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Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

A Fo	or the	2010 ca	lendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11			
B Ch	eck ıf a	pplicable	C Name of organization Young Harris College			D Emp	loyer	identification number
☐ Ad	dress ch	hange	Doing Business As			58-0	0593	414
∏ Na	me cha	inge	Doing Business As			E Telep	hone	number
Inr	tıal retu	ırn	Number and street (or P O box i	f mail is not delivered to street address)	Room/suite	(706	5)37	9-3111
Гте	mınate	ed	PO Box 68			(, ,		
┌ Am	nended	return	City or town, state or country, an	d ZIP + 4		G Gross	s receil	pts \$ 87,144,781
Г _{Ар}	plication	n pending	Young Harris, GA 30582					
	•	. ,	F Name and address of p	rincipal officer	11/->			
			L Cathy Cox	inicipal officer	H(a) Isthis	a group returr	ı for affil	liates? Yes No
			PO Box 68 Young Harris, GA 30582		H(b) Are al	ll affılıates ır	ncluded	17
			Touring Harris, GA 30362		If"N	o," attach	ı a lıs	t (see instructions)
——— т Та	ıx-exen	npt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527	H(c) Gro	up exemp	tion n	iumber 🟲
				(msa.t.no)	-			
	ebsite	e: F ww	w yhc edu		<u> </u>			
		ganızatıon	Corporation Trust Associa	tion Other ►	L Year of fo	ormation 18	386	M State of legal domicile GA
Pa	rt I	Sum	mary					
				sion or most significant activities				
			arrıs College educates, ınspire dy, and spirit	es, and empowers students through a co	omprehensive l	iberal arts	s exp	erience that integrates
<u>ల</u>		illilla, bo	uy, and spint					
፸	'							
وا								
Governance	2	Check th	nis box দ if the organization	discontinued its operations or disposed	d of more than 2	25% of its	net	assets
	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			з	43
Activities &	4	Number	of independent voting member	s of the governing body (Part VI, line 1	b)		4	35
Ě	5	Total nu	mber of individuals employed i	n calendar year 2010 (Part V, line 2a)			5	639
ਤੁ	6	Total nu	mber of volunteers (estimate i	fnecessary)			6	42
q.	7a	Total un	related business revenue from	Part VIII, column (C), line 12			7a	-17,411
				from Form 990-T, line 34			7b	-17,411
				·	Pric	or Year	<u>'</u>	Current Year
	8	Contri	butions and grants (Part VIII,	line 1h)		8,017,	922	27,516,717
<u>9</u>	9			, line 2g)		17,566,	-	21,740,518
Revenue	10			mn (A), lines 3, 4, and 7d)		4,724,		5,310,420
2	11		,), lines 5, 6d, 8c, 9c, 10c, and 11e)			887	-28,190
	12		, , ,	l 1 (must equal Part VIII, column (A), li	ne			
				· · · · · · · · · · · · · · · · · · ·		30,307,	914	54,539,465
	13	Grants	s and similar amounts paid (Pa	rt IX, column (A), lines 1-3)		6,710,	667	9,090,164
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)			0	0
(6)	15		es, other compensation, emplo	yee benefits (Part IX, column (A), lines	5-	11 202		12 562 626
Expenses		10)				11,202,	_	12,562,636
₹	16a			X, column (A), line 11e)		105,	145	156,972
五	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ <u>1,903,207</u>				
	17), lines 11a-11d, 11f-24f)		9,582,	695	13,452,982
	18			nust equal Part IX, column (A), line 25)		27,601,		35,262,754
	19	Reven	ue less expenses Subtract lin	e 18 from line 12		2,706,		19,276,711
Net Assets or Fund Balances					_	g of Curre	:nt	End of Year
appe Wan	20	Total	accote (Part V line 16)			Year	317	100.036.470
A. B.	20		assets (Part X, line 16)			36 323		189,936,470
<u> </u>	21					36,323,	-	46,102,453
	22			ct line 21 from line 20		109,808,	955	143,834,017
	rt II		ature Block					
know		and belie		nined this return, including accompanying te. Declaration of preparer (other than office				
		L and a	**		<u> </u>	012 05		
c: ~ -	_	**** Signa	** ature of officer			012-05-09 ate		
Sigr Her					D			
1161	-		e M Benson Vice President for Busines or print name and title	SS				
	I	Print/Type	•	Dronovada signatura		Check if se	olf-	Lorry
_		preparer's		Preparer's signature E Wayne Williams Jr	Date 2012-05-09	employed		PTIN
Paid	- 1	Firm's na	me • Metcalf Davis CPAs	Firm's EIN				
Prep		Fırm's ad	dress 🕨 3340 Peachtree Road NE Su	ite 2600				Phone no • (404) 264-
Use	Only		Atlanta, GA 303261089					1700

May the IRS discuss this return with the preparer shown above? (see instructions)

