0	0	
		(i) Seci	urities	(ii) Other				
	7a Gross amount from sales of assets other			0 4,32	27			
Other Revenue	than inventory b Less: cost or other basis and	7b		0	0			
Rev	sales expenses c Gain or (loss)	7c		0 4,32	27			
je Pe	d Net gain or (loss)			1	4,32	27 4,32	7 C	
ō	8a Gross income from fu							
	(not including \$ contributions reporte	8,440 o	f					
	See Part IV, line 18		8a		0			
	b Less: direct exper	ises	8b	-	0			
	c Net income or (los	ss) from fundra	ising ev	vents		0	C)
	9a Gross income from See Part IV, line 19		s. 9a		0			
	b Less: direct exper	nses	9b		0			
	c Net income or (los					0	0 0	
	10aGross sales of inverteurns and allows	entory, less ances	10a		0			
	b Less: cost of good		10a	•	0			
	c Net income or (los		<u> </u>			0	0 0	
	- Net meane or (10s	oo, nom sales (mivCII	Business Code				
	11a							
e	b							
Other Revenue								
æ				 				
her								
õ	d All other revenue			 		0	0 0	
	e Total. Add lines 1				1			
	12 Total revenue. S	See instructions				0		

Form 990 (2023)
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to an	y line in this Part IX			U
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	80,537	80,537	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	8,849	8,849	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,416	2,416	0	0
9	Other employee benefits	1,920	1,920	0	0
10	Payroll taxes	7,228	7,228	0	0
11	Fees for services (non-employees):				
ā	Management	0	0	0	0
Ŀ	Legal	0	0	0	
C	: Accounting	1,075	1,075	0	0
	Lobbying	0	0	0	0
•	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	1,815	1,815	0	0
13	Office expenses	5,609	5,609	0	0
14	Information technology	2,860	2,860	0	0
15	Royalties	0	0	0	0
	Occupancy	30,910	30,910	0	0
	Travel	0	0	0	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
	Conferences, conventions, and meetings	0	0	0	0
	Interest	0	0	0	0
	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization	16,193	0	16,193	0
	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.)	1,830	1,830	0	0
	a				
	b				
	С				
	d				
	e All other expenses	0	0	0	0
	Total functional expenses. Add lines 1 through 24e	161,242	145,049	16,193	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
		·		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		42,729	1	24,569
	2	Savings and temporary cash investments .	[83,816	2	218,461
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%	0	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s		0	6	0
s	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use		0	8	0
1SS	9	Prepaid expenses and deferred charges		152	9	79
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0			
	b	Less: accumulated depreciation	10b 0	16,969	10c	0
	11	Investments—publicly traded securities .		0	11	0
	12	Investments—other securities. See Part IV, line	11	0	12	0
	13	Investments—program-related. See Part IV, line	211	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11	[0	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	143,666	16	243,109
	17	Accounts payable and accrued expenses		1,607	17	1,958
	18	Grants payable		0	18	0
	19	Deferred revenue		4,700	19	2,200
	20	Tax-exempt bond liabilities		0	20	0
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35% controlled entity	0	22	0
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	·	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25 .		6,307	26	4,158
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here and		27	
Ba	28	Net assets with donor restrictions	[28	
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	·			
0	29	Capital stock or trust principal, or current funds	_	0	29	0
ets	30	Paid-in or capital surplus, or land, building or ed	`	0	30	0
155	31	Retained earnings, endowment, accumulated in	come, or other funds	137,359	31	238,951
to	32	Total net assets or fund balances		137,359	32	238,951
ž	33	Total liabilities and net assets/fund balances .		143,666	33	243,109

Form **990** (2023)

Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			262,834
2	Total expenses (must equal Part IX, column (A), line 25)	2			161,242
3	Revenue less expenses. Subtract line 2 from line 1	3			101,592
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			137,359
5	Net unrealized gains (losses) on investments	5			C
6	Donated services and use of facilities	6			C
7	Investment expenses	7			C
8	Prior period adjustments	8			C
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			238,951
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	l	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iired	3b		
			F	orm 99	0 (2023)

Taxpayer Copy

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

TIN:

