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DLN: 93493115010147

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

			 						
			lendar year, or tax year beginning C Name of organization	07-01-2015 , and ending 06-30-20	16	D. F.	•		
	ck if appl		Young Harris College			I DE	npioye	er iden	itification number
_	ldress cha	-				5.8	-059	3414	r
	ame chang Itial returr	-	Doing business as						
_ !" Fii		'				F Te	enhon	e numl	ner
eturn/	terminate		Number and street (or P O box if ma PO Box 68	Il is not delivered to street address) Room/s	uite				
	ended ret					(7	06)3	79-3	111
Apı	olication p	ending	City or town, state or province, count Young Harris, GA 305820068	ry, and ZIP or foreign postal code		c er	oss ro	cointe ¢	5 122,696,029
			- N	1 - 66					
			F Name and address of principa L Cathy Cox	officer	H(a)	Is this a gr		eturn	
			PO Box 68			subordinat No	es?		☐ Yes 🗸
			Young Harris, GA 305820068		Н(b)	Are all sub	ordın	ates	□Yes □ No
[la:	k-exempt	status	√ 501(c)(3)	sert no) 4947(a)(1) or 527		included?		1	
w.	ebsite: I	► www	w yhc edu			•			(see instructions)
						Group exe ar of formation			nber ► State of legal domicile Gi
(Forr	n of organ	nization	✓ Corporation Trust Associati	on Other ►		ai oi ioiiiiadoi	1 1000	, , , ,	State of legal doffficile Gr
Pa	rt I	Sum	mary						
			scribe the organization's mission o	or most significant activities					
		_		nd empowers students through a com	prehensi	ve liberal a	rts ex	periei	nce that integrates
eu.	min	a, boa	y, and spirit						
<u>⊆</u>									
Ė									
Š و	2 Ch	eck th	is box 🕨 🥅 if the organization dis	continued its operations or disposed	of more	than 25% c	ıfıts ı	net as	sets
<u>ح</u> بد								_ 1	
<u>,</u>				g body (Part VI, line 1a)			-	3	51
Š			•	the governing body (Part VI, line 1b	•		-	4	43
Activities & Governance				ilendar year 2015 (Part V, line 2a)			\vdash	5	816
٩			mber of volunteers (estimate if neo	• •			\vdash	6	50
			related business revenue from Par		\vdash	7a 	-12,716		
	ь мет	unreia	ated business taxable income fron	n Form 990-T, line 34				7b	-12,716
	_					Prior Yea			Current Year
Qı			butions and grants (Part VIII, line	•	•		82,60	_	3,319,240
Ravenua		_	,	e 2g)	•	41,0		_	42,139,022
ک کز			•	(A), lines 3, 4, and 7d)	·		61,93	_	4,870,034
_			revenue (Part VIII, column (A), I				19,0	31	-15,547
		12)	revenue—add imes 8 tirrough 11 (must equal Part VIII, column (A), li	ie	48,6	35,42	29	50,312,749
	13	Grants	s and similar amounts paid (Part I	X, column (A), lines 1-3)		19,5	17,3	57	20,172,055
				, column (A), line 4)				0	
	15	Saları	es, other compensation, employee	e benefits (Part IX, column (A), lines		15,4	202	1.4	15,616,164
Expenses		5-10		13,4	20,2.	**			
æ	16a	Profes	ssional fundraising fees (Part IX, o	column (A), line 11e)	•		18,00	9,000	
Ä	b	Total fu	ındraısıng expenses (Part IX, column (D),						
	17	Other	expenses (Part IX, column (A), lı	18,8	91,1	14	18,107,229		
				t equal Part IX, column (A), line 25)		53,8	54,7	45	53,904,448
/=	19	Reven	ue less expenses Subtract line 1	8 from line 12	-	-5,2	19,3	16	-3,591,699
Net Assets or Fund Balances					Begin	ning of Curr	ent Ye	ear	End of Year
aar	20	Total	assets (Part X, line 16)			220,4	42.68	3.0	168,102,612
AB			liabilities (Part X, line 26)			68,5		_	29,221,422
ž Š			ssets or fund balances Subtract II		•	151,8		_	138,881,190
			ature Block				,	- 1	200/002/200
Jnde	r penaltı	ies of	perjury, I declare that I have exar	nined this return, including accompa					
			belief, it is true, correct, and comp nowledge	olete Declaration of preparer (other t	than offic	er) is based	on a	II ınfoi	rmation of which
epa		ан у Кі							
		****				2017-04-	25		
Sign		Signa	ature of officer			Date			
Here	• \		e M Benson CPA Controller						
			or print name and title						
_	_		'nnt/Type preparer's name : Wayne Wıllıams Jr		Date 2017-04-0	4 Check	ıf j	PTIN P00294	425
Paid		_ <u> </u>	<u> </u>	,		self-emplo	yed		
	parer	_ F	Firm's name Warren Averett LLC Firm's address Six Concourse Parkway 9	Suite 600		Phone no			
Jse	Only		,			Thone no	(770)	JJU-11	-
			Atlanta, GA 30328						

47,084,824

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		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?	6		No
7	If "Yes," complete Schedule D, Part I	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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			
	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	
	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 2	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Pait II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1 of "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	201-		N

	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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c	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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Yes

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Νo 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Νo 37

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		N/			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	166			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and	•				
		tatements, filed for the calendar year ending with or within the year covered s return	2a	816			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7 b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		Νo
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bug g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 I	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		L	13c)			l Na
		ie organization receive any payments for indoor tanning services during the tax is," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		No
U	11 16	3, has tellied a form 720 to report these payments if No, provide difexpiand	CIOII II	Schicagic O			

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 51			
	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 1b 43			
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		No
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	even	ie Cod	e.)
			Yes	No

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 14 Did the organization have a written document retention and destruction policy? . . . 14 Νo 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? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Yes **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Nο Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶ GΑ 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, address, and telephone number of the person who possesses the organization's books and records ▶Wade M Benson CPA 1 College Street Young Harris, GA 305820068 (706) 379-3111

