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DLN: 93493099001034

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2012

OMB No 1545-0047

Open to Public Inspection

A F	or the	2012 ca	lendar year, or tax year beginnin	g 06-01-2012 , 2012, and end	ling 05-31	-2013			
		applicable	C Name of organization MILLIGAN COLLEGE INC				D Empl	oyer id	lentification number
_	ddress cl	-	Doing Business As				62-0	5357	55
	ame cha	_							
	ııtıal retu		Number and street (or P O box if r P O BOX 750	naıl ıs not delivered to street address)	Room/suite	е	E Telep	hone nu	ımber
	erminate 						(423	)461	-8686
	mended		City or town, state or country, and MILLIGAN COLLEGE, TN 37682	ZIP + 4					
J A	pplicatioi	n pending					<b>G</b> Gross	receipt	s \$ 34,185,071
			F Name and address of pri JACQUELINE R STEADMA	•			Is this a grou affiliates?	p retu	rn for ┌ Yes 🗸 No
			1 BLOWERS BOULEVARD				aiiiiates.		1 1651 110
			MILLIGAN COLLEGE, TN	37682					luded?
I T	ax-exen	npt status	5	(insert no )	527		If "No," attac	h a lıs	t (see instructions)
	Vehsita	e: 🕨 \W\	WW MILLIGAN EDU			H(c)	Group exemp	otion n	umber ►
				_		Τ.		Г	
			n Corporation Trust Association	on  Other 🕨		<b>L</b> Yea	r of formation 1	1882	M State of legal domicile TN
P	art I		nmary						
			describe the organization's missi RGANIZATION IS A CHRISTIA		S				
ቋ									
Governance									_
Ē	2	Check t	:hıs box ┡॑ if the organization d	scontinued its operations or di	sposed of	more t	han 25% of it	s net a	assets
<u> </u>			, -	•	•				
			of voting members of the govern					3	29
Activities &			of independent voting members					4	2.5
₹			umber of individuals employed in					5	841
ã			umber of volunteers (estimate if i					6 7a	0
			nrelated business revenue from F elated business taxable income :					7a 7b	+
	+-					Ť	Prior Year	175	Current Year
	8	Contr	ributions and grants (Part VIII, I	ne 1h)			7,571	,980	3,710,995
昌	9	Progr	am service revenue (Part VIII, l	vice revenue (Part VIII, line 2g)					29,607,445
Rayenue	10	Inves	stment income (Part VIII, colum	n (A), lines 3, 4, and 7d) .		619	,812	866,631	
<b>—</b>	11		r revenue (Part VIII, column (A)					0	0
	12		revenue—add lines 8 through 11				36,962	,354	34,185,071
	13		s and similar amounts paid (Part				9,439	,344	9,814,434
	14	Benet	fits paid to or for members (Part	IX, column (A), line 4)				0	0
ø	15		ies, other compensation, employ	ee benefits (Part IX, column (A	), lines		074	,484	11 751 201
9 <u>5</u>	16a	5-10 Profe	) ssional fundraising fees (Part IX	column (A.) line 11e)			7/4	0	11,751,301
Expenses	Ь		undraising expenses (Part IX, column (E						
Э	17		r expenses (Part IX, column (A),				19,781	.340	9,340,785
	18		expenses Add lines 13–17 (mu				30,195	$\overline{}$	30,906,520
	19		nue less expenses Subtract line				6,767	,186	3,278,551
<u>ኞ</u>						Beg	inning of Curr	ent	End of Year
Net Assets or Fend Balances	20	T - + - !	accets (Part V line 16)				<b>Year</b> 57.443	014	
AB:	20		assets (Part X, line 16) liabilities (Part X, line 26) .				57,443 7,457		71,395,938 15,480,988
を見	22		ssets or fund balances Subtract				49,985		55,914,950
	rt III		nature Block				,	, <u> </u>	30,221,230
Und	er pena	alties of	perjury, I declare that I have ex						
			belief, it is true, correct, and coi knowledge	npiete Declaration of preparer	(other tha	n office	er) is based o	n all in	formation of which
		,							
		***					2014-04-08		
Sig		'	nature of officer				Date		
Hei	е		QUELINE R STEADMAN VP FOR BUSINES e or print name and title	S AND FINANCE					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Da		Check I if	PTIN	
Pai	id	L	CHAD KISNER			14-04-06	self-employed	P007	738241
	pare		Firm's name   BLACKBURN CHILDER	S & STEAGALL PLC			Firm's EIN	62-0647	/4/4
	e On		Fırm's address ► 1361 S WILCOX DRIVE				Phone no (42	23) 246-	-1725
_ •	· • • • • • • • • • • • • • • • • • • •	, I	KINGSPORT, TN 3766	60					

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

✓ Yes 厂No

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$

art IV	Check	dist of	Required	Schedules

			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 instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> 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		Νο
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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 💆	8		Νo
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line 10?  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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
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		No
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 and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," 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 United States? 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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

<u> </u>	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   97		. 03	.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		2-	V	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	Yes Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	1 65	
•	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 TD 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 o
	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?	   Ec		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?	L		IN
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	74	V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year   7d			
	<del></del>		1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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. Section A. Governing Body and Management

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
b	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		No
	organizations maning dual cost 17 7007 provide the names and dual costs in constants of 1 1 1 1 1 1 1 1 1 1 1 1	_		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	e.)
Se		_	<i>ie Cod</i> <b>Yes</b>	e.) No
		_		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		No
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

#### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed►TN
- 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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
  - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JACQUELINE R STEADMAN 1 BLOWERS BOULEVARD MILLIGAN COLLEGE, TN (423) 461-8686

Form	990	(2012
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11130,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d n is l	ne l both	oox, an	heck unless officer stee)		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	ted <sup>•</sup> other atıon he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
1b	Sub-Total			<u> </u>	<u></u>			<b> </b>					
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				Þ					
d	Total (add lines 1b and 1c) .				•	•	•	<b>&gt;</b>	609,921		0		69,627
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization	ve highest comp										ax year	