Open to Public Inspection

Name of the organization		he organization				Employer identification number		
PILLA	RINC						84-1353435	
	rt I	Reason for Public	Charity Stat	us (All organization	s must comple	ete this part.) S	See instructions.	
The o	rganiz	ration is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check o	nly one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sci	hedule E (Form 9	990).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section 1	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in section
6		A federal, state, or loca	l government or	governmental unit de	escribed in secti	on 170(b)(1)(A	ı)(v).	
7		An organization that no section 170(b)(1)(A)			s support from a	a governmental u	ınit or from the genera	I public described in
8		A community trust desc	ribed in section	170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9		An agricultural research non-land grant college	of agriculture. S	ee instructions. Enter	the name, city, a	and state of the o	college or university:	
10	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 30, 1975. See section 509(a)(2). (Complete Part III.)				pport from gross			
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the long lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar	n connection wit me persons that	th its supported of control or manag	organization(s), by hav ge the supported organ	ring control or nization(s). You
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the or integrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supporte	•		-		0	
g		de the following informat						
		Name of supported organization	(ii) EIN				other support (see	
					Yes	No		
			1					
Tota For F		work Reduction Act No.	tice see the Ti	nstructions for	Cat No. 1128	256	9 Schodule	0 A (Form 990) 2023

P	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.							
_	If the organization failed to qualify under the tests listed below, please complete Part III.)							
	ection A. Public Support endar year		ı	I	I	I	ı	
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and							
_	membership fees received. (Do not	 -						
	include any "unusual grant.")							
2	Tax revenues levied for the	 -						
	organization's benefit and either paid	 						
3	to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to	 						
	the organization without charge	 						
4	Total. Add lines 1 through 3							
	The portion of total contributions by							
	each person (other than a	 						
	governmental unit or publicly	 						
	supported organization) included on	 						
	line 1 that exceeds 2% of the amount	ļ						
_	shown on line 11, column (f) Public support. Subtract line 5 from							
6	line 4.	 						
-	ection B. Total Support		I	I			I	
	endar year				/ IV 0000		co =	
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
_	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
11	Total support. Add lines 7 through							
	10							
	Gross receipts from related activities, e					12		
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	ization, check	
	this box and stop here					▶∪		
	ection C. Computation of Public							
14	Public support percentage for 2023 (lin	e 6, column (f) di	ivided by line 11,	column (f))		14		
15	Public support percentage for 2022 Sch	nedule A, Part II, I	line 14			15		
16a	33 1/3% support test—2023. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box	
	and stop here. The organization qualif	fies as a publicly s	supported organiza	ation			🕨 🗆	
b	and stop here. The organization qualifies as a publicly supported organization							
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶□	
17a	10%-facts-and-circumstances test and if the organization meets the "facts	— 2023. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,	
	meets the "facts-and-circumstances" to	est. The organizat	ion qualifies as a	publicly supported	lorganization		▶□	
b	10%-facts-and-circumstances tes more, and if the organization meets the	t—2022. If the or	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or	
	meets the "facts-and-circumstances" t	test. The organiza	ition qualifies as a	publicly supporte	d organization		🕨 🗆	
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see		
	in about abia a a						\blacksquare	

Part III

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 141,785 86,347 66,320 68,446 219,829 582,727 membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services 87,188 31,839 26,475 14,425 186,619 performed, or facilities furnished in 26,692 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 23,143 9,335 9,643 29,000 12,767 83,888 business under section 513 Tax revenues levied for the organization's benefit and either paid 0 to or expended on its behalf. . The value of services or facilities 0 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 5 176,651 182,959 104,564 129,772 259,288 853,234 7a Amounts included on lines 1, 2, and 0 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 0 \$5,000 or 1% of the amount on line 13 for the year. **c** Add lines 7a and 7b. 0 0 Public support. (Subtract line 7c 853,234 from line 6.)