Part VII

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

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

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

(A) Name and Title	(B) Average hours per week (list any hours	rerage Position (do not check more than one box, unless ek (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	ets to Part VII, S	ection A				. •		4.050.033		450.405
d Total (add lines 1b and 1c)					•	•		1,058,877	0	168,135

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sodexo Inc	Food and Physical Plant Services	4,051,995
PO Box 536922		
Atlanta, GA 30353		
Choate Construction Company	General Contractor	414,862
8200 Roberts Road Suite 600		
Atlanta, GA 30350		
BKV Inc	Advertising Consultants	246,800
3390 Peachtree Road		
Atlanta, GA 30326		
Brailsford & Dunlavey	Facility Planners	214,712
1140 Connecticut Avenue NW Suite 4		
Washington, DC 20036		
Colwell Construction Company Inc	Parking Lot Construction	209,099
587 Rock Road		
Blairsville, GA 30514		

Yes No

Form 99								Page 9
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
ants	ь	Membership du	es 1b					
Gr.	c	Fundraising eve	ents 1c	71,095				
ffs. ⊏A	d	Related organiz	zations 1d					
15 E	e	Government grants		550,023				
Sin		_						
uti Te	f	similar amounts no	ons, gifts, grants, and 1f ot included above	2,698,122				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribute 1a-1f \$	ons included in lines	154,072				
Contand	h	Total. Add lines	s 1a-1f		3,319,240			
				Business Code				
Program Service Revenue	2a	Tuition & fees		611710	31,767,301	31,767,301		
	ь	Auxiliary services		611710	10,004,893	10,004,893		
<u>.</u> د	С	Student support		611710	366,828	366,828		
Σ	d							
Ē	е							
ogra	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f	>	42,139,022			
	3	Investment inc	ome (including dividen ar amounts)	ds, interest, ▶	3,352,972			3,352,972
	4		stment of tax-exempt bond	proceeds >				
	5	Royalties	<u> </u>	🕨				
		Cross rants	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	 _	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	33,776,877	40,100,500				
	b	Less cost or other basis and	32,260,315	40,100,000				
		sales expenses Gain or (loss)	1,516,562	500				
	c d		(s)		1,517,062		500	1,516,562
		Gross income f	rom fundraising					
Other Revenue		Ψ	,095 s reported on line 1c)					
er l			а	20,634				
O.E.	b c		penses b (loss) from fundraising	22,965	-2,331			-2,331
Ū			rom gaming activities ne 19	events p	2,551			2,331
	h	less directer	a penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		>				
	L	Loop cost of	a and sold					
		_	oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneous	s Revenue	Business Code				
		Income (loss) f		713940 523000	-538 -12,678		-538 -12,678	
	b c	Income (loss) f	rom partnerships	523000	-12,0/8		-12,078	
	d	All other reven	ue					
	e		s 11a-11d	•	12.216			
	12	Total revenue.	See Instructions .		-13,216 F0 313 740	40 400 00-	40 m/ m	1007.00
				·	50,312,749	42,139,022	-12,716	4,867,203

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	17,740,916	17,740,916		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,431,139	2,431,139		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,067,617	202,836	850,381	14,400
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	11,057,461	9,738,446	748,700	570,315
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	672,142	591,952	50,378	29,812
9	Other employee benefits	1,996,958	1,725,885	156,944	114,129
10	Payroll taxes				
		821,986	706,790	74,475	40,721
11	Fees for services (non-employees)				
a	Management	45.700		45 700	
b	Legal	15,788		15,788	
C A	Accounting	68,937		68,937	
d	Lobbying	0.000			0.000
e f	Professional fundraising services See Part IV, line 17	9,000		452 225	9,000
	Investment management fees	152,325		152,325	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	665,801	279,684	353,578	32,539
12	Advertising and promotion	711,002	189,386	81,209	440,407
13	Office expenses	3,781,871	3,582,492	156,989	42,390
14	Information technology				
15	Royalties				
16	Occupancy	1,982,185	1,961,541	8,429	12,215
17 18	Payments of travel or entertainment expenses for any federal,	927,817	805,197	58,845	63,775
19	state, or local public officials				
20	Interest	1,550,628		1,550,628	
21	Payments to affiliates	1,330,628		1,330,626	
22	Depreciation, depletion, and amortization	3,699,070	3,570,012	129,058	
23	Insurance	376,141	182,978	193,163	
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)	370,141	102,570	133,103	
а	Student meals	2,335,437	2,309,795	18,435	7,207
b	O ther expense	806,231	408,685	391,574	5,972
c	Programs and promotions	528,924	387,395		141,529
d	Printing and Postage	290,482	141,300	13,550	135,632
е	All other expenses	214,590	128,395	56,271	29,924
25	Total functional expenses. Add lines 1 through 24e	53,904,448	47,084,824	5,129,657	1,689,967
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)				

(B)

End of year

5,496,380

1,060,069

104,041

713,381

1,283,227

65,012,818

25,353,215

67,387,985

1,691,496

168,102,612

2,461,728

25,730,000

1,029,694

29,221,422

52,601,021

13,024,925

73,255,244

138,881,190

168, 102, 612 Form 990 (2015)

(A)

Beginning of year

4,902,190

1.267.749

78,618

862,303

1,592,738

106,465,899

30,858,873

71,152,026

3,262,284

220,442,680

2.016.608

65,479,370

1,097,908

68,593,886

59,990,301

14,528,424

77,330,069

151.848.794

220,442,680

104 780 876

39,768,058

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O contains a response or note to any line in this Part X

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

PailA	Dalalice 311
	Check if Sche

Form 990 (2015)

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Net Assets or Fund Balances

Part X	balance	Snee
	Check if S	chedule

art X Balance Sheet

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

	•	•	
Part X	Ва	lance	Sheet

1	Total revenue (must equal Part VIII, colun

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Investment expenses .