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
BURLESON CONSTRUCTION COMPANY P O BOX 1735 JOHNSON CITY TN 37605	CONTRACTOR	4,250,798
PIONEER CATERERS INC 303 GLENROSE AVENUE NASHVILLE TN 37210	CAFETERIA SERVICE	1,396,089
THOMAS CONTRUCTION COMPANY INC 9 WESLEY COURT JOHNSON CITY TN 37601	CONTRACTOR	1,193,138
BEESON LUSK AND STREET INC P O BOX 1909 JOHNSON CITY TN 37605	ARCHITECT SERVICES	264,663
COUNCIL FOR CHRISTIAN COLLEGES AND UNIVE 321 8TH STREET NE WASHINGTON DC 20002	STUDY ABROAD PROGRAM	126,625
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Part V	<del></del>	Statement of Revenue Check if Schedule O contains a response	to any question i	n this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u 22	1a	Federated campaigns 1a					
ant	ь	Membership dues 1b					
tributions, Gifts, Grants Other Similar Amounts	c	Fundraising events <b>1c</b>	_				
Giffs, nilar Al	d	Related organizations <b>1d</b>					
9.≝	e	Government grants (contributions) <b>1e</b>					
ons Sii	f f	All other contributions, gifts, grants, and <b>1f</b>	3,710,995	-			
outi Her	-	sımılar amounts not ıncluded above —					
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$	128,325				
Con	h	Total. Add lines 1a-1f	· · •	3,710,995			
<u>a</u>		В	Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	611710	25,121,325	25,121,325		
蹇	Ь	AUXILIARY ENTERPRISES	611710	3,783,594			3,783,594
956	С	SUMMER CAMPS	611710	382,267			382,267
38	d	OTHER INCOME	611710	212,286			212,286
Ē	e	STUDENT AID	611710	100,635	100,635		
٥	f	All other program service revenue		7,338			7,338
	g	Total. Add lines 2a-2f	-	29,607,445			
	3	Investment income (including dividends, and other similar amounts)		866,631			866,631
	4	Income from investment of tax-exempt bond prod	eeds 🕨				
	5	Royalties	•				
	6a	(1) Real Gross rents	(II) Personal				
	b	Less rental					
	c	expenses Rental income					
		or (loss)  Net rental income or (loss)					
	d	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	(1) (1)				
	ь	than inventory Less cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	s of contributions reported on line 1c) See Part IV, line 18					
Ξ.		a					
‡	ь	Less direct expenses b					
•	C	Net income or (loss) from fundraising eve	nts 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activiti	es <b></b> -				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of invento					
		Miscellaneous Revenue B	Susiness Code				
	11a						
	b c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	_				
	]	. Claire verifies occ Tristituctions	• • • •	34,185,071	25,221,960	0	5,252,116

	990 (2012)				Page <b>10</b>
	Statement of Functional Expenses	- Lla ·		1.4	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX I	(B)		] (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,814,434	9,814,434		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	694,973	46,975	483,382	164,616
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,155,486	7,060,951	1,713,776	380,759
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	414,707	346,822	48,868	19,017
9	Other employee benefits	829,140	629,605	163,053	36,482
10	Payroll taxes	656,995	447,192	168,082	41,721
11	Fees for services (non-employees)				<u> </u>
а	Management				
b	Legal	4,496		4,496	
c	Accounting	70,700		70,700	
d	Lobbying	70,700		70,700	
	· ·				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,364,518	1,232,850	106,139	25,529
12	Advertising and promotion	215,295	9,592	205,703	·
13	Office expenses	760,506	387,464	273,851	99,191
14	Information technology	408,506	102,126	<del>                                     </del>	
15	Royalties	408,300	102,120	300,380	
	•	000.700	500 605	204.042	
16	Occupancy	982,709	589,625	<del>                                     </del>	98,271
17	Travel	540,543	445,487	29,226	65,830
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,737	14,721	5,016	
20	Interest	291,314	291,314		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,319,997	791,998	395,999	132,000
23	Insurance	344,100	206,460	103,230	34,410
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OTHER EXPENSES	2,859,883	1,715,930	857,965	285,988
b	DUES AND SUBSCRIPTIONS	158,481	38,628	118,226	1,627
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	30,906,520	24,172,174	5,348,905	1,385,441
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,,	, ,	, 12,22	, ,,,,,,,,

Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,430,852	1	4,557,452
	2	Savings and temporary cash investments			2,583,516	2	6,650,047
	3	Pledges and grants receivable, net			419,765	3	478,420
	4	Accounts receivable, net			867,482	4	1,015,581
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers		6	
Š	7	Notes and loans receivable, net			757,258	7	647,982
4	8	Inventories for sale or use			276.408	-	221,304
	9	Prepaid expenses and deferred charges			64.589	<u> </u>	53,962
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		51,915,204	,		
	Ь	Less accumulated depreciation	10b	20,407,077	23,847,178	10c	31,508,127
	11	Investments—publicly traded securities	<u> </u>			11	<u> </u>
	12	Investments—other securities See Part IV, line 11			23,165,856	12	26,188,252
	13	Investments—program-related See Part IV, line 11				13	<u> </u>
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			30,110	15	74,811
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			57,443,014		71,395,938
	17	Accounts payable and accrued expenses			23,240	17	600,425
	18	Grants payable			·	18	<u>`</u> _
	19	Deferred revenue			495,845	19	791,842
	20	Tax-exempt bond liabilities			4,630,210		11,766,743
	21	Escrow or custodial account liability Complete Part IV of Sch			, ,	21	, ,
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr				
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X o	f Schedule	2 227 222		2 224 272
		D			2,307,992		2,321,978
	26	Total liabilities. Add lines 17 through 25			7,457,287	26	15,480,988
μÇ	27	lines 27 through 29, and lines 33 and 34.			22.042.000	_	27 446 240
<u>ರ</u>	27	Unrestricted net assets			23,042,890 9,250,951	_	27,146,319 9,839,402
<u> </u>	28	Temporarily restricted net assets	17,691,886	28			
ĭ	29	Permanently restricted net assets			17,091,086	29	18,929,229
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check be complete lines 30 through 34.	iere 🟲	j and			
ξ.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Zet Net	33	Total net assets or fund balances	•		49,985,727	33	55,914,950
	34	Total liabilities and net assets/fund balances			57,443,014	34	71,395,938

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,:	185,071
2	Total expenses (must equal Part IX, column (A), line 25)	2			906,520
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3,2	278,551
•		4		49,9	985,727
5	Net unrealized gains (losses) on investments	5		2,€	586,714
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	7			
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-36,042
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		55.9	914,950
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required		Yes	

