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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
MILO GROUP INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
TWO PERIMETER PARK SOUTH
ROOM/SUITE 430W

City or town, state or country, and ZIP + 4
BIRMIGHAM, AL 35243

D Employer identification number
27-4967363

E Telephone number
(205) 240-1312

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW MILOGROUP ORG

J Tax-exempt status(check only one)— ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 93,143

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	87,610
	2	Program service revenue including government fees and contracts			2	3,805
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	1,728
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	93,143
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	37,245
	14	Occupancy, rent, utilities, and maintenance			14	13,029
	15	Printing, publications, postage, and shipping			15	82
	16	Other expenses (describe in Schedule O)			16	35,167
	17	**Total expenses.** Add lines 10 through 16 ▶			17	85,523
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	7,620
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	12,419
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	20,039

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	12,419	22	20,039
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	12,419	25	20,039
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	12,419	27	20,039

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
AS WITH NATURAL DISASTERS THERE ARE STAGES TO THE COMPLETE RECOVERY OF A COMMUNITY THESE INCLUDE SEARCH AND RESCUE, RELIEF EFFORTS, REBUILDING AND RESTORATION SIMILAR TO NATURAL DISASTERS, THERE ARE STAGES IN ADMINISTERING AID TO THOSE EXPERIENCING DISASTERS IN THEIR PERSONAL LIVES WE ARE THANKFUL FOR AGENCIES/ORGANIZATIONS/CHURCHES THAT PROVIDE RELIEF IN MINISTERING TO INDIVIDUALS, BUT SO MANY TIMES THE HELP IS TEMPORARY FOR EXAMPLE FEEDING THE HUNGRY, PROVIDING CLOTHING, PAYING OVER-DUES BILLS, ETC FREQUENTLY, THESE RELIEF EFFORTS ARE LACKING IN WAYS TO IDENTIFY THE BROKEN RELATIONSHIPS THE INDIVIDUALS ARE EXPERIENCING, OR TO EQUIP AND SUPPORT THEM AS THEY SEEK TO MOVE FORWARD FROM THEIR DISASTERS CLERESTORY IDENTIFIED THIS GAP IN MERCY/MISSION/RELIEF EFFORTS INITIATIVES WERE IMPLEMENTED TO PROVIDE GENUINE OPPORTUNITIES FOR INDIVIDUALS TO ENGAGE LIFE AND SOCIETY WITH DIGNITY, STRENGTH AND HEALTH BEHIND ALL THE INITIATIVES IS THE DESIRE TO SEE THE BROKEN RELATIONSHIPS MENDED A

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . ▶	32	53,518

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
GREG MIXON CHAIRMAN/SEC	10 00	0		
JAMES N LLOYD EXECUTIVE DI	6 00	0		
DOUG LIPPERD TREASURER	6 00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . 39a			
b	Gross receipts, included on line 9, for public use of club facilities . 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ______, section 4912 ▶ ______, section 4955 ▶ ______			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ AL

42a The organization's books are in care of ▶ MARK GELL Telephone no ▶ (205) 542-2570

Located at ▶ TWO PERIMETER PARK SOUTH SUITE 430W BIRMINGHAM, AL ZIP + 4 ▶ 35243

			Yes	No
b	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)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . ▶ ☑ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	****** Signature of officer	2013-09-26 Date
	GREG MIXON PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ ☐ **Yes** ☑ **No**