Prior period adjustments .

nn (A), line 12)

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

1

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Page **12**

50,312,749

53,904,448

-3,591,699

151,848,794

-2,976,420

-6,399,485

138,881,190

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

column (B))							
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII							
If the organization changed its method of accounting from a prior year or checked "Other," explain in	_						
Were the organization's financial statements compiled or reviewed by an independent accountant?							
If Yes, 'check a box below to indicate whether the financial statements for the year were compiled or revie	wed o	n					

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

1
2a
b

10 Net as

Schedule O

Separate basis

Part XII

Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis ✓ Consolidated basis

Single Audit Act and OMB Circular A-133?

a separate basis, consolidated basis, or both

Both consolidated and 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?

Both consolidated and separate basis

Additional Data

(Code

(Code

Software ID: Software Version:

EIN: 58-0593414

Name: Young Harris College

) (Revenue \$

) (Revenue \$

366,828)

10,004,893)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

7,388,388

) (Expenses \$

) (Expenses \$

Student Services Funds expended for innovative programs and services which challenge students culturally, athletically and spiritually The College strives to recruit and retain excellent students and empower them to reach their full potential. These expenditures provide support for extracurricular activities and student related services at the College which are essential to the students' well being and contribute to the quality of life outside the formal academic programs. Also, expenditures for student involvement in projects that impact the local community are included.

6,407,217 including grants of \$

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

including grants of \$

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

Compensated Employees, and Inde					ı u	stee	э, г	tey Lilipioye	es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl	(C) n (do than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
L Cathy Cox President/Ex Officio Trustee	40 00	x		×				590,460	0	91,831
M Brantley Barrow Board Chair / Executive Committee Chair	1 00	x		×				0	0	C
James T Johnston Jr Secretary / Athletics Committee Chair	1 00	x		×				0	0	C
Wyck A Knox Jr Vice Board Chair/Finance Committee Chair	1 00	x		x				0	0	(
Julie D Salisbury Marketing Committee Chair	1 00	x						0	0	
Jonathan F Anderson	1 00	х						0	0	C

1 00

1 00

1 00

1 00

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14,400

Properties Committee Chair

Academic Affairs Committee Chair

Student Affairs Committe Chair

Development Committee Chair

Trusteeship, Goveranace, and Compensation Committe

Rene' M Diaz

Margaret R Buker

Dr Don A Harp Jr

Pam R Rollins

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

Compensated Employees, and Inde	pendent co	ntrac	LOF	5				i	i	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Kurt T Momand Endowment Committee Chair	1 00	x						0	0	0
Matthew P Anderson Trustee	0 50	x						0	0	0
Paul D Beckham Trustee	0 50	x						0	0	0
Rıchard J Burrell Trustee	0 50	×						0	0	С
The Hon Earl L Carter Trustee	0 50	×						0	0	C
Julia Webb Davis Trustee	0 50	×						0	0	0
Mickey T Dunn	0 50							_		_

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Trustee

Trustee

Trustee

Trustee

William F Easterlin III

Dr James F Ellison

Clair W Frazier

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

Compensated Employees, and Inde	pendent co	ntrac	LOF	5				i	i	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Alvın Gibson Trustee	0 50	Х						0	0	0
Rev David T Haygood Sr Trustee	0 50	х						0	0	0
Robert L Head Trustee	0 50	×						0	0	0
Darryl A Hicks Trustee	0 50	×						0	0	0
W Ron Hinson Trustee	0 50	×						0	0	0
Henry M Huckaby Trustee	0 50	x						0	0	0
Gerald W Hudgins	0 50	.,								

0 50

0 50

0 50

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Trustee

Trustee

Trustee

Trustee

William A Johnston

Ray P Lambert Jr

Eustace P McCannon

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

Compensated Employees, and Inde	pendent co	ntrac	LOF	5				i	i	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Rıchard W McGınnıs Trustee	0 50	x						0	0	0
Ted McMullan Trustee	0 50	x						0	0	0
The Hon Murphy C Miller Trustee	0 50	x						0	0	0
Jerry W Nıx Trustee	0 50	×						0	0	С
David A Pattillo Trustee	0 50	×						0	0	C
Loulie Tarbutton Reese Trustee	0 50	х						0	0	0
Jane Peeples Stanfield	0 50							_	_	_

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Trustee

Trustee

Trustee

Trustee

Jimmy C Tallent

Michele T White

Marlan B Wilbanks

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
James E Williams Trustee	0 50	х						0	0	0
Kırk S Wımberly III Trustee	0 50	х						0	0	0
The Hon Charles S Wynne Trustee	0 50	х						0	0	0
Dr William Harry Hill Life-Time Trustee	0 50	х						0	0	0
The Hon Zell B Miller Life-Time Trustee	0 50	х						0	0	C
Dr Robert V Ozment Life-Time Trustee	0 50	х						0	0	0
Zachary Champion	0 50								_	_

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Ex-Officio Trustee

Ex-Officio Trustee

Ex-Officio Trustee

Ex-Officio Trustee

Rev Michael McCord

Candler J Ginn

Rev Richard Chewning

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

(C)

(D)

111,570

(E)

(F)

44,773

(B)

40 00

(A)

Wade M Benson

Controller

Name and Title	A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	one n is and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Bishop B Michael Watson Ex-Officio Trustee	0 50	x						0	0	
C Brooks Seay VP of Finance and Administration/Treasurer	40 00			×				79,516	0	10,33
Thomas G Estes Immed Past Sr VP of Fin & Admin	40 00			×				98,999	0	
Dr Gary L Myers VP of Academic Affairs	40 00				x			163,932	0	21,19

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hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

Public Charity Status and Public Suppo

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.