Sec	ction B. Total Support						
	ndar year scal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	176,651	182,959	104,564	129,772	259,288	853,234
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	518	,	,	,	3,546	,
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	(
С	Add lines 10a and 10b.	518	646	1,220	441	3,546	6,371
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	0	0	0	0	0	(
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	(
13	Total support. (Add lines 9, 10c, 11, and 12.).	177,169	183,605	105,784	130,213	262,834	859,605

13	11, and 12.).	177,169	183,605	105,784	130,213	262	.,834	859,60
14	First 5 years. If the Form 990 is for t	he organization's first,	second, third, fo	urth, or fifth tax y	ear as a section	501(c)(3)	organizatio	n, check
	this box and stop here							▶□
Se	Section C. Computation of Public Support Percentage							
15	Public support percentage for 2023 (lin	ne 8, column (f) divided	by line 13, colu	ımn (f))		15		99.260 %
16	Public support percentage from 2022 S	Schedule A, Part III, line	e 15			16		99.540 %
Se	ction D. Computation of Invest	ment Income Perc	entage					
17	Investment income percentage for 202	23 (line 10c, column (f) divided by line	13, column (f)) .		17		0.740 %
18	Investment income percentage from 2	022 Schedule A, Part I	II, line 17			18		0 %
19a	33 $1/3\%$ support tests-2023. If the	organization did not ch	eck the box on l	ine 14, and line 1	5 is more than 3	3 1/3%, and	l line 17 is	not
_	more than 33 1/3%, check this box and	•		. , , , ,				line 10 is
b	33 1/3% support tests—2022. If the	-		•				
	not more than 33 1/3%, check this box	and stop here. The or	rganization qual	fies as a publicly	supported organi	zation	🟲	
20	Private foundation. If the organization	on did not check a box	on line 14, 19a,	or 19b, check thi	s box and see ins	tructions .	▶	

Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	Ja		
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		
	Schedule A		990)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С		11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the trustees.		les	NO
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
s	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inctru	ctions)	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	ii isti u	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		165	140

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities.	2a	
Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
organization's involvement.	2b	
Parent of Supported Organizations. Answer lines 3a and 3b below.		
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.	3a	
Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		
supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b	

b

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegra	ted Type III supporting o	rganization (see		

Schedule A (Form 990) 2023				Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations	(continue	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes	1		
2 Amounts paid to perform activity that directly furthers corganizations, in excess of income from activity	exempt purposes of supported	2		
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructio	ns	6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i> 8		
9 Distributable amount for 2023 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribu Pre-2023		(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2017				
b From 2018				
c From 2019				
d From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:				
\$ Applied to underdictributions of prior years				
a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2021.				

d Excess from 2022.e Excess from 2023.

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2023

Taxpayer Copy TIN: OMB No. 1545-0047 Schedule B **Schedule of Contributors** (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization PILLAR INC 84-1353435 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation □ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Schedule B (Form 990) (2023) Name of organization PILLAR INC **Employer identification number** 84-1353435

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ikiowal awasa ia waadad	
Contributors	Continuators (see instructions). Use duplicate copies of Part 1 if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Angela Ann Cesario 4415 Spiceglen Drive		✓ Person
	4413 Spicegien Drive	¢ 5 430	Payroll
	Colorado Springs, CO 80906	\$ 5,130	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•	Donna Sawaya		Person
<u>2</u>	1702 Maryknoll Point		☐ Payroll
		\$ 163,900	_
	Colorado Springs, CO 80906		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•	Julia Hargrove		Person
<u>3</u>	3652 Overton St		☐ Payroll
		\$ 16,000	Noncash
	Colorado Springs, CO 80910		Noncasii
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$	
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of or		Employer identification	number
PILLAR INC		84-1353435	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2023)

Schedule B (Form 990	(2023)
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PILLAR INC	rganization		Employer identification number	
PILLAR IN			84-1353435	
Part III	than \$1,000 for the year from any one contri	butor. Complete columns (a) through total of exclusively religious, charitab uctions.) > \$	n section 501(c)(7), (8), or (10) that total more (e) and the following line entry. For le, etc., contributions of \$1,000 or less for the	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
	Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
			,	

Schedule B (Form 990) (2023)

Taxpayer Copy

SCHEDULE 0

(Form 990) Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PILLAR INC

Employer identification number

84-1353435

Return Reference	Explanation	
Part VI, Line 11b	Form 990 reviewed by both Executive Director and Treasurer prior to filing.	
Part VI, Line 15a	Each of the board of directors fill out an evaluation of the Executive Director annually. The results are summarized and discussed with the Executive Director by the Board of Directors President.	
Part VI, Line 19	We did not make these available.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023