Additional Data

Software ID:
Software Version:
EIN: 27-4967363
Name: MILO GROUP INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 HOW OFTEN DO WE TAKE TRANSPORTATION FOR GRANTED? TRANSPORTATION FOR MANY IS A BARRIER TO GAINING AND MAINTAINING EMPLOYMENT THIS BARRIER BECOMES EVEN MORE OF A CHALLENGE WHEN PUBLIC TRANSPORTATION SYSTEMS CAN'T ADEQUATELY SERVE INDIVIDUALS IN THE COMMUNITY WORKING NIGHT SHIFTS OR WEEKENDS THROUGH AN AFFORDABLE CAR PROGRAM, THIS BARRIER TO EMPLOYMENT IS BEING REMOVED WOULD YOU CONSIDER DONATING YOUR USED CAR TO MILO, SO MORE INDIVIDUALS CAN BE GIVEN THE OPPORTUNITY TO PURSE MEANINGFUL EMPLOYMENT, AND PROVIDE FOR THEIR FAMILIES? (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	8,330
29 CLERESTORY HAS DEVELOPED A RELATIONSHIP WITH THE CHALMERS CENTER, WHICH IS A RESEARCH AND TRAINING ORGANIZATION THAT DEVELOPS STRATEGIES "THAT HOLISTICALLY EMPOWER PEOPLE WHO ARE POOR " (WWW CHALMERS ORG) THROUGH THIS RELATIONSHIP, CLERESTORY CONDUCTS AN ELEVEN SESSION FISCAL LITERACY CLASS, FAITH AND FINANCES, TARGETED FOR LOW INCOME AND FINANCIALLY VULNERABLE ADULTS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	3,306
30 CLERESTORY UTILIZES A JOB PREPAREDNESS CURRICULUM DEVELOPED BY THE NON-PROFIT, JOBS FOR LIFE, LOCATED IN RALEIGH, N C (WWW JOBSFORLIFE ORG) IN PARTNERSHIPS WITH OTHER COMMUNITIES ORGANIZATIONS IN BIRMINGHAM, AL, CLERESTORY IMPLEMENTS THE JFL JOB TRAINING PROGRAM AND SUPPORT STRATEGY CREATING EMPLOYMENT OPPORTUNITIES TO UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	15,010
"COUNSELING" JAY LLOYD, BOARD MEMBER OF CLERESTORY AND LICENSED PROFESSIONAL COUNSELOR, DEVELOPED A LOW COST COUNSELING PROGRAM IN CONJUNCTION WITH THE LEADERSHIP OF ST ANNE'S HOME, INC SAH IS A WOMEN'S HOME FOR INDIVIDUALS RECOVERING FROM CHEMICAL DEPENDENCY DR CHRISTY CARROLL, ST ANNE'S HOME, INC EXECUTIVE DIRECTOR & COO, IN REFERRING TO LISA PHILLIPS, THE PROGRAM'S ON SITE COUNSELOR, "LISA ADDS A DIMENSION TO OUR SERVICES THAT WOULD BE LACKING IF SHE WERE NOT HERE BECAUSE MANY OF OUR CLIENTS HAVE CO-OCCURRING ADDICTIONS, TRAUMA, GRIEF AND/OR A SEVERE MENTAL ILLNESS SUCH AS BIPOLAR OR MAJOR DEPRESSION, LISA'S EXPERTISE AS A PSYCHOTHERAPIST IS EXTREMELY IMPORTANT " "VETERAN HOUSING" CLERESTORY THROUGH A SERIES OF MEETINGS WITH LOCAL COMMUNITY LEADERS AND ADVOCATES FOR U S VETERANS WAS MADE AWARE OF THE GROWING ISSUE OF HOMELESSNESS AMONG FORMER SERVICE PERSONNEL IN DEVELOPING A STRATEGY TO ADDRESS THIS CONCERN, A COALITION WAS FORMED, RESULTING IN THE PURCHASE OF A VACANT HOME IN THE GRASSELLI HEIGHTS COMMUNITY OF BIRMINGHAM, AL THE HOME PROVIDES THREE MEN LOW COST HOUSING, AND WILL BE USED AS A TRANSITIONAL LIVING OPTION FOR THIS VETERANS CLERESTORY CONTINUES TO PURSE ADDITIONAL HOUSING OPPORTUNITIES FOR INDIVIDUALS COMING OUT OF AT RISK SITUATIONS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		26,872

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SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MILO GROUP INC

Employer identification number
27-4967363

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the 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** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 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 supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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 instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")				22,043	87,610	109,653
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3				22,043	87,610	109,653
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						109,653

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4				22,043	87,610	109,653
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					728	728
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					3,805	3,805
11 **Total support** (Add lines 7 through 10)						114,186