FORM	1990 (201	0)						Page
Par			Program Serv e O contains a res		lishments Jestion in this Part I	ш		. .
1	Briefly de	scribe the org	janization's missior	1				
	ng Harris Co spirit	ollege educate	es, inspires, and em	powers studen	ts through a compre	hensive liberal arts expe	rience that integ	rates mind, body
2		-	• •		•	ear which were not listed o	on	· No
	If "Yes," c	lescribe these	new services on S	chedule O				
3		_		_	nt changes in how it	conducts, any program		No
	If "Yes," c	lescribe these	changes on Sched	ule O				
4	Section 5	01(c)(3) and !	501(c)(4) organızat	ions and section		ee largest program servic s are required to report th m service reported		
4a	(Code) (Expenses \$	7,322,096	ıncludıng grants of \$) (Reven	ue \$ 16,0	079,027)
	ınnovatıve Bıology, Bı Mathemat Young Har	academic instructusiness and Public ics, Music, Musica ins College conve	ction Enrollment in 2010 C Policy, Chemistry, Cor Il Theatre, Outdoor Educ	0-2011 was compr nmunications Stud cation, Philosophy,	nsed of approximately 88 nes, Economics, Education Physics, Political Science	or's degree and associate's deg 80 students Academic offering on, English, Foreign Language, e, Psychology, Religious Studie The first of the new four-year	s include Allied Heali History, Journalism, s, Science, Sociology	th, Art, Astronomy, Liberal Arts, y, and Theatre
4b	(Code) (Expenses \$	2,776,554	ıncludıng grants of \$) (Reven	ue \$)
	and resear	rch and planning :	services These expend	itures are integral		velopment opportunities, curric port of quality academic progra ded in this category		
	(Code) (Expenses \$	9,090,164	ıncludıng grants of \$	9,090,164) (Rever	nue \$)
	of an exce of the stud	ellent education T dents enrolled dur	The comprehensive stud	ent financial assist I some form of fin	tance program includes s ancial assistance. The co	elping secure the necessary and scholarships, grants, loans, and illege has commited additional	part-time campus e	employment 97 5%
	O ther pr	ogram service	s (Describe in Sch	nedule O) See (also Additional Data	for Description		
	(Expens	•	10,515,661 inc	•) (Revenue \$	5,661,49	1)
4e	Total pro	ogram service	expenses ⊧ \$	29,704,47	5			

art TV	Chec	klist n	f Require	4 Sc	hedules

	CHOCKIDE OF REGULECUS	I		
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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? If "Yes," complete Schedule C, Part I	3		N o
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</i> "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
c	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
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		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
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	Yes	
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	Yes	
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		Νο
Ь	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
1b 0			
	1c		
Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
year?	3a	Yes	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		N
If "Yes," enter the name of the foreign country 🛌			
See instructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
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			N
organization solicit any contributions that were not tax deductible?	- Oa		<u></u>
	6h		
	- OD		
	7a	Yes	
services provided to the payor?			
	7b	Yes	
file Form 8282?	7с		N
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
contract?	7e		N
	7f		N
	7g		
Form 1098-C?	7h		
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
business holdings at any time during the year?	8		
Sponsoring organizations maintaining donor advised funds.	_		
	90		
facilities			
against amounts due or received from them)			
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			
Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
Enter the amount of reserves on hand			
13c			
Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	Enter the number of Forms W-25 included in line 1a. Enter -0- if not applicable Enter the number of Forms W-25 included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable assuments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on 5 mm w-3, "ran-mittal of Wage and Tax Statements. filed for the calendar year ending with or within the year envered by this return. The state of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have similated business gross income of \$1,000 or more during the year? The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have similated business gross income of \$1,000 or more during the year? The state of the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in Streng country (such as a bank account, securities account, or other financial account)? The strength of the organization of the foreign country (such as a bank account, securities account, or other financial account)? The strength of the organization of the organization of the foreign country (such as a bank account, securities account, or other financial account)? The trent the name of the foreign country (such as a bank account, securities account, or other financial account)? The organization is of filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization on party to a prohibited tax shelfer transaction at any time during the tax year? Do an taxable party notify the organization file form 8886-17? Does the organization on party to a prohibited tax shelfer transaction and the organization of the strength of the organization include with every solicitation and expertise of the strength of the organization include with every solicitation and	Enter the number reported in Sox 3 of Form 1096 Enter-0- if not applicable Let the number of Forms W-2G included in line 1. Enter-0- if not applicable Dot the organization comply with section withholding rules for reportable payments to vendors and reportable again (gambling) winning sto prize winners? Let the number of Forms W-2G included in line 1. Enter-0- if not applicable Dot the organization of enterplexes responded on Form W-3, Transmittar of Wage and Tax Statements filed for the celendar year ending with or within the year covered by this Test lets to respond on time 2s, did the organization file all required federal employment tax returns? As the state of the same of lines 1 and 2s agreater than 25G, you may be required to e-file (see instructions) Did the organization have unrelated business gloss income of \$1,000 or more during the year? If Yes, has is filed a Ecom 990. This risk year? If Yes, 'provide an explanation in Schools O. At any time during the calendar year, did the organization files an interest in, or a signature or other authority year (country) (schools as balk account; securities account). If Yes, in ordar the name of this foreign country. See instructions for filing requirements for Form TO F 93-22 1, Report of Foreign Sank and Finencial Accounts. West the organization aspety to a prohibited tax shaller transaction? If Yes, to line 5 as in 5b, did the organization that it was or is a party to a prohibited tax shaller transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shaller transactions or a party to a prohibited tax shaller transaction? The yes, 'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization necessary appropriate and accounts are contracted as a party to a prohibited tax shaller transactions of the prohibited tax shaller transactions are shall be a prohi	Enter the number reported in Sox 3 of Form 1056 Enter-0- final applicable is a 6.6 Enter the number of Forms W-2G included in line 15 Enter-0- final applicable is 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
b	year			
b	ındependent			
2	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	Yes	
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?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		Νo
	vertion B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Wade M Benson CPA

