DLN: 93493197026820

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

2018

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A F	or the	e 2019 c	alendar vear, or tax vear begi	nning 07-01-2018 , and ending 06-	30-20	19			
		pplicable:	C Name of organization				D Employ	er identif	ication number
		change	Erskine College and Theological Ser	minary			57-031	4390	
	me cha	-	Doing business as						
	itial ret	:urn n/terminated	_						
		return	Number and street (or P.O. box if r	mail is not delivered to street address) Room/s	suite		E Telepho	ne number	
□ Ap	plicatio	on pending	PO Box 338				(864) 3	379-8812	
			City or town, state or province, cou Due West, SC 29639	untry, and ZIP or foreign postal code					
			Due West, 3C 25035				G Gross re	eceipts \$ 3	6,176,794
			F Name and address of princip Rob Gustafson	al officer:	H(a) Is thi	s a group re	turn for	
			PO Box 338		l		dinates?		□Yes 🗹 No
			Due West, SC 29639		⊣ "	b) Are a includ	ll subordina ded?	tes	☐ Yes ☐No
I la	x-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) \square 4947(a)(1) or \square 527			•	•	instructions)
J W	ebsit	e:► ww	w.erskine.edu		ן H(c) Grou	p exemption	number	>
					I Ve	ar of form	ation: 1837	M State	of legal domicile: SC
K For	m of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Ass	ociation LJ Other >	L 16	ai oi ioiiii	adon. 1657	IN State	or legal doffliche. 3C
P	art I	Sum	mary						
			scribe the organization's mission o	or most significant activities:					
ψ	<u> </u>	Christian I	liberal arts college and graduate t	heological seminary.					
Activities & Governance	-								
Ĕ	-								
Š				scontinued its operations or disposed of					1
<u>ن</u>	1		=	ng body (Part VI, line 1a)				3	19
တ္သ	1		•	of the governing body (Part VI, line 1b)			•	4	19
Ĕ	1		, ,	alendar year 2018 (Part V, line 2a) .			•	5	409
Ę	1		•	ecessary)	•		•	6	35
⋖	1			rt VIII, column (C), line 12	•		•	7a	0
	b	Net unre	lated business taxable income fro	m Form 990-T, line 34			•	7b	0
					L	Pr	ior Year		Current Year
ā.	1		tions and grants (Part VIII, line 1h		L		1,554,		1,982,682
Ravenue	1	-	service revenue (Part VIII, line 2g		L		27,282,		27,317,273
Ω.	1			lines 3, 4, and 7d)	-		3,274,		-1,074,112
	1		venue (Part VIII, column (A), lines		_			580	43,990
	_			ust equal Part VIII, column (A), line 12)			32,200,		28,269,833
	1		, , ,	column (A), lines 1–3)	-		15,085,	_	15,464,014
	1		'	column (A), line 4)	-		0.503	0	0 200 200
Expenses	1	•		enefits (Part IX, column (A), lines 5–10)	-		8,502,	0	8,808,989
8	1		onal fundraising fees (Part IX, colu	, ,,	-			<u> </u>	0
Ä	1		raising expenses (Part IX, column (D),	· <u> </u>	F		0.105	012	10,442,412
	1		penses (Part IX, column (A), lines penses. Add lines 13–17 (must eq	•	-		9,185,		
	1		, ,	rom line 12	-		32,773, -573,	-	34,715,415 -6,445,582
٥	119	Revenue	less expenses. Subtract file 10 fi	10111 IIII	-	Reginning	of Current		End of Year
Net Assets or Fund Balances									
Bak	20	Total ass	ets (Part X, line 16)				73,377,	177	75,442,460
절절	21	Total liab	oilities (Part X, line 26)				20,447,	698	21,946,721
žZ	22	Net asset	ts or fund balances. Subtract line	21 from line 20			52,929,	479	53,495,739
	art II		ature Block						
				nined this return, including accompanyin e. Declaration of preparer (other than ofi					
	nowle								
		*****	*			20.	20-07-15		
Sian		Signat	ure of officer			Dat			
Sign Here		Christi	an Habeger VP Finance & Ops						
			or print name and title						
		F	Print/Type preparer's name	Preparer's signature	Date			PTIN	<u> </u>
Pai	d						eck 🔲 if f-employed	P0072195:	1
	 pare	er 🖪	Firm's name				m's EIN ► 36	-3990892	
	On	ĸ. ⊢	irm's address ▶ 1255 Lakes Parkway S	Suite 130		Phi	one no. (678)	518-5301	
		·	Lawrenceville, GA 30			1 1	(0/0)	510 5501	
N4		C 1.	this return with the preparer sho					. I.J.	/es □No
VI av 1	no ID	< diccuse	thic roturn with the proparer cho	wn above? (see instructions)				IVI V	roc I INo