OMB No 1545-0047

2015

Open to Public Inspection

DLN: 93493115010147

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

58-0593414

Treasury
Internal Revenue Service

Name of the organization

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

Young Harris College

✓

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without

Total. Add lines 1 through 3

Net income from unrelated business activities, whether or not the business is regularly

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part

carried on

VI)

The portion of total contributions

charge

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 7,798,095 16,400,616 3,882,608 5,535,626 3,319,240 36,936,185 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either

6	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						11,150,218 25,785,967
S	ection B. Total Support						
(01	Calendar year fiscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	7,798,095	16,400,616	5,535,626	3,882,608	3,319,240	36,936,185
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,967,482	3,267,202	3,267,838	3,031,657	3,352,972	15,887,151

16,400,616

5,535,626

3,882,608

3,319,240

36,936,185

7,798,095

11 Total support. Add lines 7 52,823,336 through 10 Gross receipts from related activities, etc. (see instructions) 12 176,472,714 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

160	23.1/29/s support test _ 2015 If the organization did not check the box on line 13, and line 14 is 23.1/29/s	r more	chack this hav
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	39 900 %
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	48 820 %

1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization

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

▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
C	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

DLN: 93493115010147

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

Open to Public **Inspection**

nterr	nal Revenue Service					•	
	me of the organization ng Harns College				oyer identificat	ion numbe	•
Рa	rt I Organizations Maintaining Dono	r Advised Funds or (Other Similar Fi		593414		
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 6.	ands c	T Accounts	•	
		(a) Donor advised funds		(b)	Funds and othe	raccounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to			or advis	sed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				purpose	☐ Yes	□No
Pa	rt II Conservation Easements. Comple	ete if the organization a	answered "Yes" o	n Form	n 990, Part IV	•	1110
1	Purpose(s) of conservation easements held by the	-			· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e.g., recreducation)	reation or	Preservation of a				
	Protection of natural habitat	ı	Preservation of a	certifie	a nistoric struc	ture	
2	Preservation of open space	hold a gualified concernat	ion contribution in t	ha farm	of a concornat		
_	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neid a quanned conservat		ile ioiili	or a conservat	1011	
					Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme		d /- \	2b			
c d	Number of conservation easements on a certified Number of conservation easements included in (, ,	2c			
u	historic structure listed in the National Register	e) acquired after 0/17/00,	and not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, extingi	ııshed, or termınate	d by the	e organization o	during the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is loca	ted ▶				
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		ng, inspection, hand	lling of	┌	es No	•
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vio	lations, and enforci	ng cons	ervation easer	nents durın	g the
	>						
7	A mount of expenses incurred in monitoring, inspi	ecting, handling of violatio	ns, and enforcing co	onserva	tion easements	s during the	year
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the	requirements of sec	tion 17	0(h)(4) Y	es No	,
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga					
a r	Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Histori		or Oth	er Similar A	Assets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not t assets held for public exl	o report in its rever hibition, education, i	or resea	arch in furthera		с
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ext	•				с
((i) Revenue included on Form 990, Part VIII, line	1		> \$			
(i	i) Assets included in Form 990, Part X		1				
2	If the organization received or held works of art,	historical treasures, or oth					

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	1 III Organizations Maintaining (continued)	g Collections of A	rt, His	toric	al T	reasures, e	or Ot	her Similar	Asse	ets	
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other rec	ords,ch	neck ar	ny of	the following t	hat ar	e a significant	use of	fits	
а	Public exhibition		d	Г	Loar	n or exchange	progr	ams			
b	Scholarly research		e	Γ	Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization		lain hov	wthev	furth	er the organiz	ation's	: evemnt nurno	se in		
-	Part XIII	·		·		_			'S C 111		
5	During the year, did the organization sol assets to be sold to raise funds rather t							_	Yes	□ No	
Pai	rt IV Escrow and Custodial Arr		is pare	or the t	rgan	IZGETOTT'S COTTC	CCIOII		165	NC	,
	Complete if the organization Part X, line 21.	answered "Yes" on	Form	990, F	Part :	IV, line 9, or	repo	orted an amo	unt o	n Forr	n 990,
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	istodian or other interr	nediary	for co	ntrıbı	utions or othe	rasse	_	Yes	┌ No)
b	If "Yes," explain the arrangement in l	Part XIII and complete	the fol	lowing	table	2			moun	it	
c	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2 a	Did the organization include an amount	on Form 990, Part X, I	ne 21,	for esc	row	or custodial ad	ccoun	t liability?	Yes	┌ No)
b	If "Yes," explain the arrangement in Pai	t XIII-Check here ıf tl	he expl	anatior	n has	been provide	d in Pa	art XIII			
Pa	art V Endowment Funds. Compl										
		(a)Current year	(b) Pno	•	_	(c)Two years ba		d)Three years bac) Four ye	ars back
1 a	Beginning of year balance	39,467,057		13,148,2	_	41,511,0	-	42,573,96	_	4:	8,772,461
b	Contributions	291,787		189,3	34	510,0	097	176,5	15		797,380
С	Net investment earnings, gains, and losses	-690,527		884,3	08	6,578,	587	5,191,7	10	-	1,752,224
d	Grants or scholarships										
е	Other expenditures for facilities and programs	3,214,172		4,754,8	24	5,452,	047	6,430,58	34	!	5,243,656
f	Administrative expenses										
g	End of year balance	35,854,145	3	39,467,0	57	43,148,	239	41,511,60	02	4.	2,573,961
2	Provide the estimated percentage of the	current year end bala	nce (lır	ie 1g, d	olum	nn (a)) held as					
а	Board designated or quasi-endowment I	32 970 %									
b	Permanent endowment ► 60 680 %										
c	Temporarily restricted endowment ►	6 350 %									
	The percentages on lines 2a, 2b, and 20	should equal 100%									
3a	Are there endowment funds not in the po	ossession of the organ	ızatıon	that ar	e hel	d and adminis	tered	for the			
	organization by							Г	25/11	Yes	No
	(i) unrelated organizations			•		• •		}	3a(i) 3a(ii)	Yes	No
ь	(ii) related organizations					· · ·			3b	1	110
4	Describe in Part XIII the intended uses	·						L			
Pai	rt VI Land, Buildings, and Equi	pment.									
	Complete if the organization	answered 'Yes' to F	<u>orm 9</u>				ee F				
	Description of property		Со	(a) st or oth (investr	er ba	sis Cost or other		Accumulate (c)depreciation		(a)800	k value
1 a	Land					3,2	230,012	2			3,230,012
b	Buildings					74,0	040,593	17,969	,685	5	6,070,908
c	Leasehold improvements		.				182,104	· ·			2,403,030
d	Equipment		. $ abla$				908,872				2,889,573
e	Other						119,295	5			419,295