Software ID: **Software Version:** 

**EIN:** 62-0535755

Name: MILLIGAN COLLEGE INC

Form 990, Part VII - Compensation of Compensated Employees, and Indeper	Officers, Dir ndent Contra	ectors actors	i,Trı	ıst€	es,	, Key	, En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o direo	(C on (do than	o not n one son is er and trust	e box is bot id a tee)	th		(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
CHARLES ALLCOTT III CHAIRMAN	1 00	х		х				0	0	0
W SCOTT KENT VICE CHAIR	1 00	х		х				0	0	0
RONALD G DOVE JR SECRETARY	1 00	х		х				0	0	0
DENNY MAYES TREASURER	1 00	х		х				0	0	0
JOHN K BANKS MEMBER	1 00	х						0	0	0
THOMAS J BURLESON MEMBER	1 00	х						0	0	0
DAVID CLARK MEMBER	1 00	х						0	0	0
WILLIAM R CLEM MEMBER	1 00	х						0	0	0
TAMMY W ELDRIDGE MEMBER	1 00	х						0	0	0
HARRY E FONTAINE JR MEMBER	1 00	х						0	0	0
JAMES FRASURE MD MEMBER	1 00	х						0	0	0
BRENDA GREEN MEMBER	1 00	х						0	0	0
JAMES EARL GREEN MEMBER	1 00	х						0	0	0
PATRICIA GREEN MEMBER	1 00	х						0	0	0
W B GREENE JR MEMBER	1 00	х						0	0	0
DAVID HAMILTON MEMBER AT LARGE	1 00	х						0	0	0
DAVID O HAMLIN MEMBER	1 00	х						0	0	0
MARSHALL W HAYDEN MEMBER	1 00	х						0	0	0
C DANNY JOHNSON MEMBER	1 00	х						0	0	0
GREG JOHNSON MEMBER	1 00	х						0	0	0
TIMOTHY J LANZER MEMBER	1 00	х						0	0	0
LEROY LAWSON MEMBER	1 00	х						0	0	0
DANIEL W MCMAHAN MEMBER AT LARGE	1 00	х						0	0	0
JOHN MEDING MD MEMBER	1 00	х						0	0	0
KENNETH OOSTING MEMBER	1 00	x						0	0	0

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

Compensated Employees, and Indepe		actors	•		•	•		. , , ,	<b>.</b>	
(A) Name and Title	(B) Average hours per week (list any	dire	than pers office ctor/I	not one on i r an trust	box s bot d a tee)	, th		(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
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
CAMERON PERRY MEMBER	1 00	х						0	0	0
GARY PORTER MEMBER	1 00	х						0	0	0
JAMES R RICE MD MEMBER	1 00	х						0	0	0
JO ANN RICHARDSON MEMBER	1 00	х						0	0	0
RICK RUSAW MEMBER	1 00	х						0	0	0
J DONALD SAMS MEMBER	1 00	х						0	0	0
RONALD F SEWELL MEMBER	1 00	х						0	0	0
MARVIN SWINEY MEMBER	1 00	х						0	0	0
MARK H WEBB MEMBER AT LARGE	1 00	х						0	0	0
JOHN J WIGGINS MEMBER	1 00	х						0	0	0
CALVIN L WILSON JR MEMBER	1 00	х						0	0	0
DENNIS A BRATTON TRUSTEE EMERITUS	1 00	х						0	0	0
W EDWARD FINE TRUSTEE EMERITUS	1 00	х						0	0	0
OMER HAMLIN TRUSTEE EMERITUS	1 00	х						0	0	0
DONALD B MARSHALL TRUSTEE EMERITUS	1 00	х						0	0	0
N JEANNE STARKEY TRUSTEE EMERITUS	1 00	х						0	0	0
WILLIAM B GREER PRESIDENT	40 00			х				180,479	0	20,454
R GARLAND YOUNG VP FOR ACADEMIC AFFAIRS	40 00			х				79,983	0	12,655
MARK P FOX VP FOR STUDENT DEVELOPMNT	40 00			х				85,471	0	6,025
JACQUELINE R STEADMAN VP FOR BUSINESS AND FINANC	40 00			х				97,067	0	6,837
A LEE FIERBAUGH VP OF MARKETING, ENROLLMENT	40 00			х				82,379	0	8,846
JACK SIMPSON VP FOR INSTITUTIONAL ADVAN	40 00			х				84,542	0	14,810

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As Filed Data -

DLN: 93493099001034

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MILLIGAN COLLEGE INC

# **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.

Open to Public Inspection

									62-05357		
	rt I			blic Charity Sta						structions	
The	organı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(l	o)(1)(A)(i).		
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedı	ule E )				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the
_	_	hospita	ıl's name, cı	ty, and state							
5	ļ	_	•	erated for the benefi	_	or universi	ty owned or o	perated by a	a government	al unit desc	cribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	_						
7	ļ			at normally receives			support from	a governme	ental unit or fr	om the gen	eral public
8	$\vdash$			on 170(b)(1)(A)(vi). described in <b>sectior</b>			nnlete Part II	`\			
9	<u>'</u>		•	at normally receives			•	•	uitions meml	nershin fees	s and aross
_	'	_		ities related to its ex					•	· ·	-
		•		oss investment inco	•	=					
		•		janization after June				•		,	
10	Г	-	-	ganized and operated	-			•	-		
11	, _	_		ganized and operated	•		•		. , . ,	o carry out	the nurnoses of
	'			ly supported organiz							
				bes the type of supp							
	_			b							
е				ox, I certify that the							
			nan roundati n 509(a)(2)	on managers and ot	ner than one	or more pur	olicly support	ed organizai	ions describe	ea in sectio	n 509(a)(1) or
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ıng organization,
			his box					, , ,	, , ,		i r
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the		
			ig persons? erson who di	rectly or indirectly o	ontrols eith	eralone ort	together with	nersons de	scribed in (ii)		Yes No
		., .		governing body of th	•		J	persons ac.	5011500 III (II)	110	<del></del>
		•		er of a person descri		5				11g	
			· ·	lled entity of a perso			above?			11g	
h				ng information about						[5	<u> </u>
							,				
(	i) Nam	ne of	(ii) EIN	(iii) Type of	<b>(iv)</b> Is t	he	(v) Did you	notify	(vi) Is t	he	(vii) A mount of
	suppor			organızatıon	organızatı		the organiz		organizati		monetary
O	rganiza	ation		(described on	col (i) list		ın col (i) o		col (i) orga		support
				lines 1-9 above or IRC section	your gove docume	_	suppor	τ΄	ın the U	5 /	
				(see	Gocume	iic.					
				instructions))	Yes	No	Yes	No	Yes	No	1
					163	140	163	140	163	140	+
											1
Toto											+

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-and-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493099001034