12 Gross receipts from related activities, etc (see instructions) | **12** |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | **14** | 96 030 %

15 Public support percentage for 2011 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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 ▶☐

b **33 1/3% support tests—2011.** 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 ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492288008773

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MILO GROUP INC

Employer identification number
27-4967363

Identifier	Return Reference	Explanation
DOING BUSINESS AS		CLERESTORY, INC

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	SALE OF MERCHANDISE 1,728 TOTAL 1,728

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES JOBS FOR LIFE 174 OFFICE 1,197 CAR LEASE PROGRAM 5,514 AUTOMOBILE 2,614 MEALS & ENTERTAINMENT 402 MEMBERSHIP DUES 85 MISCELLANEOUS 2,817 REIMBURSABLE EXPENSES 293 REPAIRS & MAINTENANCE 843 TAXES & LICENSES 16 TELEPHONE EXPENSE 631 AUTOMOBILE 1,615 BANK CHARGES 10 REIMBURSABLE EXPENSES -490 REPAIRS & MAINTENANCE 555 TAXES & LICENSES 1,126 AUTOMOBILE 80 IDA SAVINGS MATCH 2,096 MISCELLANEOUS 880 REIMBURSABLE EXPENSES 77 REPAIRS & MAINTENANCE 150 SUPPLIES 23 AUTOMOBILE 285 CONTRACT LABOR 4,503 EMPLOYMENT SCREENING 904 EQUIPMENT FOR JOBS 2,571 HOUSING 60 MEALS & ENTERTAIMENT 561 MISCELLANEOUS 1,156 REIMBURSABLE EXPENSES 993 REPAIRS & MAINTENANCE 187 SUPPLIES 470 TELEPHONE 86 OTHER 250 REPAIRS & MAINTENANCE 1,234 TAXES & LICENSES 100 TELEPHONE 100 UTILITIES 999 TOTAL 35,167

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	AS WITH NATURAL DISASTERS THERE ARE STAGES TO THE COMPLETE RECOVERY OF A COMMUNITY THESE INCLUDE SEARCH AND RESCUE, RELIEF EFFORTS, REBUILDING AND RESTORATION SIMILAR TO NATURAL DISASTERS, THERE ARE STAGES IN ADMINISTERING AID TO THOSE EXPERIENCING DISASTERS IN THEIR PERSONAL LIVES WE ARE THANKFUL FOR AGENCIES/ORGANIZATIONS/CHURCHES THAT PROVIDE RELIEF IN MINISTERING TO INDIVIDUALS, BUT SO MANY TIMES THE HELP IS TEMPORARY FOR EXAMPLE FEEDING THE HUNGRY, PROVIDING CLOTHING, PAYING OVER-DUES BILLS, ETC FREQUENTLY, THESE RELIEF EFFORTS ARE LACKING IN WAYS TO IDENTIFY THE BROKEN RELATIONSHIPS THE INDIVIDUALS ARE EXPERIENCING, OR TO EQUIP AND SUPPORT THEM AS THEY SEEK TO MOVE FORWARD FROM THEIR DISASTERS CLERESTORY IDENTIFIED THIS GAP IN MERCY/MISSION/RELIEF EFFORTS INITIATIVES WERE IMPLEMENTED TO PROVIDE GENUINE OPPORTUNITIES FOR INDIVIDUALS TO ENGAGE LIFE AND SOCIETY WITH DIGNITY, STRENGTH AND HEALTH BEHIND ALL THE INITIATIVES IS THE DESIRE TO SEE THE BROKEN RELATIONSHIPS MENDED AND FOR THE RESTORATION OF A LIFE

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	HOW OFTEN DO WE TAKE TRANSPORTATION FOR GRANTED? TRANSPORTATION FOR MANY IS A BARRIER TO GAINING AND MAINTAINING EMPLOYMENT THIS BARRIER BECOMES EVEN MORE OF A CHALLENGE WHEN PUBLIC TRANSPORTATION SYSTEMS CAN'T ADEQUATELY SERVE INDIVIDUALS IN THE COMMUNITY WORKING NIGHT SHIFTS OR WEEKENDS THROUGH AN AFFORDABLE CAR PROGRAM, THIS BARRIER TO EMPLOYMENT IS BEING REMOVED WOULD YOU CONSIDER DONATING YOUR USED CAR TO MILO, SO MORE INDIVIDUALS CAN BE GIVEN THE OPPORTUNITY TO PURSE MEANINGFUL EMPLOYMENT, AND PROVIDE FOR THEIR FAMILIES?