Form	990 (20	18)				Page 2
Pa	irt III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a i	response or note to a	any line in this Part III .		🗹
1	Briefly	describe the organization's miss	ion:			
		ge exists to glorify God as a Chri ursuit of undergraduate liberal a			are equipped to flourish as whole p	ersons for lives of service
2	Did the	organization undertake any sig	nificant program serv	vices during the year wh	nich were not listed on	
	the pric	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes,	" describe these new services or	n Schedule O.			
3	Did the	organization cease conducting,	or make significant	changes in how it condu	cts, any program	
		s? " describe these changes on Sch				🗌 Yes 🗹 No
4	Section		izations are required	to report the amount of	largest program services, as meas f grants and allocations to others,	
4a	(Code:) (Expenses \$	29,853,570	including grants of \$	15,464,014) (Revenue \$	27,317,273)
	See Add	itional Data				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other p	program services (Describe in Sc	thedule O.)			
	(Expen	ses \$	including grants of	\$) (Revenue \$)
4e	Total p	program service expenses >	29,853,5	70		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 Nο 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Yes 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III

ari	Checklist of Required Schedules (continued)			
-11	eneckist of Required Schedules (continued)		Yes	No
	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	140
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		N.
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N
	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		N
	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		N
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		l N
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N
	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	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		N
	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	
l	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
	Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,051			
E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ĺ

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . If "Yes," enter the name of the foreign country: ▶_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Nο

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .. Nο b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Nο solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6h Organizations that may receive deductible contributions under section 170(c).

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file **7**c No **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

15

Nο

Form 990 (2018)

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1	9	Yes	No
	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 1	9		
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		No
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? .	^{on} 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
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	Yes	
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	Yes	
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?	8 b	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 Reven	ue Code	∍.)	,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Christian Habeger PO Box 338 Due West, SC 29639 (864) 379-8812			
				- (2010)

Part VII

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

organization, more than \$10,000 of reportable co										
List persons in the following order: individual trus compensated employees; and former such person		rs; insti	tutioi	nal t	rust	ees;	office	ers; key employees	s; highest	
Check this box if neither the organization no	r any related or	-ganizat	i <u>on c</u>	omp	ens.	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha perso	on (do an on on is	(C) o not e bo both recto) t che ox, u h an or/tr	eck model inless office ustee)	ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Mrs JE Gazzaway	2.00	X		x				0	0	0
Trustee - Chair		, î		Ĺ				-	-	
(2) The Rev CH Davis	2.00	×		X				0	n	0
Trustee - Vice-Chair				_^						
(3) Mr AL Casterline	2.00	Х		х				0	0	0
Trustee - Secretary		^_		^_	_	<u> </u>		0		
(4) Dr JA Arnold Trustee	2.00	Х						0	0	0
(5) Mrs MT Rucker Trustee	2.00	Х						0	0	0
(6) Mrs CK Walker Trustee	2.00	х						0	0	0
(7) The Rev BF Bult Trustee	2.00	х						0	0	0
(8) Mrs CE Davis Trustee	2.00	Х						0	0	0
(9) Dr SL Gray Trustee	2.00	Х						0	0	0
(10) Dr GS Query Trustee	2.00	х						0	0	0
(11) Dr JR Augustine Trustee	2.00	Х						0	0	0
(12) Mr CL Bethea Trustee	2.00	×						0	0	0
(13) The Rev JA Hunt Trustee	2.00	Х						0	0	0
(14) Mr PW Malphrus Trustee	2.00	х						0	0	0
(15) Dr AJ Broyles Trustee	2.00	Х						0	0	0
(16) Mr Marshall Davis III Trustee	2.00	Х						0	0	0
(17) The Rev Dr DP Smith Trustee	2.00	Х						0	0	0