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public

CITIC	F Attach to For	in 330. F See Separate instructions.		Inspection					
	me of the organization LIGAN COLLEGE INC			loyer identification number					
				0535755					
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		·					
		(a) Donor advised funds		(b) Funds and other accounts					
L	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
ŀ	Aggregate value at end of year								
5	Did the organization inform all donors and donor advis- funds are the organization's property, subject to the or		nor advi	sed Yes No					
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			r purpose					
_	conferring impermissible private benefit?	1.157 11.		☐ Yes ☐ No					
	rt II Conservation Easements. Complete if		to Forn	n 990, Part IV, line 7.					
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat	or education) Preservation of a		ically important land area d historic structure					
	Preservation of open space	,							
		and find a speciment of the section	+hc f- ::						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	tne forn	n or a conservation					
				Held at the End of the Year					
a	Total number of conservation easements		2a						
ь	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c						
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	, ,	2d						
	Number of conservation easements modified, transferi	red, released, extinguished, or terminat	ed by th	ne organization during					
	the tax year ▶	,	,						
	Number of states where property subject to conservat	ion easement is located ►							
,	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	ndling of	violations, and Yes No					
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	luring the year					
	^			m blog vegan					
,	A mount of expenses incurred in monitoring, inspecting  \$ \blue{\bu}{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\bue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\bue{\blue{\bue{\blue{\blue{\blue{\bue{\blue{\bue{\bue{\bue{\bue{\bue{\bue{\lue{\bue{\bue{\bue{\bue{\bue{\bue{\bue{\b	g, and enforcing conservation easement	is aurin	g the year					
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ι)					
	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia							
aı	t IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.					
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or rese	arch in furtherance of public					
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,							
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$					
	(ii) Assets included in Form 990, Part X			<b>►</b> \$					
<u>2</u>	If the organization received or held works of art, histor			'					
	following amounts required to be reported under SFAS	110 (ASC 958) relating to these items	5						
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$						

**b** Assets included in Form 990, Part X

	Urganizations Maintaining Co	nections of Ar	נ, הוצ	storical i	reasures, or O	une	ı Sillillal AS	sets (continuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	sıgnıfıcant use	of its
а	Public exhibition		d	┌ Loan	or exchange progr	ams		
b	Scholarly research		е	┌ Othe	r			
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organization	's ex	empt purpose i	n
5	During the year, did the organization solicit	or receive donation	ns of a	rt, historical	treasures or othe	rsım		
	assets to be sold to raise funds rather than t		-					Yes No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					d "Y	es" to Form 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-		utions or other ass	ets i	not 	└ Yes
b	If "Yes," explain the arrangement in Part XII	I and complete th	e follo	wing table	Г			
					-	_	Am	nount
с	Beginning balance				_	1c		
d	Additions during the year				_	1d		
е	Distributions during the year				_	1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, III	ne 217	)			I	┌ Yes
b	If "Yes," explain the arrangement in Part XII	I Check here if th	e expl	anation has	been provided in P	art )	KIII	
Pa	rt V Endowment Funds. Complete							
		(a)Current year	(b)	Prior year	<b>b</b> (c)Two years back	+		(e)Four years back
1a	Beginning of year balance	20,575,559		21,587,356		-	12,715,413	15,785,267
b	Contributions	1,217,414		721,994	2,316,476		1,726,463	1,076,919
С	Net investment earnings, gains, and losses	3,414,034		-1,463,516	3,634,060		1,474,982	-3,668,787
d	Grants or scholarships	-625,126		-270,275		_	-53,947	-447,986
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	24,581,881		20,575,559	21,587,356		15,862,911	12,715,413
2	Provide the estimated percentage of the cur	rent vear end halar	nce (lu	ne 1 a colum	n (a)) held as	<u> </u>		
	Board designated or quasi-endowment	0 530 %	100 (111	ic 19, coluii	iii (a)) iicia as			
a	76 700 04							
b	remailent endowment p	770.0/						
С	Temporarily restricted endowment > 22 The percentages in lines 2a, 2b, and 2c sho	770 % uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administered	d for	the	Vac Na
	organization by (i) unrelated organizations		_			_	3a(	Yes No
	(ii) related organizations						3a(	
b	If "Yes" to 3a(II), are the related organization					٠.	<u> </u>	
4	Describe in Part XIII the intended uses of th	ne organization's e	ndown	nent funds				<u> </u>
Par	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 9	90, Pa					
	Description of property			(a) Cost or basis (inves			(c) Accumulated depreciation	(d) Book value
1a	_and				1,273	,480		1,273,480
Ь	Buildings				36,362	,819	16,189,19	5 20,173,624
c	_easehold improvements							
d I	Equipment				3,978	,136	2,902,364	1,075,772
e	Other				10,300	,769	1,315,518	<del></del>
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		X, colu	umn (B), line	10(c).)			31,508,127

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12	2.	
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
(3)Other (A)STOCKS AND MUTUAL FUNDS	25,690,366		F
(B) CORPORATE BONDS	70,596		F
(C) CASH AND CASH EQUIVALENTS HELD FOR LONG- TERM INVESTMENT	427,290		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	26,188,252		
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of measure () pe	(a) Book Fulle		f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin		-	
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	, line 25. (b) Book value		
1 (a) Description of Hability Federal Income taxes	(b) book value		
ACCRUED SALARIES AND WAGES	952,625		
ADVANCES FROM FEDERAL GOVT FOR STUDENT LOANS	905,843		
OTHER ACCRUED LIABILITIES AND PAYABLES	216,970		
ANNUITY PAYMENT LIABILITIES	246,540		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,321,978		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the text		nization's financial state	manta that raparta tha

	(, , ,		, age
Par	t XI 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	27,021,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,650,672
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,370,637
4	Amounts 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 XIII ) 4b 9,814,434		
С	Add lines <b>4a</b> and <b>4b</b>	4c	9,814,434
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	34,185,071
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	turn
1	Total expenses and losses per audited financial statements	1	21,092,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)...............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	21,092,086
4	Amounts 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		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	9,814,434
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 19)	5	30 906 530

#### Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS FOR SCHOLARSHIPS, TECHNOLOGY, CHAIRS AND OTHER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	NOTE 1(L) - UNCERTAIN TAX POSITIONS THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS THE COLLEGE FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION (FASB ASC), WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AS OF MAY 31, 2013, THE COLLEGE HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COLLEGE'S FINANCIAL STATEMENTS THE COLLEGE'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENTS NO INTEREST OR PENALTIES WERE RECORDED DURING THE YEAR ENDED MAY 31, 2013 GENERALLY, THE TAX YEARS BEFORE 2010 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		NET ADJUSTMENT OF ANNUITY PAYMENT LIABILITY - 36,042
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS OFFSETTING STUDENT TUITION AND FEES 9,814,434
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS OFFSETTING STUDENT TUITION AND FEES 9,814,434

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#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