1 College Street

Young Harris, GA 305820068

(706) 379-3111

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(B) (C) A verage Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	A verage Position (check all hours that apply)							(D) Reportable compensation from the	(E) Reportable compensation from related	Est amou		other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	organı re	om th	ne n and d
See A	dditional Data Table												
						-	-						
							+						
				-		├							
	0.1.7.1							<u> </u>				—	
1b c	Sub-Total						· ·	_					
	Total (add lines 1b and 1c) .							>	1,011,906	0		1,	17,143
	Total number of individuals (ind) who	received more tha	n			•
	\$100,000 in reportable compe	_						,					
											Ye	:s	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So								r highest compens	ated employee	3		Νο
4	For any individual listed on line organization and related organi	zations greater t	han \$15	50,00	002	If "Y	es," co	mple			4		

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο	
4	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				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Hardin Construction Company LLC 3301 Windy Ridge Parkway Ste 400 Atlanta, GA 30339	General Contractor	8,192,086
CHA Tech Services 270 Peachtree Street NW Suite 1500 Atlanta, GA 30303	General Contractor	1,589,909
ARAMARK 1101 Market Street Philadelphia, PA 19107	Food Service	936,468
VMDO 200 East Market Street Charlottesville, VA 22902	Architects	836,352
Brailsford & Dunlavey 1140 Connecticut Avenue NW Suite 4 Washington, DC 20036	Facility Planners	774,429
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

\$100,000 in compensation from the organization \blacktriangleright 11

	90 (2010)				Pa	ge 9
Part \	VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
						512, 513, or 514
Contributions, gifts, grants and other similar amounts	 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 	63,359				
ntributions, d other simil	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$	65,514 27,387,844 253,864				
	h Total. Add lines 1a-1f	Business Code	27,516,717			
Program Service Revenue	Tuition & fees b Auxiliary services c Student Support d e	611710 611710 611710	16,079,027 5,319,305 342,186	5,319,305		
Program.	f All other program service revenue g Total. Add lines 2a-2f		21,740,518			
	3 Investment income (including dividends, interest and other similar amounts)		3,084,753			3,084,75.
	(i) Real (i) Real (ii) Real (iii) Real (iii) Real (iiii) Real (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	(II) Personal				
	(i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (i) Securities 34,802,254 32,576,587 32,576,587	(II) O ther				
Other Revenue	d Net gain or (loss)		2,225,667			2,225,66
Other	b Less direct expenses b c Net income or (loss) from fundraising events • 9a Gross income from gaming activities See Part IV, line 19 .	17,950 28,729	-10,779			-10,77
	b Less direct expenses	ь				
	returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue 11a Income (loss) from par b Income (loss) from rec c	523000 713940	2,528 -19,939		2,528 -19,939	
	d All other revenue		-17,411			
	12 Total revenue. See Instructions		54,539,465	21,740,518	-17,411 rm 990 (20	5,299,64:

(D) Fundraising expenses
Fundraising
Fundraising
_
193,848
346,390
30,319
66,616
37,181
·
156,972
15,626
557,480
182,532
102,332
66,841
00,641
50,869
9,570
161,063
27,900
1,903,207

Pa	rt X	Balance Sheet									
					(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing			3,336,800	1	2,680,969				
	2	Savings and temporary cash investments				2					
	3	Pledges and grants receivable, net			2,170,210	3	20,602,249				
	4	Accounts receivable, net			4,874	4	30,086				
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	ervables from current and former officers, directors, trustees, key employees, and est compensated employees Complete Part II of								
		Schedule L				5					
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)									
sts		Schedule L				6					
Assets	7	Notes and loans receivable, net			668,684	7	713,807				
₹	8	Inventories for sale or use				8					
	9	Prepaid expenses and deferred charges			204,199	9	472,630				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	87,571,421							
	ь	Less accumulated depreciation	10b	32,140,618	47,606,069	10c	55,430,803				
	11	Investments—publicly traded securities			32,368,361	11	41,406,366				
	12	Investments—other securities See Part IV, line 11			54,998,049	12	64,143,885				
	13	Investments—program-related See Part IV, line 11			4,775,071	13	4,455,675				
	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) .			146,132,317	16	189,936,470				
	17	Accounts payable and accrued expenses .			3,221,420	17	2,394,485				
	18	Grants payable				18					
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities				20					
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21					
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Lial		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties		•	32,010,379	23	42,773,755				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			1,091,563	25	934,213				
	26	Total liabilities. Add lines 17 through 25			36,323,362	26	46,102,453				
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27							
ė		through 29, and lines 33 and 34.									
an	27	Unrestricted net assets			41,044,990	27	45,103,340				
Ba	28	Temporarily restricted net assets	7,183,613	28	28,840,623						
Fund Balances	29	Permanently restricted net assets			61,580,352	29	69,890,054				
Fu		Organizations that do not follow SFAS 117, check here ► □ an	nd con	ıplet e							
2		lines 30 through 34.									
	30	Capital stock or trust principal, or current funds				30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32					
Net	33	Total net assets or fund balances			109,808,955	33	143,834,017				
	34	Total liabilities and net assets/fund balances			146,132,317	34	189,936,470				