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

65,012,818

Part VII Investments—Other Securities. Com	plete if the organiz	ation answered 'Yes'	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other		10.535.040	
(A) Flexible capital		10,526,819	F
(B) Beneficial interest in perpetual trust		50,966,048	F
(C) Beneficial interest in remainder trust		2,164,888	F
(D) Investments held in trust for others		3,257,464	F
(E) Real estate		472,766	F
Tatal (Column (h) must equal Form 000, Both V, col. (B) (no. 12.)	•	67 297 095	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	-	67,387,985	
Complete if the organization answered (a) Description of investment	'Yes' on Form 990, l	Part IV, line 11c. _{See} (b) Book value	Form 990, Part X, line 13. (c) Method of valuation
		(2)	Cost or end-of-year market value
		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. Complete if the organization		rm 990, Part IV, line 11	
(a) Descri	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			•
Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.	nization answered " 	Yes' on Form 990, Pa 	rt IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	4	
Federal income taxes		_	
Due to beneficiaries	556,399	9	
Deposits	473,295	5	
		7	
		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,029,69		
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under EIN			

Schedule D (Form 990) 2015

1 2

c

d

3

65,454

33.732.393

20,172,055

53,904,448

Schedule D (Form 990) 2015

22,611,433

Add lines 2a through 2d . . -7,529,261 2e 3 Subtract line 2e from line 1 . . 30,140,694 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII) 4b 20,172,055 Add lines **4a** and **4b** 4c 20,172,055 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 50,312,749 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1 33,797,847 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 54,000 2b Prior year adjustments

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Donated services and use of facilities

Recoveries of prior year grants . .

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Other (Describe in Part XIII)

Other losses

Other (Describe in Part XIII) .

Subtract line 2e from line 1 . .

Add lines 2a through 2d .

4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

2a

2b

2c

2d

2c

2d

4a

4b

-2,976,420

-4,606,841

54,000

11.454

20,172,055

2e

Part XIII Supplemental Information

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

information Return Reference Explanation

Part V, Line 4 The endowment funds are used for scholarships, academic chairs, library, public programs, maintenance, long-term facility repairs and replacement, and other

Schedule D (Form 990) 2015		Page 5
Part XIIII Supplemental	Information (continued)	
Return Reference	Explanation	
Part XI, Line 4b - Other Adjustments	Scholarships and financial assistance 20,172,055	
Part XII, Line 2d - Other Adjustments	Distribution to beneficiaries 11,454	
Part XII, Line 4b - Other Adjustments	Scholarships and financial assistance 20,172,055	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

As Filed Data -

DLN: 93493115010147

OMB No 1545-0047

Open to Public Inspection

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Young Hams College

(Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue Service

Employer identification number

58-0593414

- 0	rc1			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
_			1 1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
		1		
		┨		
		1		
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records indicating the racial composition of the stadent body, lacally, and administrative stan-			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
C	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
			1 1	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
		1		
_		1		
5	Does the organization discriminate by race in any way with respect to I Students' rights or privileges?	5a		No
•	Totaldents Hights of privileges	<u> </u>		110
Ŀ	Admissions policies?	5b		Νo
,	Employment of faculty or administrative staff?	5c		No
•	. Employment of lacuity of duministrative stair.	<u> </u>		110
C	Scholarships or other financial assistance?	5d		Νo
_	Educational policies?	5e		No
•	E Ludeational policies			NO
f	Use of facilities?	5f		Νo
,	Athletic programs?	50		No
٤	Additional 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			
		4		
		-		
-	Does the organization receive any financial aid or accietance from a governmental argument	_ <u>_</u>	V	
08	i Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you are word "Vee" to either line 62 or line 65 evelue or Deat II			
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	
			' '	
-	rwark Podustion Act Notice, see the Instructions for Form 000 or Form 000-F7 Cat. No. 50095D Schedule E (Form 000			

Schedule E. Part I. Line 3

Schedule E, Part I, Line 6

Page 2

Explanation

Return Reference

school administered College programs " All members of the College community are expected and obligated to uphold this policy

governmental aid totaling \$550.023

information and any other basis protected by federal, state, or local laws in the administration of its scholarship and loan program, admission, athletic, or other

The College publishes and upholds the following policy "Young Harris College does not discriminate on the basis of race, color, religion, sex, age, national

The College receives aid from governmental agencies to support its student financial aid programs In the current year, the College received and distributed

origin or ancestry, physical or mental disability, veteran status, genetic

Schedule E (Form 990 or 990-EZ) (2015)

SCHEDULE F (Form 990) Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) if activity listed in (d) is a (f) Total of the conducted in (d) Region (d) Region (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of the conducted in (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of the conducted in (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of the conducted in (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of the conducted in (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of the conducted in (d) If activity listed in (d) is a (f) Total of the conducted in (d) If activity listed in (d) If activity listed in (d) If Total of the conducted in (d) If activity listed in (d) If Total of the conducted in (d) If activity listed in (d) If Total of the conducted in (d) If Total	15 Public on mber
Department of the Treasury Internal Revenue Service Name of the organization Young Harris College Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	Public on mber
Department of the Treasury Internal Revenue Service Name of the organization Young Harris College Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	on mber
Internal Revenue Service Name of the organization Young Harris College Part I General Information on Activities Outside the United States. Complete if the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes Yes Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	on mber
Young Harris College Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	AI_
used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and oth assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	_ N.
assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	No
	ì.
(a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total of	
offices in the employees, region (by type) (e.g., program service, describe for and ii	xpenditures vestments egion
Europe (Including Iceland & 0 0 Program Services Study Abroad Programs Greenland)	68,543
CENTRAL AMERICA AND THE 0 0 Investments CARIBBEAN	2,540,752
3a Sub-total 0 0	2,609,295
b Total from continuation sheets 0 0 to Part I	
c Totals (add lines 3a and 3b) 0 0 0 Cat No 50082W Schedule F (Form 90).	0