**Employer identification number** 

MILLI	AN COLLEGE INC 62-05357	: 2_0E2E7EE			
Pa	rtI	02-0535/55		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it	s charter, bylaws.			
_	other governing instrument, or in a resolution of its governing body?		1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadc	ast media during		103	
	the period of solicitation for students, or during the registration period if it has no solicitation prog that makes the policy known to all parts of the general community it serves? If "Yes," please des	ıram, ın a way			
	please explain If you need more space use Part II		3	Yes	
4	Does the organization maintain the following?		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially r	ondiscriminatory	4a	Yes	
	basis?	·	4b	Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the pul with student admissions, programs, and scholarships?	olic dealing	4c	Yes	
C	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	Does the organization discriminate by race in any way with respect to  Students' rights or privileges?		5a		No
ŀ	Admissions policies?		5b		No
•	Employment of faculty or administrative staff?		5c		No
C	Scholarships or other financial assistance?		5d		No
•	e Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
ŀ	Other extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
_			<u> </u>		
	n Does the organization receive any financial aid or assistance from a governmental agency?  Thas the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
•	If you answered "Yes" to either line 6a or line 6b, explain on Part II				1,10
7	Does the organization certify that it has complied with the applicable requirements of sections 4 (				
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." explain on Par	+ 11		1 1/2	1

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'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED THROUGH RADIO ADVERTISEMENTS, PRINT PUBLICATIONS SUCH AS THE COLLEGE CATALOG, AND FINANCIAL AID AND RELATED MATERIALS, AND ADS FOR EMPLOY MENT
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL ASSISTANCE FOR STUDENT FINANCIAL AID PROGRAMS SUCH AS THE FEDERAL PELL GRANT PROGRAM, AND MANY OTHERS FROM THE UNITED STATES DEPARTMENT OF EDUCATION THE COLLEGE ALSO RECEIVES STUDENT FINANCIAL ASSISTANCE FROM THE STATE OF TENNESSEE IN THE FORM OF VARIOUS GRANTS AND LOTTERY SCHOLARSHIPS

Schedule E (Form 990 or 990-EZ) 2012

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Schedule I

(Form 990)

Governments and Individuals in the United States

**Grants and Other Assistance to Organizations,** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number MILLIGAN COLLEGE INC 62-0535755 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) CASH SCHOLARSHIPS FOR STUDENTS ATTENDING MILLIGAN COLLEGE IN CARTER COUNTY, TENNESSEE	791	9,814,434	0	N/A	N/A

#### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, and the second	SCHEDULE I, PART I, LINE 2 THE COLLEGE DOES NOT GIVE ANY NON-CASH SCHOLARSHIPS SCHOLARSHIPS ARE DISBURSED TO STUDENTS THROUGH CREDITING THEIR STUDENT ACCOUNTS IF THE STUDENT HAS ANY EXCESS SCHOLARSHIP FUNDS OVER THEIR CHARGES, THESE FUNDS ARE DISBURSED TO THE STUDENT BY CHECK THE COLLEGE'S PROCEDURES FOR MONITORING GRANT FUNDS IN THE US ARE AS FOLLOWS THE COLLEGE HAS APPOINTED DIRECTORS, WHO REPORT TO THE APPROPRIATE VICE PRESIDENTS, OVER ALL FEDERAL GRANT PROGRAMS THESE DIRECTORS ARE CHARGED WITH PERFORMING ALL GRANT-RELATED ACTIVITIES INCLUDING APPLICATION, MONITORING OF EXPENDITURES AND REPORTING, WITH THE EXCEPTION OF DRAW-DOWNS OF FEDERAL FUNDS DRAW-DOWNS ARE PERFORMED BY THE COLLEGE'S CONTROLLER AFTER REQUESTS ARE MADE BY THE DIRECTOR TO THE CONTROLLER THE CONTROLLER REVIEWS THE REQUESTS FOR DRAW-DOWNS, WHICH INCLUDE DOCUMENTATION OF ALL DIRECT AND INDIRECT PROGRAM EXPENSES, BEFORE MAKING THE DRAW-DOWNS A SINGLE AUDIT IS PERFORMED ANNUALLY BY THE COLLEGE'S INDEPENDENT AUDITORS
	<u> </u>	Schodulo I (Form 000) 2012

DLN: 93493099001034

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

**Employer identification number** Name of the organization MILLIGAN COLLEGE INC 62-0535755 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 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) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo

ın Part III

section 53 4958-6(c)?

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 Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

### 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MIS		SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	180,479 0	0	0	12,132 0	8,322 0	200,933	0 0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

rise delipiete cine pare ior arry dudicie		
Identifier	Return Reference	Explanation
	1	FOR THE YEAR ENDED 05/31/13, THE COLLEGE PAID FOR SOME MEALS AND AIRFARE FOR THE PRESIDENT'S WIFE WHEN SHE TRAVELED WITH HIM ON COLLEGE BUSINESS
	1	APPROVAL FOR COMPANION TRAVEL EXPENSES WAS GIVEN BY THE BOARD OF TRUSTEES AND DOCUMENTED IN THE MINUTES
		THE COLLEGE ESTABLISHED A NONQUALIFIED DEFERRED COMPENSATION PLAN IN 2011 THE FIRST CONTRIBUTION WAS MADE IN MARCH, 2012 ON BEHALF OF WILLIAM B GREER, PRESIDENT A CONTRIBUTION OF \$502 WAS MADE ON FEBRUARY 11, 2013