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	st Compensated	Employees (con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b ooth a direct	ox, ι n of tor/t	t che unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount comper from organiza	ated of other esation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	MISC)	rela organiz	ted
(18) Mr RG McDonald	2.00	х						0	0		0
Trustee (19) The Rev LA Shelnutt Trustee	2.00	X						0	0		0
(20) Mrs AM Grooms Ex Officio Member (part year)	2.00	хх						0	0		0
(21) Dr Robert Gustafson	45.00 X 150,000							0	18,081		
President (22) Mr C M Habeger VP Fin/Ops, Treasurer	45.00	×						0	0)	0
(23) Dr J T Hellams Jr Provost of the College	45.00	x						0	0		57,773
(24) Dr RL Holmes Provost of the Seminary							0		0		
5) Mrs D S Hodge 40.00 X 40,011 0							11,223				
1b Sub-Total				•	1						
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	•		• •		,			261,311	0		87,077
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key (emp •	loye •	e, or h	nighe •	est compensated er	mployee on 3		No
4 For any individual listed on line 1a, is the organization and related organizations graindividual											
5 Did any person listed on line 1a receive o services rendered to the organization?If "								ganization or indivi	dual for 5	1	No
Section B. Independent Contractors										<u>'</u>	
 Complete this table for your five highest of from the organization. Report compensation. 										nsation	
	(A) ousiness address							Descrip	(B) tion of services	Compe	c) nsation
Aramark Campus Services PO Box 978839								Dining Hall Ser	vices		,112,513
Dallas, TX 75397 Aramark Facilities Services PO Box 978839								Facilities/Grou	nds Maintenance	1	,932,437
Dallas, TX 75397 Maxima Specialty Group								Controller Serv	vices		138,650
525 Woodruff Rd Greenville, SC 29607											
Total number of independent contractors (ir compensation from the organization ▶ 3	ncluding but no	t limited	d to t	hose	list	ed abo	ove)	who received more	e than \$100,000 of	:	

Part	VII											
		Check if Schedul	e O contains a	a respo	onse or note to any l	(.	his Part VIII A) revenue	Rel e: fu	(B) lated or exempt inction	(C) Unrelati busine reven	ted ess	(D) Revenue excluded from ax under sections 512 - 514
10	1	a Federated campaig	ns	1a				re	venue			512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1 b								
6ra mo1		c Fundraising events		1c								
Ę,		d Related organizatio	ns	1d	494,330							
<u>:</u> ∃a		e Government grants (co	ontributions)	1e	172,927							
Sin's		f All other contributions,										
utio Per		and similar amounts na above	ot included	1f	1,315,425							
ള		g Noncash contribution in lines 1a - 1f:\$	ons included	54	,324							
in di		h Total. Add lines 1a-	-1f									
9		Total / (dd III) es 14			Business	Code	1,982,682	T				Τ
же	2:	Student Tuition & Fees					21,6	025,500	21,02	5,500		
ever		Auxiliary Enterprises				611710	6,0	007,688	6,00	7,688		
Program Service Revenue	_	Bookstore				611710	:	223,842	22	3,842		
er vic						611/10						<u> </u>
Š	(4										
grai	f	· All other program se						60,243	6	0,243		
P		T otal. Add lines 2a-2			27,3	17,273						
		Investment income (ii			interest, and other			Τ				
		similar amounts) .		•	•		1,224,16	3				1,224,163
		Income from investme		•	•							
	3	Royalties	(i) Rea		(ii) Personal			+				
	6	Gross rents	(1)		(,							
		b Less: rental expenses		52,956 10,066								
	,	g Less. Tental expenses		10,000								
	•	c Rental income or (loss)		42,890								
		d Net rental income o	r (loss)		· · · •] 	42,89	0				42,890
			(i) Securit	ies	(ii) Other							
	7	Gross amount from sales of	5.5	94,520								
		assets other than inventory	,	,								
	ı	b Less: cost or										
		other basis and sales expenses										
		C Gain or (loss)		98,275								
		d Net gain or (loss)			<u> </u>	<u> </u>	-2,298,27	5				-2,298,275
<u>ə</u>	0	·		of								
eun		contributions reporte See Part IV, line 18			5,200							
Rev	I	b Less: direct expense		b	4,100							
Other Revenue	•	c Net income or (loss)	from fundrais	ing ev	ents		1,10	0				1,100
oth	98	Gross income from g See Part IV, line 19		es.								
		200 : 4::::,		а								
		b Less: direct expense		b								
		c Net income or (loss)		activit	ies >	1		-				
	10	aGross sales of invent returns and allowand										
				а								
		b Less: cost of goods s		b								
		Net income or (loss) Miscellaneous		invent	tory ► Business Code			-				
	1:	la										
	ı	b						1				
	•	c										
								1				
		d All other revenue .										
	•	e Total. Add lines 11a	-11d		•							
	12	2 Total revenue. See	Instructions.				28,269,83	3	27,317,273		0	-1,030,122
								•		•		Form 990 (2018)