Schedule F (Form 990) 2015

_					
			•		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant of non-cash valuation assistance recipients disbursement non-cash assistance (book, FMV, assistance appraisal, other) Financial Assistance 1,179,703 Credit to bursar accounts Europe -43 Financial Assistance Sub-Saharan Africa -120,595 Credit to bursar accounts A ngola, Financial Assistance 117,349 Credit to bursar accounts East Asia and the 3 Pacific -Financial Assistance 12 295,105 Credit to bursar accounts Central America and the Caribbean -Financial Assistance 228,262 Credit to bursar accounts South America 8 North America -490,125 Credit to bursar accounts Financial Assistance 16 Canada

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

Explanation

990 Schedule F. Supplemental Information

Return Reference

Part I. Line 2 Financial aid is credited directly to students' accounts through the business office. Fore ign program services are reported upon actual expenditures in the region

990 Schedule F, Supplemental Information Return Reference Explanation

Accounting for foreign investments is based upon the fair market value at year end

Part I. line 3

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DLN: 93493115010147

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

2015

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ame of the o	organization College						Employer iden	tification number
							58-0593414	
	_	ctivities. Comple ers are not requir		_	ation answered "Yes' his part.	on Form	n 990, Part IV,	, line 17.
Indicate	e whether the org	janization raised fun	ds through	n any of th	ne following activities (heck all t	hat apply	
a √ Mai	l solicitations				e 🗸 Solicitation of r	on-goverr	nment grants	
b √ Inte	ernet and email s	olicitations			f 🔽 Solicitation of g	jovernmen	t grants	
c 🔽 Pho	ne solicitations				g 🔽 Special fundrais	sıng event	S	
d 🔽 In-	person solicitatio	ons						
	mployees listed				ndividual (including offic nection with professiona			s No
		hest paid individual east \$5,000 by the o			isers) pursuant to agre	ements un	der which the fu	ndraiser is
ınd	Name and address of (ii) Activity individual (rentity (fundraiser)		fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
Don A H	arn lr	Fundraising	Yes	No				
	inding Lane	consulting		No	0		14,400	-14,40
Atlanta,	GA 30319				_		,	,
Myers M PO Box	cRae	Fundraising consulting		No	0		9,000	-9,00
Highland	is, NC 28741							
		1						
otal				•			23,400	-23,400
List all st	ates in which the	organization is regi	stered or	licensed t	o solicit contributions (or has bee	n notified it is e	xempt from

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events
		Clay Dotson Open (event type)	(event type)	(total number)	(add col (a) through col (c))
Reverne	1 Gross receipts	91,729			91,729
Re	·	71,095			
	2 Less Contributions	20,634			71,095
	4 Cash prizes				
	5 Noncash prizes	1,319			1,319
S	6 Rent/facility costs	7,274			7,274
Expenses	7 Food and beverages				
Exp	8 Entertainment				
Direct	9 Other direct expenses	14,372			14,372
ā	10 Direct expense summary Add lines	1 through 9 in column (d)		22,965
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)		-2,331
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	│ Yes%	├ Yes <u> %</u>	☐ Yes%	
	7 Direct expense summary Add lines	2 through 5 in column (c	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza				Yes No
b	If "No," explain				
L0a	Were any of the organization's gaming l				
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Attach to Form 990. Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2015

DLN: 93493115010147

Open to Public Inspection

Name of the organization	ing Harris College												
Young Harris College						58-0593414							
Part I General Information	on on Grants an	d Assistance				•							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz Part II Grants and Other Assist 	ward the grants or as ation's procedures f ance to Domestic Or	ssistance? or monitoring the use ganizations and Dome	of grant funds in the Un				✓ Yes No.						
that received more than (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
2 Enter total number of section 5	01(c)(3) and govern	ment organizations lis	sted in the line 1 table .			• _							
3 Enter total number of other org	anızatıons lısted ın t	he lıne 1 table . .				.							

qualitative and quantitative progress

Part IV Supplem	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.											
Return Reference	Explanation											
Part I, Line 2	determined by in the manner	y the FAFSA or other which best serves th	family financial indicato ne greatest number of st	r as accepted by the Col udents and which is in ke	lege, high school GPA, and SA eeping with the intent of the va	demonstrated financial need as .T or ACT scores Aid is to be awarded rious campus programs All imic progress The Financial Aid						

Department monitors the students' satisfactory academic progress annually for institutional aid to determine continued eligibility. Standards are set on Schedule I (Form 990) 2015 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Compensation Information

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

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

OMB No 1545-0047

DLN: 93493115010147

Open to Public

Department of the

Schedule J (Form 990)

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

reas nterr	al Revenue Service				Insp	ectio	n
Νa	me of the organization			Employer identification	on nur	nber	
You	ung Harris College			58-0593414			
Рa	rt I Questions Regarding Compensation		<u>_</u>	36-0393414			
	Queen negatiang compensation					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	~	Housing allowance or residence for	personal use			
	Travel for companions	Г	Payments for business use of pers	·		j j	
	Tax idemnification and gross-up payments		Health or social club dues or initial	tion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ıffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for method	ds			
	✓ Compensation committee	~	Written employment contract				
	Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations	√	Approval by the board or compensa	ation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	, Section A , line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	de th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		Νo
b	Any related organization?				6 b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			n-fixed	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		No
9	If "Yes" on line 8, did the organization also follow the re section 53 4958-6(c)?	butt	able presumption procedure describe	ed in Regulations	9		

Schedule J (Form 990) 2015

Page 2

3 Wade M BensonController

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Note. The sum of columns (B)(I)-(III) 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	, , <i>,</i>	(E) Total of columns	(F) Compensation in					
		Base (ı) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990					
1 L Cathy Cox President/Ex Officio Trustee		300,364	290,096	0	70,500	21,331	682,291	290,096					
	(ii)	0	0	0	0	0	0	0					
		100.000	The state of the s										

163,932 10,320 10,879 185,131 VP of Academic Affairs

9,491

35,282

156,343

2 Dr Gary L Myers

111,570

Schedule 1 (Form 990) 2013	Page 3												
Part III Supplemental Infor	Part III Supplemental Information												
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													
Return Reference Explanation													
	he President of the College is provided with a residence on its campus as a condition of employment to perform responsibilities integrally related to her esponsibilities. Accordingly, the value of this housing is not included in taxable compensation												

Schedule J (Form 990) 2015

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DLN: 93493115010147

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.