1461	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			539,46 262,75
3	Revenue less expenses Subtract line 2 from line 1	3		,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		109,8	808,95
5	Other changes in net assets or fund balances (explain in Schedule O)	5		14,7	748,35
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		143,8	834,01
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
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 in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
_	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A - 133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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. See separate instructions.

Inspection

rung	Harris	58-0593414					
Рa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions				
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)					
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	V	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)					
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın			
		section 170(b)(1)(A)(iv). (Complete Part II)					
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public			
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)					
9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gr							
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	n 331/3%	of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	om busine	esses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)					
0	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).					
1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Chec		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)					
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganıza	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?					
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?	11g(i)				
		(ii) a family member of a person described in (i) above?	11g(ii)				
_		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)				
h		Provide the following information about the supported organization(s)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	he ation in or organization in or col (i) of your col support?		the zation in		n in d in col (i) of your support? Did you notify the organization in col (i) organized in the U S?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , .	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 58-0593414

Name: Young Harris College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jerry W Nıx Board Chaır / Executive Committee Chair	1 00	×		х				0	0	0
Douglas B Mitchell Vice Chair / Academic Affairs Committee Chair	1 00	×		х				0	0	0
James T Johnston Jr Secretary / Athletics Committee Chair	1 00	Х		Х				0	0	0
Julie D Salisbury Marketing Committee Chair	1 00	х						0	0	0
Jonathan F Anderson Properties Chair	1 00	X						0	0	0
M Brantley Barrow Finance Chair	1 00	×						0	0	0
Clair W Frazier Student Affairs Chair	1 00	×						0	0	0
Dr Don A Harp Jr Goveranace and Comp Chair	1 00	Х						14,400	0	0
Wyck A Knox Jr Endowment Chair	1 00	Х						0	0	0
Pamela Rollins Development Chair	1 00	х						0	0	0
Paul D Beckham Trustee	50	х						0	0	0
Alleen D Bratton Trustee	50	Х						0	0	0
Margaret R Buker Trustee	50	Х						0	0	0
Richard J Burrell Trustee	50	×						0	0	0
The Hon Earl L Carter Trustee	50	Х						0	0	0
Dr James R Ellison Trustee	50	Х						0	0	0
Alvın Gıbson Trustee	50	х						0	0	0
Rev David T Haygood Sr Trustee	50	×						0	0	0
Robert L Head Trustee	50	х						0	0	0
Dr William Harry Hill Trustee	50	х						0	0	0
Henry M Huckaby Trustee	50	Х						0	0	0
Gerald W Hudgins Trustee	50	Х						0	0	0
Ray P Lambert Jr Trustee	50	Х						0	0	0
The Hon T Bert Lance Trustee	50	Х						0	0	0
Rubye M Lucas Trustee	50	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		tion (that a	(che	')	_	Г	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Richard W McGinnis Trustee	50	×						0	0	0
The Hon Murphy Miller Trustee	50	Х						0	0	0
The Hon Zell B Miller Trustee	50	Х						0	0	0
Kurt T Momand Trustee	50	×						0	0	0
Dr Robert V Ozment Trustee	50	х						0	0	0
David A Pattillo Trustee	50	Х						0	0	0
William F Roberts Trustee	50	Х						0	0	0
Jimmy C Tallent Trustee	50	Х						0	0	0
Jones Webb Trustee	50	Х						0	0	0
Michele T White Trustee	50	Х						0	0	0
The Hon Charles S Wynne Trustee	50	Х						0	0	0
Rene M Diaz Trustee	50	Х						0	0	0
Rev Cındy Autry Ex-Officio Trustee	50	Х						0	0	0
Carol A Chastaın Ex-Officio Trustee	50	Х						0	0	0
Emalyn Cork Ex-Officio Trustee	50	Х						0	0	0
Rev Richard Chewning Ex-Officio Trustee	50	Х						0	0	0
Bishop B Michael Watson Ex-Officio Trustee	50	Х						0	0	0
L Cathy Cox President/Ex Officio Trustee	40 00			х				208,010	0	31,224
Jay T Stroman VP for Institutional Advancement	40 00			х				162,955	0	19,357
Dr Ronald R Ingle Provost	40 00			х				127,200	0	810
David Leopard Senior VP for Finance and Operations	40 00			х				0	0	0
Wade M Benson VP for Business	40 00			Х				108,808	0	19,042
Dr Ronald R Roach VP for Academic Affairs	40 00			х				89,954	0	15,092
Clinton Hobbs VP for Enrollment Management	40 00			х				80,928	0	17,728
Rosemary Rhodes Royston VP for Planning and Registration	40 00			x				73,400	0	15,653