Statement of Functional Expenses	Part IX	Statement of Functional Expenses
----------------------------------	---------	----------------------------------

b Food Service

c Athletic Teams

d Textbook Costs

e All other expenses

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2018) Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX $\,$. (C) (B) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 15,464,014 15,464,014 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and 462,530 462,530 kev employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 6,932,695 5,509,090 1,213,467 210,138 7 Other salaries and wages 47,161 7,828 3,199 8 Pension plan accruals and contributions (include section 401 58.188 (k) and 403(b) employer contributions) . 37,165 769.908 627,019 105,724 9 Other employee benefits . 585,668 451,924 117,476 16,268 10 Payroll taxes . 11 Fees for services (non-employees): a Management . 47,655 47,655 **b** Legal 67,298 67,298 c Accounting 599 599 **d** Lobbying e Professional fundraising services. See Part IV, line 17 121,515 121,515 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 122,254 64,349 56,548 1,357 12 Advertising and promotion . 13 Office expenses . 509,334 156,772 291,251 61,311 133,270 133,270 14 Information technology **15** Royalties 391,861 336,265 55,596 16 Occupancy 26,364 26,364 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 658,925 579.684 79,241 **20** Interest . . . 21 Payments to affiliates . . . 1,005,115 22 Depreciation, depletion, and amortization 793,136 211,979 334,816 176,232 154,867 3,717 23 Insurance . 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.) 2,237,237 1,765,404 471,833 a Facility Management

1,821,356

798,076

203,221

1,963,516

34,715,415

1,821,356

798,076

203,221

1,033,503

29.853.570

908,211

4,506,888

21,802

354,957

Form 990 (2018)

Form 990 (2018)

2

3

Assets

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

End of year

Page **11**

987,551

135,695

898.180

53.890

128,480

411.252

12,101,239

1,842,394

5.553.866

21.946.721

11.477.052

42.018.687

53,495,739

75,442,460

Form **990** (2018)

1,307,319

Cash-non-interest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

Check if Schedule O contains a response or note to any line in this Part IX .

Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees. Complete 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 II of Schedule L . . . Notes and loans receivable, net . .

Inventories for sale or use .

10a 10b

Prepaid expenses and deferred charges basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11

11 12 13 14 Intangible assets

10a Land, buildings, and equipment: cost or other

Other assets. See Part IV, line 11 . . .