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

2015

Department of the Treasury Internal Revenue Se	nvice		in ormation.	about Selie	www.irs.go		, and its instru	ctions	, is at			in to Pi ispecti	
Name of the ore Young Hams Colle	ganızatıon							En	nploye	r identi	fication	numbe	
roung numb conc	90							58	3-059	3414			
							(4), and 501(c						
							25a or 25b, or						
1 (a) Nam	ie of disqua	alified p	erson	(b) Rel	•	ween disquali ganization	fied person and	i (•	•	criptior saction	of	(d) Corr	
						gamzacion		-	ciuii.	Juction		Yes	No
								-					
								+					
								1					
								-					
					-		sons during the			_			
										\$			
3 Enterthe a	mount of t	ax, if ai	ny, on line 2	, above, rei	mbursed by ti	ne organizatio	on		•	> \$			
Part II Lo	ans to a	nd/or	From In	terested	Persons.								
							line 38a, or Fo	rm 99	0, Par	t IV, lır	ne 26, c	rıfthe	
org	anization i	reported	d an amount	on Form 99	0, Part X, lin	e 5, 6, or 22							
(a) Name of	(b) Relati	onship	(c)	(d) Loan	to	(e)O riginal	(f)Balance	(g)	In	(h)	(i)Wri	tten
ınterested	with	n .	Purpose of		ie	principal	due	default?		Appro	ved	agreen	nent?
person	organization		loan	organizatio	n ⁷	amount				by boa			
				То	From	1		Yes	No	Yes	No	Yes	No
					+								
Total			▶ \$			1							
Part IIII Gra	nts or A	ssist		efiting In	terested F	Persons.							
Cor	nplete if	the or	ganızatıon	answered	"Yes" on Fo	orm 990, Pa	rt IV, line 27						
(a) Name of I			Relationsh		(c) A mount	ofassistance	e (d) Type (ofassı	stance	e (e)	Purpos	e of ass	ıstance
perso	n	Inte	erested pers organiza										

		\perp											
							_						
					1					- 1			

Part IV	Business	Tran	sactions	In	volving	Inte	rest	ed Pe	rson	s.
	Complete	ıf the	organizat	ion	answere	ed "Ye	S" 01	า Form	990,	, Pa

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?				
				Yes	No			
(1) United Community Bank Inc	Bank officers and board include the College's President and three Trustees		The College has several cash accounts with this local area bank which also participates in the College's loan syndication which was extinguished on January 27, 2016. This bank also committed to offering a revolving loan to the college on August 2, 2016. The bank's Chief Executive Officer ("CEO"), Jimmy C. Tallent, is also a member of the college's Board of Trustees. The College's President, L. Cathy Cox, is a director of the bank. Neither the College's President, nor the Board member were involved in the decision to select this bank as service provider to the College.		No			
(2) Atlantic Capital Bank	Bank's board includes one Trustee	640,203	The College has a cash account at this Atlanta area bank which facilitated, administered, and participated in the College's loan syndication which was extinguished on January 27, 2016 A member of the College's Board of Trustees, Rene M Diaz, is also on the bank's board This Trustee member was not involved in the decision to select this bank as a service provider to the College		No			
Part V Supplemental Inform				<u> </u>	1			
Provide additional informa Return Reference	tion for responses to questions							
Return Reference Explanation								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

Treasury

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

DLN: 93493115010147 OMB No 1545-0047

2015

Open to Public Inspection

	nal Revenue Service			T	F	•		
	e of the organization g Hams College				Employer identificat	ion nu	mber	
	<u> </u>				58-0593414			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art	Х	1	-	Estimated fair value	!		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		5,865	Estimated fair value	!		
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	9,500	Estimated fair value	!		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	33,956	Listed exchange va	lue		
LO	Securities—Closely held stock \cdot							
l1	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
L4	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Х	1	4,920	Estimated fair value			
am	npus improvements)							
	Other ► (X	5	2,800	Estimated fair value			
	pment/furniture)		_	2.054	E - b b - d 6 b			
	Other▶(blies)	X	7	2,051	Estimated fair value			
	Other►()							
	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple				29			1
							Yes	No
30a	During the year, did the organiza			•	-			
	it must hold for at least three ye				rea to be used		ļ	ı
	for exempt purposes for the enti	re holding p	period?			30a		Νo
b 31	If "Yes," describe the arrangeme			soulow of any non-stand-	contributions	31	Yes	
	Does the organization have a gif	·	. ,	•			165	
32a	Does the organization hire or use contributions?	-	ies or related organizations	to solicit, process, or sell	noncash • • •	32a		No
	If "Yes," describe in Part II							_
33	If the organization did not report	. an amount	. iii column (c) for a type of	property for which column (a) is checked,			
_	describe in Part II			0 . 11 . 52		<u> </u>	000)	/201 = ·
UT H	Paperwork Reduction Act Notice, see	rue Tuettac	CIONS IOF FORM 990.	Cat No 51227J	Schedule M	(rorm	YYU) ((CU15)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

OMB No 1545-0047 2015 Open to Public Inspection

Employer identification number

58-0593414

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

990 Schedule O. Supplemental Information

Department of the

Internal Revenue

Young Harris College

Name of the organization

Treasurv

Service

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	The Honorable Zell B Miller and the Honorable Murphy Miller are father and son, respectively, and both serve on the College's Board of Trustees
Form 990, Part VI, Section A, line 2	The College's President and one member of the College's Board of Trustees have a business relationship with a local area bank, United Community Bank, Inc. The bank's Chief Executiv e Officer, Jimmy C. Tallent is one of the College's Board of Trustees. The College's President, L. Cathy Cox, is a director of the bank.