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	tion to institutional Trustee	•	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Susan L Rogers VP for Student Development	40 00		х			65,565	0	13,416
Kenneth W Fanueff VP for Information Technology	40 00		х			80,686	0	14,821

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services) (Expenses \$ 5,425,592 including grants of \$) (Revenue \$ (Code 342,186) Student Services Funds expended for innovative programs and services students culturally, athletically and spiritually. The College strives to recruit and retain excellent students and empower them to reach their full potential. These expenditures provide support for extra-curricular activities and student related services at the College which are essential to the students' well being and contribute to the quality of life outside the formal academic programs. This also includes expenditures for student involvement in projects that impact the local community) (Expenses \$) (Revenue \$ (Code 5,090,069 including grants of \$ 5,319,305)

Auxiliary Services Funds expended for meal services and the operation, repair and maintenance of the College's residence halls and dining facility

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131028422

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Rev

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Attach to Form 990. F See separate i	instructions.
me of the organization ng Harrıs College	Employer identification number
et T. Organizations Maintaining Donor Advised Eunds or Oth	58-0593414
Organizations Maintaining Donor Advised Funds or Oth organization answered "Yes" to Form 990, Part IV, line 6.	ier Similar Funds of Accounts. Complete if the
(a) Donor advise	ed funds (b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the as funds are the organization's property, subject to the organization's exclusive l	
Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor conferring impermissible private benefit	· · · · · · · · · · · · · · · · · · ·
Conservation Easements. Complete if the organization ans	swered "Yes" to Form 990, Part IV, line 7.
Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution.	reservation of an historically importantly land area reservation of a certified historic structure
easement on the last day of the tax year	Hold at the End of the Year
Total number of conservation easements	Held at the End of the Year
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in	
Number of conservation easements on a certified instoric structure included in Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of conservation easements modified, transferred, released, extinguish	hed, or terminated by the organization during
the taxable year ▶	
Number of states where property subject to conservation easement is located	d ▶
Does the organization have a written policy regarding the periodic monitoring, enforcement of the conservation easements it holds?	, inspection, handling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing cons	servation easements during the year 🛌
A mount of expenses incurred in monitoring, inspecting, and enforcing conserv	vation easements during the year ►\$
Does each conservation easement reported on line 2(d) above satisfy the required (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	urrements of section Yes No
In Part XIV, describe how the organization reports conservation easements in balance sheet, and include, if applicable, the text of the footnote to the organiz the organization's accounting for conservation easements	• • •
Complete if the organization answered "Yes" to Form 990, Par	
If the organization elected, as permitted under SFAS 116, not to report in its rart, historical treasures, or other similar assets held for public exhibition, educe provide, in Part XIV, the text of the footnote to its financial statements that de	ication or research in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its reve historical treasures, or other similar assets held for public exhibition, education 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	
	▶ \$
If the organization received or held works of art, historical treasures, or other following amounts required to be reported under SFAS 116 relating to these its	
If the organization received or held works of art, historical treasures, or other	sımılar assets for financial gain, provide the

Par	Organizations Maintaining Co	llections of Art	, His	storical Tr	eası	ures, or (<u> </u>	r Similar As	sets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne following t	hat a	re a sıgnıfıc	ant ι	ıse of its collect	ıon	
а	Public exhibition		d	┌ Loan d	orexo	:hange prog	rams	;		
b	Scholarly research		e	┌ Other						
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they furthe	r the	organızatıo	n's e	xempt purpose ı	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					_ Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	ed "Y	es" to Form 9'	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for contribut	tions	or other as:	sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing table		[Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					•	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?					Ī	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete		n ans	wered "Yes	s" to	Form 990	, Pa	rt IV, line 10.		
		(a)Current Year	(b)Prior Year		Two Years Bad	_	1) Three Years Back	(e)Four Y	'ears Back
1a	Beginning of year balance	43,385,308		42,118,360	-	52,860,	-			
Ь	Contributions	1,476,550		515,138	+	1,760,	-			
С	Investment earnings or losses	11,693,503		7,831,147	<u> </u>	-6,688,	336			
d	Grants or scholarships				_					
е	Other expenditures for facilities and programs	7,782,900		7,079,337		5,814,	587			
f	Administrative expenses									
g	End of year balance	48,772,461		43,385,308	3	42,118,	360			
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	54 670 %								
b	Permanent endowment 🕨 40710 %									
c	Term endowment ► 4620 %									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation	that are held	and	admınıstere	d for	the		
	organization by							2-/	Yes	No
	(i) unrelated organizations				•		•	3a(No
h	(ii) related organizations						•	3a(1	- + -	1
4	Describe in Part XIV the intended uses of th	•			•		·		<u> </u>	
Pai	rt VI Investments—Land, Buildings				90, P	art X, line	10.			
	Description of investment			(a) Cost or o	other	(b)Cost or o basis (oth	ther	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					3,17	1,789			3,171,789
b	Buildings					55,28	•		+	8,039,000
	Leasehold improvements						8,456		+	2,695,354
	Equipment					13,65	•	1	+	2,842,649
	Other					·	2,011		+	8,682,011