Schedule J (Form 990) 2012

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

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

DLN: 93493099001034 OMB No 1545-0047

2012

Open to Public **Inspection** 

(Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

	LIGAN COLLEGE INC							'	-05357		tion nun	ibci			
Da	art I Bond Issues								-05357						
Pa	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	price	<b>(f</b> )	<b>)</b> Description	n of purpose	<b>(g)</b> De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
۸	HEALTH & EDUCATIONAL FACILITIES BD OF THE CITY OF ELIZABETHTON TN	62-6000283		12-05-2005	5,50	0,000 E	EQUI	CONSTRUCTION AND EQUIPPING OF EDUCATIONAL FACILITIES			x		×		×
В	NDUSTRIAL DEVELOPMENT OARD OF CARTER COUNTY N  12-07-2012				7,50	0,000	CONS EQUI	UISITION, STRUCTION IPPING OF S DENT FACIL	STUDENT		x		х		Х
Pa	rtIII Proceeds														
	A ount of hands returned				<b></b>	Α		В			С	$\longrightarrow$		D	
1	A mount of bonds retired  A mount of bonds legally defease				<del>                                     </del>	1,078,8	,883		154,374			$\longrightarrow$			
2	Total proceeds of issue	ea										$\longrightarrow$			
3	Gross proceeds in reserve fund:	<u></u>				5,500,0	,000		7,500,000			$\longrightarrow$			
4	Capitalized interest from proceed				<del>                                     </del>		$\dashv$					$\longrightarrow$			
5	Proceeds in refunding escrows						$\longrightarrow$		$\longrightarrow$			$\longrightarrow$			
6	<u> </u>				22.054				$\longrightarrow$						
7_	Issuance costs from proceeds  Credit enhancement from proce				<del> </del>	38,8	,851		47,840			$\longrightarrow$			
8	<u> </u>									$\longrightarrow$					
9	Working capital expenditures from process	· · · · · · · · · · · · · · · · · · ·							$\longrightarrow$						
10	Capital expenditures from proce	eeds ———————————————————————————————————			<del>                                     </del>	5,461,	,149		5,891,502			$\longrightarrow$			
11	Other spent proceeds				<del>                                     </del>										
12	O ther unspent proceeds				<del> </del>	1,560,6	,658		1,560,658						
13	Year of substantial completion				+	007	$\dashv$	20:		<b>V</b>	I	. 1	<b>V</b>	ı	ļ.
	Were the bonds issued as part o	of a current refundu	na icciio?		Yes	No		Yes	No	Yes	N	$\stackrel{\circ}{\longrightarrow}$	Yes	+	No
14	·				+	X	_		X		+-	$\longrightarrow$		-	
15	Were the bonds issued as part of		ding issue?		X	X	$\longrightarrow$		X		+-	$\longrightarrow$		+	
16						<u> </u>			Х		┷				
17	allocation of proceeds?							Х							
Par	Part III Private Business Use											'			
					Yes	A No	$\dashv$	Yes B	No No	Yes	C		Yes	<u>D</u>	No
1	Was the organization a partner i	ın a partnership, or	a member of an Ll	LC, which owned	res	X		res	X	165	+ "	+	165	+	140

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)		1						1	
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	hiisinass iisa	Yes	No	Yes	No	Yes	No	Yes	No
3a	of bond-financed property?	business use		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			x		x				
Do										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?			l	I	I		<u> </u>		
a	Rebate not due yet?	1	Х		Х					
b	Exception to rebate?		Х		Х					
С	No rebate due?		X		Х					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•		<b>'</b>			·	
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
				_						

Part IV Arbitrage (Continued)

**Identifier** 

**Return Reference** 

				0					
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		×		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		×					
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	х		×					
Dr	Supplemental Information Complete this part to pr	ovido addition	al informati	on for rocnor	sees to quest	tions on Scho	dulo V (soo	inctructions)	

Schedule K (Form 990) 2012

**Explanation** 

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As Filed Data -

DLN: 93493099001034

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

Name of the organization
MILLIGAN COLLEGE INC

Employer identification number

rt I Exces	ete if the o			, 00 0111		× , IIII		21111 2	- L	-, , a, ,	· ,c		
(a) Name		_		ationship	between disc	gualified	(c) Descrip	otion o	ftrans	action	- 10	(d) Corr	ected
. ,	·	•			d organizatio							Yes	No
								yearu • •	inder s	ection \$ \$ \$			
THE LOS	ne to an	d/or E	rom Intor	octod D	orconc								
Com	plete if the nization re (b) Rela	organiza ported ar	n amount on I (c) Purpose	ed "Yes" o Form 990,	on Form 990- , <u>Part X, line</u> n to the		ne 38a, or Fo <b>(f)</b> Balance due		In	(h Appro	) oved ard or	r if the	
Com orga ) Name of nterested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment?
Com orga Name of terested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990 (d) Loar or from	on Form 990- , <u>Part X, line</u> n to the	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g)	In	(h Appro	) oved ard or	(i)Wr	
Com orga Name of terested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment?
Com orga Name of terested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment
Com orga Name of terested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment
Com orga Name of terested	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment
Com orga Name of terested person	plete if the nization re (b) Rela	organiza ported ar tionship	ation answeren amount on I (c) Purpose	ed "Yes" o Form 990, (d) Loar or from organizat	on Form 990- , Part X, line n to the tion?	5, 6, or 22 (e)Original principal	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment
Com orga Name of terested person	plete if the nization re (b) Rela with orga	e organiza ported ar tionship anization	ation answeren amount on formation (c) Purpose of Ioan	ed "Yes" o Form 990, (d) Loar or from organizat  To  ting Int	Prom Prom 990- Part X, line In to the tion?  From	(e)Original principal amount	<b>(f)</b> Balance	(g) defa	In ult?	(h Appro by boa commi	) oved ard or ttee?	(i)Wr agreer	ment
Com orga Name of terested person  I TIII Grai	plete if the nization re (b) Rela with organization of Asplete if the nization recommendation of the nization recommendation r	ssistanne organ  (b) Rel  Interest	ce Benefit	d "Yes" of Form 990, (d) Loar or from organizat  To  ting Int. wered "Yes" of the second of the second organizate organiz	Part X, line In to the tion?  From  From  Gerested Pares" on For	ersons.	(f)Balance due	(g) defa	In ult?	(h Approby boa commi Yes	)  poved and or ttee?  No	(i)Wr agreer	<b>N</b>
Comorga Name of terested person  I TIII Grait Com Name of int	nts or Asplete if the rested	ssistan ne organ (b) Rel interest	ce Benefit nization answere n amount on I (c) Purpose of loan	ded "Yes" of Form 990, (d) Loar or from organizat  To  sting Int wered "Y ween of the companion of the compa	Part X, line In to the tion?  From  From  Gerested Pares" on For	ersons. m 990, Part	(f)Balance due	(g) defa  Yes  f assis	No No LD OF	(h A pproby boa commi	)  poved and or ttee?  No	(i)Wr agreer	Nent T