15 16

Total assets. Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses Grants payable . . Deferred revenue

17 Tax-exempt bond liabilities . . .

18 19 20 21 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, persons. Complete Part II of Schedule L .

key employees, highest compensated employees, and disqualified

23 24

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

26

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

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

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

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

57,758,649

32,036,366

(A)

Beginning of year

988,416

930,238

184,587

127,709

152.925

26,874,920

29,263,285

11,909,371

965.005

927.936

955.752

648.586

9,763,909

3,316,840

5.762.611

20.447.698

15.166.656

37.762.823

52.929.479

73,377,177

73.377.177

1,052,785

1

2

3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30

31

32

33

34

25,722,283 35,335,186 9,151,339 794.601

927.936 75.442.460

2,037,970

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes 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. 3b

Yes Form 990 (2018)

Additional Data

Software ID:

Software Version:

EIN: 57-0314390

Name: Erskine College and Theological Seminary

Form 990 (2018)

Form 990, Part III, Line 4a: Erskine College is a comprehensive, fully accredited. Christian college and theological seminary offering undergraduate, master's, and doctoral degrees to approximately 1,000 students. The college program offers 21 baccalaureate majors, and the seminary offers 4 master's degrees and a doctor of ministry degree. Scholarships are awarded to eligible students based on financial need and academic merit allowing students to be equipped to flourish as whole persons for lives of service through the pursuit of undergraduate liberal arts and graduate theological education in a Christ-centered environment. The Institution conducted auxiliary enterprises for the convenience of students, faculty, staff, and the at-large community.

еппе	GKA	APHIC Pri	it - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493197026820
	n 990	ULE A	Com		Charity Staturganization is a sect	ion 501 (c)(3) d	organization or	I	OMB No. 1545-0047
				► Go to	► Attach to Form ! www.irs.gov/Form!	990 or Form 99	0-EZ.		Open to Public
ernal	Reven	the Treasury ue Service		- 40 10	www.ns.gov/10im:	7 <u>70</u> 101 the late	st illioilliation		Inspection
		ne organiza je and Theolog						Employer identific	ation number
Par	t I	Reason	for Public C	harity State	us (All organization	s must comple	te this part.) S	57-0314390 See instructions.	
					it is: (For lines 1 thro				
		A church, c	onvention of c	hurches, or as	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).	
	✓	A school de	scribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
		A hospital o	or a cooperativ	e hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
•		name, city,	and state:		ed in conjunction with				·
;			ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
				· ·	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
•		An organiza	ation that norn 'O(b)(1)(A)(v	nally receives /i). (Complete	a substantial part of it Part II.)	s support from a	governmental u	ınit or from the gener	al public described in
3		A communi	ty trust descri	bed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
					escribed in 170(b)(1) ee instructions. Enter				ege or university or
		from activit	ies related to income and u	its éxempt fur nrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
					d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
		more public	ly supported o	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
		Type I. A so	supporting org	anization oper to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
		manageme		orting organiza	ervised or controlled i ation vested in the sar and C.				
					supporting organizatio				ted with, its
		Type III n	on-functiona integrated. The	Ily integrate ne organizatio	ions). You must com d. A supporting organi n generally must satis t IV, Sections A and	zation operated i fy a distribution i	in connection wi requirement and	th its supported orgar	
		Check this	box if the orga	nization recei	ved a written determir integrated supporting	ation from the II		pe I, Type II, Type II	I functionally
•	Enter					-		<u> </u>	
					ipported organization(
	(1) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
						Yes	No		
tal			+						
	aperv	vork Reduc	tion Act Notic	ce, see the I	nstructions for	Cat. No. 11285	F :	Schedule A (Form 9	90 or 990-EZ) 201

Part II

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (d) 2017 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 2,169,163 2,129,239 3,892,137 1,554,141 1,982,682 11,727,362 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid

2,129,239

3,892,137

(c)2016

3,892,137

1,011,610

7,360

1,554,141

(d)2017

1,554,141

1,527,625

6,660

to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge... 2,169,163 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

supported organization) included on line 1 that exceeds 2% of the from line 4.

amount shown on line 11, column (f) Public support. Subtract line 5 Section B. Total Support Calendar year

(or fiscal year beginning in) ▶ Amounts from line 4. .

Gross income from interest,

dividends, payments received on securities loans, rents, royalties and income from similar sources. . .

> Net income from unrelated business activities, whether or not the

business is regularly carried on. . Other income. Do not include gain 10 or loss from the sale of capital assets (Explain in Part VI.). .