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990, Part VI, Section B, line 11	The Form 990 is sent electronically or by direct mail to all voting Trustees for review prior to filing
Form 990, Part VI, Section B, line 12c	The organization reviews and monitors any possible conflicts that are listed on the annual

required disclosures filed by the officers, directors and employees

990 Schedule O, Supplemental Information

Return Reference Explanation

The College's Form 990 is available upon request

Form 990, Part VI,

Section C. line 18

, , ,	The Trusteeship, Governance, Compensation Committee of the Board of Trustees reviews and approves the President's
· ·	compensation The Vice Presidents' compensation is reviewed and approved by the President The Human Resource Office maintains comparability data and all employee information

990 Schedule O, Supplemental Information

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Form 990, Part VI, Section C, line 19	The College's governing documents are available upon request
Form 990, Part VI, Section B, Line 16b	The College's equity interest in any joint venture is so small and in the nature of an investment interest, rather than as an active participant in the activities of any venture. A

Explanation

s such, it is not necessary to have initiation and veto powers. These investments are perm itted under the provisions of the College's investment policy and evaluated on a case-by-c ase basis with consideration of the protection of the College's tax-exempt status

Return Reference

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part XI, Change in value of split interest agreements -4,606,841 Distribution to beneficiaries -11,454 CONSOLIDATION
line 9 ADJUSTMENTS FOR YHC REAL ESTATE LLC -1.781.190

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493115010147 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

▶ Attach to Form 990.

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

Inspection

Employer identification number

				58-059341	4		
Part I Identification of Disregarded Entities Complet			n Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the		ne organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it h	ad on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Exempt Code section		(e) Public charity sta	(f) atus Direct controlling	(g) Section 5: (13) conti entity	
	, , , , , , , , , , , , , , , , , , , ,		Exempt Code section	(if section 501(c)		(13) co	ntrolled
1)Enotah Properties Foundation Inc	College Facilities (Rollins		501(c)(3)			(13) co	ntrolled
College St Young Harris, GA 305820068		or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?
(1)Enotah Properties Foundation Inc 1 College St Young Harns, GA 305820068 81-0811529	College Facilities (Rollins	or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?
1 College St Young Harris, GA 305820068	College Facilities (Rollins	or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?
1 College St Young Harns, GA 305820068	College Facilities (Rollins	or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?
L College St Young Harris, GA 305820068	College Facilities (Rollins	or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?
1 College St Young Harns, GA 305820068	College Facilities (Rollins	or foreign country)	·	(if section 501(c)	entity	(13) co ent	ntrolled ity?

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		Predominant income(related, unrelated, excluded from tax under sections 512-	income(related, unrelated, excluded from tax under sections 512-	Predominant Sincome(related, unrelated, excluded from tax under sections 512-	Predominant Sincome(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	, income	(g) Share of end- of-year assets) ortionate ations?	ionate Code V-UBI		J) eral or aging tner?	(k) Percentage ownership
				ĺ			Yes	No		Yes	No												
(1) Young Harris College Real Estate LLC 1 College St Young Harris, GA 305820068 47-4423681	College Facilities (Rollins Campus Center)	GA	Young Harris College	Related	-483,928	42,367,066		No		Yes		99 940 %											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V	Transactions With	Related Organizations	Complete if the organization	on answered "Yes" on Form	990. Part IV. line 34, 35b, or 36.

1 During the tax year, and the orgranization engage in any of the following transactions with one or more r	refated organizations in	sted in Parts II-IV								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)				1b	Yes					
c Gift, grant, or capital contribution from related organization(s)				1 c		No				
d Loans or loan guarantees to or for related organization(s)				1d		No				
e Loans or loan guarantees by related organization(s)				1e		No				
f Dividends from related organization(s)				1 f		No				
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)			i i	1h		No				
i Exchange of assets with related organization(s)				1i		No				
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes					
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	I	No				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
o Sharing of paid employees with related organization(s)				10		No				
p Reimbursement paid to related organization(s) for expenses				1 p		No				
q Reimbursement paid by related organization(s) for expenses				1 q		No				
r Other transfer of cash or property to related organization(s)				1r		No				
s Other transfer of cash or property from related organization(s)				1 s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	volved					
1)Young Harns College Real Estate LLC	В	1,899,000	FMV							
2)Young Harris College Real Estate LLC	G	40,100,000	FMV							
3)Young Harns College Real Estate LLC	К	540,925	FMV							
			1							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, actives, and FIN of entity Capt Capt	revenue) that was not a related organization. See instructions i													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	(e) Are all partners		total	l end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 ı	
														_
														_
														_

Page 5

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Return Reference	Explanation
Parts II, III, V, Related	During FYE 6/30/2016, the College sold, and leased back, the Rollins Campus Center to a newly formed partnership, Young Harris College Real Estate,
Organizations - Rollins Campus	LLC ("YHC Real Estate") The members of YHC Real Estate are the College (99 947368%) and Enotah Properties Foundation, Inc ("Enotah",
Center	0 052632%) Enotah is a Section 509(a)(3)(A) Type I supporting organization of the College All of these entities are included in the consolidated,

Independent audited financial statements of the College. This structure was created solely to satisfy financing requirements for the Rollins Campus. Center and does not affect the use or economics of the Rollins Campus Center for the College Further, there are no "specified payments" by any Icontrolled entity that reduce the unrelated income or increase the unrelated loss of these organizations. The Rollins Campus Center houses the student