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	CLERESTORY HAS DEVELOPED A RELATIONSHIP WITH THE CHALMERS CENTER, WHICH IS A RESEARCH AND TRAINING ORGANIZATION THAT DEVELOPS STRATEGIES "THAT HOLISTICALLY EMPOWER PEOPLE WHO ARE POOR " (WWW CHALMERS ORG) THROUGH THIS RELATIONSHIP, CLERESTORY CONDUCTS AN ELEVEN SESSION FISCAL LITERACY CLASS, FAITH AND FINANCES, TARGETED FOR LOW INCOME AND FINANCIALLY VULNERABLE ADULTS

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	CLERESTORY UTILIZES A JOB PREPAREDNESS CURRICULUM DEVELOPED BY THE NON- PROFIT, JOBS FOR LIFE, LOCATED IN RALEIGH, N C (WWW JOBSFORLIFE ORG) IN PARTNERSHIPS WITH OTHER COMMUNITIES ORGANIZATIONS IN BIRMINGHAM, AL, CLERESTORY IMPLEMENTS THE JFL JOB TRAINING PROGRAM AND SUPPORT STRATEGY CREATING EMPLOYMENT OPPORTUNITIES TO UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	"COUNSELING" JAY LLOYD, BOARD MEMBER OF CLERESTORY AND LICENSED PROFESSIONAL COUNSELOR, DEVELOPED A LOW COST COUNSELING PROGRAM IN CONJUNCTION WITH THE LEADERSHIP OF ST ANNE'S HOME, INC SAH IS A WOMEN'S HOME FOR INDIVIDUALS RECOVERING FROM CHEMICAL DEPENDENCY DR CHRISTY CARROLL, ST ANNE'S HOME, INC EXECUTIVE DIRECTOR & COO, IN REFERRING TO LISA PHILLIPS, THE PROGRAM'S ON SITE COUNSELOR, "LISA ADDS A DIMENSION TO OUR SERVICES THAT WOULD BE LACKING IF SHE WERE NOT HERE BECAUSE MANY OF OUR CLIENTS HAVE CO-OCCURRING ADDICTIONS, TRAUMA, GRIEF AND/OR A SEVERE MENTAL ILLNESS SUCH AS BIPOLAR OR MAJOR DEPRESSION, LISA'S EXPERTISE AS A PSYCHOTHERAPIST IS EXTREMELY IMPORTANT " "VETERAN HOUSING" CLERESTORY THROUGH A SERIES OF MEETINGS WITH LOCAL COMMUNITY LEADERS AND ADVOCATES FOR U S VETERANS WAS MADE AWARE OF THE GROWING ISSUE OF HOMELESSNESS AMONG FORMER SERVICE PERSONNEL IN DEVELOPING A STRATEGY TO ADDRESS THIS CONCERN, A COALITION WAS FORMED, RESULTING IN THE PURCHASE OF A VACANT HOME IN THE GRASSELLI HEIGHTS COMMUNITY OF BIRMINGHAM, AL THE HOME PROVIDES THREE MEN LOW COST HOUSING, AND WILL BE USED AS A TRANSITIONAL LIVING OPTION FOR THIS VETERANS CLERESTORY CONTINUES TO PURSE ADDITIONAL HOUSING OPPORTUNITIES FOR INDIVIDUALS COMING OUT OF AT RISK SITUATIONS

TY 2012 Compensation Explanation

Name: MILO GROUP INC

EIN: 27-4967363

Person Name	Explanation
GREG MIXON	
JAMES N LLOYD	
DOUG LIPPERD	