55,430,803

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)O ther		
(A) Other investments	10,383,349	F
(B) Beneficial interest in perpetual trust	49,521,532	F
(C) Beneficial interest in remainder trust	196,559	F
(D) Investments held in trust for others	3,438,872	F
(E) Real estate	603,573	F
•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	64,143,885	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Federal Income Taxes	(b) Amount	
Due to beneficiaries	630,474	
Deposits	303,739	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	934,213	

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	54,539,465
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,262,754
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,276,711
4	Net unrealized gains (losses) on investments	4	7,135,466
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,612,885
9	Total adjustments (net) Add lines 4 - 8	9	14,748,351
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	34,025,062
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	60,197,652
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	14,748,351
3	Subtract line 2e from line 1	3	45,449,301
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	9,090,164
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	54,539,465
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	26,172,590
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	26,172,590
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	9,090,164
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,262,754
	XIV Supplemental Information	<u> </u>	· · · · · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The endowment funds are used for scholarships, academic chairs, library, public programs, maintenance, long-term facility repairs and replacement, and other
Description of Uncertain Tax Positions Under FIN 48	Part X	The College is recognized as an organization which is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (the "Code") whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal tax. The College's policy is to record a liability for any tax position that is beneficial to the College, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2011 and 2010 and, accordingly, no liability has been accrued. Generally the IRS may examine a tax return for three years from the date it is filed. At June 30, 2011, tax years ended June 30, 2008, 2009 and 2010 remain open for a possible examination by the IRS.
Part XI, Line 8 - Other Adjustments		Change in value of split interest agreements 7,625,438 Distribution to beneficiaries -12,553
Part XII, Line 2d - Other Adjustments		Change in value of split interest agreements 7,625,438 Distribution to beneficiaries -12,553
Part XII, Line 4b - Other Adjustments		Scholarships and financial assistance 9,090,164
Part XIII, Line 4b - Other Adjustments		Scholarships and financial assistance 9,090,164

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **Employer identification number** Young Harris College 58-0593414 Part I YES NO 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 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

h Other extracurricular activities?

5h

6a

6b

7

Yes

Yes

Νo

Νo

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The College publishes and upholds the following policy "Young Harris College ("the College") is committed to maintaining a fair and respectful environment for living, work, and study. To that end, and in accordance with federal and state law, and College policy, the College prohibits any member of the faculty, staff, administration, student body, or visitors to campus, whether they be guests, patrons, independent contractors, or clients, from harassing and/or discriminating against any other member of the College community because of that person's race, sex (including sexual harassment), sexual orientation, ethnic or national origin, religion, age, disabled status, or status as a disabled veteran or veteran of the Vietnamera Incidents of harassment and discrimination will be met with appropriate disciplinary action, up to and including dismissal from the College." All members of the College community are expected, responsible, and obligated to uphold this policy.
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	The College receives aid from governmental agencies to support its student financial aid programs. In the current year, the College received and distributed governmental aid totaling 65,514

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131028422

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

	ne of the organization ng Harris College					Employer identi	fication number				
Tou	ng Harris College					58-0593414					
Pa	"Yes" to Form 990, Pa			he United States. Co	omplete	ıf the organıza	ntion answered				
1	For grantmakers. Does the			ls to substantiate the a	am ount o	of the grants o	r				
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award										
	the grants or assistance?										
2	For grant makers. Describe in Pa United States	art V the organiz	atıon's procedui	res for monitoring the use	e of grant f	funds outside the	e				
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program spec	ity listed in (d) is service, describe ific type of e(s) in region	(f) Total expenditures for region/investments in region				
	Europe (Including Iceland & Greenland)	0	0	Program Services	Choir Coi	ncert Tour	25,000				
	Central America and the Caribbean	0	0	Investments			9,426,234				
3	a Sub-total		0				9,451,234				

9,451,234

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part IIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

USE Part V II a	Ose Part V II additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
Financial Assistance	Europe (Including Iceland & Greenland)	13	242,092	Credit to bursar accounts								
Financial Assistance	Middle East and North A frica	4	64,243	Credit to bursar accounts								
Financial Assistance	Sub-Saharan Africa	2	49,700	Credit to bursar accounts								
Financial Assistance	East Asia and the Pacific	5	113,089	Credit to bursar accounts								
Financial Assistance	Central America and the Caribbean	28	492,938	Credit to bursar accounts								
Financial Assistance	South America	8	168,746	Credit to bursar accounts								
Financial Assistance	North America	1	11,000	Credit to bursar accounts								
							II E /E 000\ 2010					

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Other Information	Schedule F, Part V	Accounting for expenditures includes ensuring that people are clearly foreign persons for scholarships and financial assistance

Schedule F (Form 990) 2010

DLN: 93493131028422

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name	of the o	organizatio
Young	Harrıs	College

Employer identification number

58-0593414

Part I	Fundraising Activities.	Complete if the organization	answered "Yes" to	Form 990, Part IV, line 1
	-			