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	-	f zatıon's
	organization			reven <b>Yes</b>	ues? <b>No</b>
(1) MR JOHN K BANKS	MEMBER OF THE BOARD OF TRUSTEES		MR JOHN K BANKS, THE COLLEGE'S ATTORNEY, IS A MEMBER OF THE BOARD OF TRUSTEES MR BANKS IS NOT PAID CASH FOR HIS SERVICES AS THE COLLEGE'S ATTORNEY HOWEVER, FOR THE YEAR ENDED MAY 31, 2013, THE COLLEGE DID GIVE FREE TUITION TO TWO OF HIS RELATIVES THE VALUE OF		No
(2) DR W B GREENE	MEMBER OF THE BOARD OF TRUSTEES		THIS TUITION WAS \$11,652  DR W B GREENE, OWNER OF CARTER COUNTY BANK, IS A MEMBER OF THE BOARD OF TRUSTEES THE COLLEGE HAS NUMEROUS CHECKING ACCOUNTS AT THE BANK, WHOSE DEPOSITS AT MAY 31, 2013 TOTALED APPROXIMATELY \$9,442,247 THE COLLEGE HAS A \$1,000,000 LINE OF CREDIT AT THE BANK WITH NO DRAWS FOR THE YEAR ENDED MAY 31, 2013 ON DECEMBER 5, 2005, THE COLLEGE OBTAINED A \$5,500,000 TAX-EXEMPT BOND FROM THE BANK, WHICH IS SECURED BY THE ELIZABETH LEITNER GREGORY CENTER FOR THE LIBERAL ARTS AT MAY 31, 2013, THE BALANCE OF THE LOAN WAS \$4,421,117, AND THE INTEREST EXPENSE PAID FOR THE YEAR THEN ENDED WAS \$201,751 ON DECEMBER 7, 2012, THE COLLEGE OBTAINED A \$7,500,000 TAX- EXEMPT BOND FROM THE BANK, WHICH IS SECURED BY THE VILLAGE STUDENT RESIDENT HALLS AT MAY 31, 2013, THE BALANCE OF THE LOAN WAS \$7,345,626, AND THE INTEREST EXPENSE PAID FOR THE YEAR THEN ENDED WAS \$80,656	1	No
(3) MR CALVIN L WILSON JR	MEMBER OF THE BOARD OF TRUSTEES		MR CALVIN L WILSON, JR, A SENIOR INVESTMENT ADVISOR WITH UBS FINANCIAL SERVICES, INC (UBS), IS A MEMBER OF THE BOARD OF TRUSTEES HE ALSO SERVES AS AN ADVISOR TO THE COLLEGE'S INVESTMENT COMMITTEE, BUT HE IS NOT A VOTING MEMBER OF THIS COMMITTEE AT MAY 31, 2013, THE COLLEGE HAS APPROXIMATELY SEVENTY FIVE PERCENT (\$20,421,635) OF ITS INVESTMENTS WITH UBS FEES CHARGED BY UBS ARE COMPATIBLE WITH OTHER COMPANIES FEES AVERAGE ABOUT 0 45% PER TRANSACTION FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2012, FEES CHARGED WERE \$60,033 THE COLLEGE'S LINE OF CREDIT AT UBS, WHICH IS COLLATERALIZED BY INVESTED FUNDS, WAS \$8,000,000 THE BALANCE OUTSTANDING FOR THE ENTIRE FISCAL YEAR ENDED MAY 31, 2013 WAS ZERO THE LINE OF CREDIT WAS CLOSED IN MAY, 2013		No
(4) MR TOMMY BURLESON  (5) DR MARSHALL W HAYDEN	MEMBER OF THE BOARD OF TRUSTEES  MEMBER OF THE BOARD OF TRUSTEES	4,250,798	MR TOMMY BURLESON, OWNER OF BURLESON CONSTRUCTION, IS A MEMBER OF THE BOARD OF TRUSTEES THE COLLEGE HAS USED BURLESON CONSTRUCTION FOR SEVERAL CONSTRUCTION PROJECTS IN THE PAST BURLESON CONSTRUCTION IS SERVING AS THE GENERAL CONTRACTOR FOR THE CONSTRUCTION OF THE RESIDENCE VILLAGE WHICH WAS STARTED IN JUNE 2012 AND IS SCHEDULED FOR COMPLETION IN AUGUST 2013 BURLESON CONSTRUCTION WAS PAID \$4,250,798 FOR THE YEAR ENDED MAY 31, 2013 DR MARSHALL W HAYDEN IS A MEMBER OF THE BOARD OF		No
			TRUSTEES HIS SISTER, LINDA LAWSON, IS EMPLOYED BY THE COLLEGE HER GROSS SALARY FOR THE 2012 CALENDAR YEAR WAS \$52,165		
(6) MR DANIEL W MCMAHAN  Part V Supplemental Inform	MEMBER OF THE BOARD OF TRUSTEES		MR DANIEL W MCMAHAN IS A MEMBER OF THE BOARD OF TRUSTEES HE IS A SENIOR VICE-PRESIDENT OF BB&T (FORMERLY OLD COLONY INSURANCE) LOCATED IN LOUISVILLE, KENTUCKY FOR THE YEAR ENDED MAY 31, 2013, MILLIGAN COLLEGE PAID BB&T \$280,395 FOR INSURANCE SERVICES (GENERAL LIABILITY COVERAGE) THE COLLEGE PAID HARTFORD INSURANCE \$280,395 BB&T REPRESENTS THE COLLEGE WITH HARTFORD INSURANCE		No

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

Identifier Return Reference Explanation

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DLN: 93493099001034

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE M** (Form 990)

Department of the Treasury

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization

Employer identification number

11111	GAN COLLEGE INC				62-0535	755			
Pā	Types of Property								
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d</b> 1ethod of d ash contrib	etermı		ts
1	Art—Works of art								
2	Art—Historical treasures .								
	Art—Fractional interests								
	Books and publications								
5	Clothing and household goods								
6	goods								
	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .	X	3	117.832	CLOSIN	G STOCK	PRICE	 S	
	Securities—Closely held stock								
	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic								
1.1	structures Qualified conservation								
14	contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	O ther ► ()								
26	O ther ►()								
	O ther ►()								
	O ther ▶ ()				<u> </u>				
29	Number of Forms 8283 received for which the organization comple				29				
	for which the organization comple	iteu i oiiii o	203, Fait IV, Dollee Ackin	owieugement [				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I. lines	1-28 tha	tit		103	110
	must hold for at least three year								
	for exempt purposes for the enti						30a		No
ŀ	If "Yes," describe the arrangem						300		
31	Does the organization have a gif			review of any non-standard	contribut	ions?	31		Νo
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash				
	contributions?						32a		Νo
ŀ	If "Yes," describe in Part II						J_4		.10
	If the organization did not report	: an amount	: in column (c) for a type of	property for which column (	a) is chec	ked.			
	describe in Part II			, , , , , , , , , , , , , , , , , , , ,	,	= /			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493099001034

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization MILLIGAN COLLEGE INC