Total support. Add lines 7 through 11 13 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

12,065

15 Public support percentage for 2017 Schedule A, Part II, line 14

(a)2014

2.169.163

939,834

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2018. 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

h 10%-facts-and-circumstances test-2017. 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 qualifies as a publicly

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

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

2,129,239

894,031

13,900

(b)2015

(f)Total 11,727,362 5,650,219

45,185

17,422,766

65.200 %

61.030 %

137,036,162

11,727,362

368,494

11,358,868

1,982,682

(e)2018

12

14

1,982,682

1,277,119

5,200

Schedule A (Form 990 or 990-EZ) 2018

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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						
4	under section 513 Tax revenues levied for the						
4	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						
/a	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						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
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?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	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		
S	Section 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	2		
	organization.	-		ĺ
S	Section 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		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (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		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted 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		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Schedule A (Form 990 or 990-EZ) 2018 Page 8				
Part VI	Section A, lines 1, 2, Part IV, Section D, li	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part II 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line nes 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See			
-		Facts And Circumstances Test			
990 S ched	dule A, Suppleme	ntal Information	_		
Ret	urn Reference	Explanation			
	, Part II, Line 10, of Other Income:	Fundraising Event Income - 2016 Amount: \$ 7,360. 2017 Amount: \$ 6,660. 2018 Amount: \$ 5,20 0. Other Income - 2014 Amount: \$ 12,065. 2015 Amount: \$ 13,900.			

990 Schedule A, Supplemental Information			
Return Reference	Explanation		
Schedule A, Part II:	The organization is a school as described under $170(b)(1)(A)(ii)$ and is not required to complete a public support schedule. Schedule A, Part II is completed to verify the School can qualify under public charity status section $170(b)(1)(A)(vi)$ and, therefore, qualifies to use the first listed special rule for Schedule B reporting.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493197026820

Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

2

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Erskine College and Theological Seminary 57-0314390 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.			
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	(b) Affiliated group totals
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)			
b	Total lobbying expenditures to influence a legislati					
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount. Enter the amount fro	om the following table in	both			
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the 6	excess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r -0				
i	Subtract line 1f from line 1c. If zero or less, enter	-0				
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T	1
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

(b)

(a)

activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation. 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Nο Media advertisements? Nο Mailings to members, legislators, or the public? Νo Publications, or published or broadcast statements? Nο Grants to other organizations for lobbying purposes? Yes 599 Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Nο Total. Add lines 1c through 1i 599 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a No If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D

(Form 990)

DLN: 93493197026820

2018

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.