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- e 🔽 Solicitation of non-government grants Mail solicitations
- Solicitation of government grants Internet and e-mail solicitations
- Phone solicitations Special fundraising events
- ▼ In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Don A Harp Jr 2720 Winding Lane Atlanta, GA 30319	Fundraising consulting		No	0	15,600	-15,600	
Myers McRae 515 Mulberry Street Suite 200 Macon, GA 31201	Fundraising consulting		No	0	43,970	-43,970	
Alexander Haas 3520 Piedmont Road Suite 300	Fundraising consulting		No	0	113,002	-113,002	
Atlanta, GA 30305							
Total			▶		172,572	-172,572	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					
			(a) Event #1 Clay Dotson Open (event type)	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))	
Φ	1	Gross receipts	81,309	9		81,309	
Revenue	2	Less Charitable contributions	63,359	9		63,359	
<u>~</u>	3	Gross income (line 1 minus line 2)	17,950			17,950	
	4	Cash prizes					
မာ	5	Non-cash prizes					
Expenses	6	Rent/facility costs					
ă	7	Food and beverages					
Direct	8	Entertainment					
ā	9	Other direct expenses .	28,729	e		28,729	
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı(d)	🛌	28,729	
	11	Net income summary Combine III	nes 3 and 10 ın column (d)		-10,779	
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue					
မွ	2	Cash prizes					
xpenses	3	Non-cash prizes					
ш	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	<pre></pre>	┌ Yes % ┌ No	┌ Yes %		
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	<u> - .</u>		
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?						
10a b	, i i i i i i i i i i i i i i i i i i i						

11	Does the organization operate ga	aming activities with nonmembers?		[— Yes	Γ _{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a men	nber of a partnership or other entity			
	formed to administer charitable (gamıng?		[— Yes	Γ _{No}
13	Indicate the percentage of gamii	ng activity operated in				
а	The organization's facility		13a			
b	An outside facility		13b			
14	Provide the name and address or records	f the person who prepares the organiz	ation's gaming/special events books and			
	Name 🕨					
	Address 🟲					
15a		ntract with a third party from whom the		_	_	_
				[Yes	No
ь		ming revenue received by the organizated by the third party 🟲 \$	and the			
c	If "Yes," enter name and address	s				
	Name 🟲					
	Address 🏲					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation l	\$				
	Description of services provided	•				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	-	er state law to make charitable distrib			_	_
L			to other everythere or approximations or approximations are spent	ļ	Yes	Γ _{No}
D		s required under state law distributed to the state of th	to other exempt organizations or spent			
Par			responses to question on Schedule	G (see)	
	Identifier	ReturnReference	Explanation			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493131028422 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Name of the organization						Employer identification	on number
Young Harris College						58-0593414	
Part I General Information	on on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to avDescribe in Part IV the organization	ward the grants or as	sıstance?			the grants or assist	ance, and	✓ Yes
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section 53 Enter total number of other orga							
For Brigger Act and Dangework Reduction				Cat No EQUEED			lo I /Form 000\ 2010

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes" to	Form 990,	Part IV, lir	ne 22
	Use Schedule I-1 (Form 990) if additional space is needed.	_				

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships and financial assistance	768	7,948,356			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 Young Harris College develops financial aid awards based upon a combination of factors, including
Grants in the U S		the student's demonstrated financial need as determined by the FAFSA or other family financial indicator as accepted by the
		College, high school GPA, and SAT or ACT scores Aid is to be awarded in the manner which best serves the greatest number
		of students and which is in keeping with the intent of the various campus programs. All institutional financial aid awards are
		made in accordance with the student's ability to maintain satisfactory academic progress. The Financial Aid Department
		monitors the students' satisfactory academic progress annually for institutional aid to determine continued eligibility
		Standards are set on qualitative and quantitative progress

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DLN: 93493131028422

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization Young Harris College

Department of the Treasury

Internal Revenue Service

Employer identification number

58-0593414

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
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 from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line ${\bf 1a}$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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 compensation contingent on the net earnings of			
а	The organization?	6a		Νo
ь	Any related organization?	6b		Νo
	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 payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior	
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	Form 990 or Form 990-EZ	
(1) L Cathy Cox	(1) (11)	208,010 0	0 0		12,300 0	18,924 0	239,234 0	o 0	
	(1) (11)	162,955 0	0	0	9,433 0		182,312 0	0	
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		The President of the College is provided with a residence on its campus as a condition of employment to perform responsibilities integrally related to her responsibilities. Accordingly, the value of this housing is not included in taxable compensation