**Employer identification number** 

62-0535755

ldentifier	Return Reference	Explanation							
	FORM 990, PART VI, SECTION A, LINE 2	BRENDA GREEN, A MEMBER OF THE BOARD OF TRUSTEES, IS A SISTER-IN-LAW OF JAMES EARL GREEN, A MEMBER OF THE BOARD OF TRUSTEES							
	FORM 990, PART VI, SECTION B, LINE 11	A COMPLETE COPY OF THE COLLEGE'S FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES), AS ULT IMATELY FILED WITH THE INTERNAL REVENUE SERVICE, WAS PROVIDED TO EACH PERSON WHO WAS A VOT ING MEMBER OF THE GOVERNING BODY AT THE TIME THE FORM 990 WAS PROVIDED, WHETHER IN PAPER O R ELECTRONIC FORM, BEFORE ITS FILING WITH THE INTERNAL REVENUE SERVICE.							
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, EACH MEMBER OF THE BOARD OF TRUSTEES SUBMITS A SIGNED CONFLICT OF INTEREST AGREE MENT AT THIS TIME, ANY KNOWN CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED T O THE GOVERNING BODY SHOULD THE POTENTIAL OF A CONFLICT OF INTEREST ARISE, THE SUBJECT WI LL BE DISCLOSED AND THE GOVERNING BOARD MEMBER WILL EXCUSE THEMSELVES FROM VOTING ON THE M ATTER IN QUESTION							
	FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT THE BOARD OF TRUSTEES APPROVED THE SALARY OF THE PRESIDENT OF THE COLLEGE AND D ID COMPARE THAT INFORMATION WITH PEER INSTITUTIONS AT THE TIME THE SALARY WAS DETERMINED O R HIRE DATE. THE BOARD OF TRUSTEES ALSO PASSED A RESOLUTION THAT THE PRESIDENT WOULD RECEIVE THE SAME PERCENTAGE INCREASE AS OTHER STAFF OF THE COLLEGE ON AN ANNUAL BASIS. THE SALARY OF THE PRESIDENT IS APPROVED AS PART OF THE BUDGETING PROCESS BY THE BOARD OF TRUSTEES  ANNUALLY OTHER OFFICERS OR KEY EMPLOYEES SALARY INCREASES FOR OFFICERS ARE THE SAME PERCENTAGE GIVEN TO OTHER STAFF OF THE ORGANIZATION. THE PRESIDENT OF THE COLLEGE REVIEWS SALARITOR SALARY INCREASES FOR INSTITUTIONS. THE PRESIDENT MAY RECOMMEND INCREASES OVER AND ABOVE THE PERCENTAGE INCREASES BASED ON MERIT OR TO MOVE SALARIES INTO MEDIAN RANGE OF PEER INSTITUTIONS. THE PRESIDENT HAS DISCRETION TO AWARD INCREASES BASED ON MERIT. THE PRESIDENT PRESENTS THESE RECOMMENDATIONS TO THE FINANCE COMMITTE.  E OF THE BOARD OF TRUSTEES. THE SALARIES OF ALL OFFICERS ARE APPROVED AS PART OF THE BUDGE.  TING PROCESS BY THE BOARD OF TRUSTEES ANNUALLY.							
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST							
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET ADJUSTMENT OF ANNUITY PAYMENT LIABILITY -36,042							
FINANCIAL STATEMENTS AND REPORTING	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FIANNCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THI S PROCESS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493099001034 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return MILLIGAN COLLEGE INC 62-0535755 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 1.316.858 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 1,316,858 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he ir	าstruct	ions for	limits	for pa	asseng	jer au	tomot	iles.
<b>24a</b> Do you have evider	nce to support t	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	<b>lb</b> If "Yes,	" is the e	v idence	written?	,	s L N	)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	<b>d)</b> r other sıs	(busines	(e) or depreciation ess/investment se only)		<b>(f)</b> Recovery period	<b>(g)</b> Metho Conven	d/	(h) Depreciation/ deduction			(i) Elected section 179 cost	
<b>.5</b> Special depreciation allo	•		erty placed	in service	during the	tax year	and u	sed more		25					
<b>6</b> Property used more			business	use					•	I					
· · ·		%													
		% %											+		
<b>7</b> Property used 50%	n orless in a		siness iis	:e											
r roperty about 50 %	01 1033 111 4	%	J.111033 43						S/L -						
		%							S/L -						
	(1- )	%		l					S/L -				Ш_		—
28 Add amounts in co						ne 21, p	age	ı L	28						
<b>29</b> Add amounts in co	olumn (ı), lını					<u> </u>	•		<u> </u>			29			
omplete this section	for vehicles		ction B							or rela	tad nai	re on			
you provided vehicles to													se vehic	les	
<b>30</b> Total business/inv	vestment mi	les driven du	rına the		a)	(b	-		(c)	1 .	d)		e)		f)
year ( <b>do not</b> inclu			•	Vehi	icle 1	Vehic	:le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	icle 5	Vehi	cle
<b>31</b> Total commuting r	milas drivan	during the ve								+					
_						-				+					—
32 Total other persor	•					+		+		+					
33 Total miles driven through 32 .	during the y	ear Add line	s 30												
<b>34</b> Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
during off-duty ho										1					Ħ
35 Was the vehicle us owner or related p	sed primarily	by a more t	han 5%												
<b>36</b> Is another vehicle		r personal us	se? .												T
		stions for		vers W	ho Pro	vide V	ehio	cles fo	or Use	by Th	eir E	mplov	⊥ ≀ees	<u> </u>	—
nswer these question % owners or related	ns to determ	ine if you me	et an exc											<b>not</b> mo	re tl
37 Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	es	No
• •													$\vdash$		
38 Do you maintain a employees? See tl															
<b>9</b> Do you treat all us	e of vehicles	s by employe	es as pe	rsonal us	e?										
<b>10</b> Do you provide movehicles, and retain				oyees, o	btaın ınfo	ormation	fron	n your e	mployee	s about	t the u	se of			
I <b>1</b> Do you meet the re	equirements	concerning	nualified a	automobi	ıle demoi	nstratio	n use	? (See	ınstructı	ons )					
Note: If your answ	•	_						•		,					
	rtization	, 3 5, 10, 01	11 13 10	3, 40 110	Compie		1011 15	101 the		vemere					
Allio	I CIZUCIOII	(b)								(e)					
<b>(a)</b> Description of c	osts	Date amortizatio begins	n	A mort a mo		(d) Code section		A mor per	A mortization period or percentage			<b>(f)</b> ortizati this ye	zation for		
<b>12</b> A mortization of co	sts that bea		ur 2012	tax vear	(see ins	truction	s)				•				
			1	, - 41	,	1	.,								
									+		1				
<b>13</b> A mortization of co	sts that her	an before vo	ur 2012 i	tax vear						43	l				
44 Total Add amount	_	•		•	ere to re	nort	-			44					