Schedule J (Form 990) 2010

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DLN: 93493131028422

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

	f the organization arris College							E	mployer id	dent if ica	tion numbe	er
								5	8-05934	14		
Part I												
	Complete if the organizat	ion ans	wered "	'Yes" on For	m 990, l T	Part IV, line 25a o	or 25b,	or Form	990-EZ,	Part V , I		4 - 42
1 (a) Name of disqualified per			person			(b) Desc	ription	of trans	action			rrected?
											Yes	No
												-
	ter the amount of tax ımpos		he orga						_	· .		
	ction 4958									* \$ —		
3 En	ter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	ie organization .			•	* \$		
Part I	I Loans to and/or I	From	Intere	ested Pers	sons.							
	Complete if the organiz	zation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or For	m 990-l	Z, Part V	, line 38	a	
		(b) ∟	oan to					r	(f) n Approved		(NW + +	
(a) Nam	ne of interested person and	1	m the	(c)0 rig		(d)Balance due	(e) i defau		by boar		(g)Written agreement?	
	purpose	organı	zatıon?	principal a	amount	(a) Buildings and			committ		29.00	
		То	From				Yes	No	Yes	No	Yes	No
			-									
			<u> </u>									
Total .					▶ \$			ı				
Part II						Persons.						
	Complete if the orga						/, line 2	27.				
,	(a) Name of interested pers	on	(een interested per	rson	(c)An	nount of a	rant or tv	/pe of assis	tance
<u>'</u>	(a) Name of interested pers			ar	nd the or	ganization		(0)/////	- Iount or g		, pe or assis	- tune c
							+					
							+					
							+					
							+					

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	on answered "Yes" on l	Form 990, Part IV, lır	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) United Community Bank Inc	Bank officers and board include the College's President and three Trustees	1,627,800	The College has several cash accounts and two different lines-of-credit with this local area bank. The bank's Chief Executive Officer, Jimmy C Tallent, its Chairman, Robert L Head, Jr, are members of the College's Board of Trustees. The College's President, L Cathy Cox, is a director of the bank and another member of the College's Board of Trustees, Zell B Miller, is an emeritus director of the bank. None of these persons were involved in the decision to select this bank as service provider to the College. The terms of these loans are more favorable to the College than quotes received from other institutions.	Tes	N o
(2) Hardın Construction Company LLC	Company's Chairman is a College Trustee	8,192,086	During the fiscal year ended June 30, 2008, the College entered into an agreement with a company to oversee the construction of the College's new residence hall which was placed in service A ugust 2009 During the fiscal year ended June 30, 2009, the College entered into an agreement with the same company to oversee the construction of the College's new student recreation center which was placed in service July 2010 During the fiscal year ended June 30, 2010, the College entered into an agreement with the same company to oversee the construction of new housing for upper classmen which was placed in service A ugust 2011 The Chairman of this construction company, M Brantley Barrow, is a member of the College's Board of Trustees The terms of the construction contract are more favorable to the College than the quotes received from other firms, and the board member who is also the Chairman of this company was not involved in the selection process		No
(3)					Νο
					+
l 					+
-				<u> </u>	1
Part V Supplemental Inform	ation		1		<u> </u>

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier Return Reference | Explanation

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Internal Revenue Service **Employer identification number** Name of the organization

	Tiams college				58-0593414			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		4,290				
5	Clothing and household	Х		250				
good				250				
_	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership,							
4.	LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	Х	2	239,000				
	Collectibles	Х	1	484				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts .							
	O ther ► ()		See Add'l Data					
26	O ther ►()							
	O ther ▶()							
	O ther ► ()							
29	Number of Forms 8283 received be for which the organization completed.				29			
							Yes	No
30a	During the year, did the organizati	on receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangemen	it in Part I	I					
31	Does the organization have a gift a	acceptano	e policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		Νο
ь	If "Yes," describe in Part II							14.0
	If the organization did not report r	evenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 58-0593414

Name: Young Harris College

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of determining oncash contribution amounts
Other ► (Golf Clubs)	Х	1	500	
Other ▶ (Insurance)	Х	1	500	
Other ► (Electronics)	Х	5	977	
Gıft				
O ther ▶ (<u>certificates</u>)	Х	15	4,495	
Other ► (<u>Supplies</u>)	Х	5	3,368	

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DLN: 93493131028422

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Young Harris College	
	58-0593414

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The Honorable Zell B Miller and the Honorable Murphy Miller are father and son, respectively, and both serve on the College's Board of Trustees

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The College's President and three members of the College's Board of Trustees have a business relationship with a local area bank, United Community Bank, Inc. The bank's Chief Executive Officer, Jimmy C. Tallent, its Chairman, Robert L. Head, Jr., are members of the College's Board of Trustees. The College's President, L. Cathy Cox, is a director of the bank and another member of the College's Board of Trustees, Zell B. Miller, is an emeritus director of the bank.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is sent electronically or by direct mail to all voting Trustees for review prior to being filed

Identifier	Return Reference	Explanation
		The organization review's and monitors any possible conflicts that are listed on the annual required disclosures filed by the officers, directors and employees

ldentifier	Return Reference	Explanation	
	Form 990, Part VI, Section B, line 15	The Governance and Compensation Committee of the Board of Trustees reviews and approves the President's compensation. The Vice Presidents' compensation is reviewed and approved by the President The Human Resource Office maintains comparability data and all employee information.	

Identifie	Return Reference	Explanation
	Form 990, Part VI, Section C, line 18	The College's Form 990 is available upon request

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The College's documents are available upon request

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 7,135,466

ldentifier	Return Reference	Explanation
Form 990, Part XI, line 5, Other Changes in Net Assets		Change in value of split interest agreements 7,625,438 Distribution to beneficiaries -12,553