-	rtment of the Treasury nal Revenue Service Go to <u>www.irs.qov/li</u>	fach to Form 990. F <u>orm990</u> for the la	itest information.			Inspec	
Na	nme of the organization			Emp	oloyer identifica		
Ersl	kine College and Theological Seminary			57-0	0314390		
Pa	art I Organizations Maintaining Donor Advised	Funds or Other	Similar Funds o				
	Complete if the organization answered "Yes" or		· ·				
		(a) Donor adv	sed funds		(b)Funds and of	ther accou	ints
•	Total number at end of year						
	Aggregate value of contributions to (during year)						
•	Aggregate value of grants from (during year) Aggregate value at end of year						
;	Did the organization inform all donors and donor advisors in organization's property, subject to the organization's exclusive				funds are the	——	П №
•	Did the organization inform all grantees, donors, and donor a charitable purposes and not for the benefit of the donor or do private benefit?	advisors in writing t onor advisor, or for	hat grant funds can any other purpose (be use		e _	□ No
Pa	rt II Conservation Easements. Complete if the or	ganization answe	red "Yes" on Forr	n 990	, Part IV, line 7	7.	
	Purpose(s) of conservation easements held by the organizati	ion (check all that a	pply).				
	\square Preservation of land for public use (e.g., recreation or e	education)	Preservation of an	histor	ically important l	and area	
	Protection of natural habitat	✓	Preservation of a	certifie	d historic structu	re	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali easement on the last day of the tax year.	fied conservation co	ontribution in the fo	m of a	a conservation Held at the E	nd of the	Year
а	Total number of conservation easements			2a			8
b	Total acreage restricted by conservation easements			2b			0.00
c	Number of conservation easements on a certified historic stru	ucture included in (a	n)	2c			8
d	Number of conservation easements included in (c) acquired a structure listed in the National Register	after 7/25/06, and r	ot on a historic	2d			0
1	Number of conservation easements modified, transferred, re tax year ▶0	leased, extinguishe	d, or terminated by	the or	ganization during	the	
ļ	Number of states where property subject to conservation eas	sement is located >			1		
•	Does the organization have a written policy regarding the pe and enforcement of the conservation easements it holds?			of viola	ations,	es 🗸	No
•	Staff and volunteer hours devoted to monitoring, inspecting, • 0.00	handling of violatio	ns, and enforcing co	onserv	ation easements	during the	e year
,	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcing conser	vation	easements durin	g the year	
	▶ \$0	,	-				
3	Does each conservation easement reported on line $2(d)$ above and section $170(h)(4)(B)(ii)$?			70(h)(4)(B)(i)	es 🗆	No
)	In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot the organization's accounting for conservation easements.						
aı	Organizations Maintaining Collections of A Complete if the organization answered "Yes" or			er Si	milar Assets.		
.a	If the organization elected, as permitted under SFAS 116 (As art, historical treasures, or other similar assets held for publi provide, in Part XIII, the text of the footnote to its financial s	SC 958), not to repo ic exhibition, educat	ort in its revenue station, or research in f				of
b	TC-1	SC 958), to report in	n its revenue statem				
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	ii)Assets included in Form 990, Part X				-	92	7,936
2	If the organization received or held works of art, historical tr following amounts required to be reported under SFAS 116 (easures, or other si	milar assets for fina		-		<u>·</u>
а	Revenue included on Form 990, Part VIII, line 1	, <u>-</u>			. > \$		

Par	t III	Organizations Ma	aintaining Col	lections of Art,	Histori	cal Tı	reası	ires, or Oth	er Similar As	ssets (c	ontinued)	
3		the organization's acq (check all that apply):		n, and other records	s, check	any of	the fo	llowing that ar	e a significant ι	use of its	collection	
а	\checkmark	Public exhibition			d		Loan	or exchange p	rograms			
b		Scholarly research			е		Othe	r				
С	✓	Preservation for future	e generations									
4	Provid Part >	de a description of the KIII.	organization's coll	lections and explain	how the	ey furth	ner the	e organization's	s exempt purpo	se in		
5		g the year, did the orga s to be sold to raise fur								☐ Ye	s r	۸n
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			rm 990	, Part	IV, li	ne 9, or repo	orted an amou			
1a		e organization an agent ded on Form 990, Part I								☐ Ye	s 🗆 r	No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the f	ollowing	table:			А	mount		_
c		ning balance		•	_			1c				_
d	Addit	ions during the year .						1d				_
е	Distri	butions during the year	r					. 1e				_
f	Endin	ig balance						1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	ıstodial accoun	t liability?	☐ Ye	s 🗆 r	— No
b	If "Ye	s," explain the arrange	ement in Part XIII.	Check here if the e	explanati	ion has	been	provided in Pa	rt XIII			
Pa	rt V	Endowment Fund	ds. Complete if	the organization	answer	ed "Ye	es" or	n Form 990,	Part IV, line 1	LO.		
			•	(a)Current year	(b) ₽	rior yea	r	(c)Two years ba	ck (d)Three yea	ars back	(e)Four yea	ars back
1 a	Beginn	ing of year balance .		39,888,474		38,616	,058	35,311,	874 37,	,882,833	39	,841,555
b	Contrib	outions		236,982			3,381	839,		313,334		146,952
C	Net inv	estment earnings, gair	ns, and losses	5,399,509		3,455	5,690	4,239,	749 -1,	,014,114		561,541
d	Grants	or scholarships	•									
е		expenditures for facilitie ograms	es	2,081,057		2,291	.,655	1,775,	265 1,	,870,179	2	,667,215
f	Admini	istrative expenses .										
g	End of	year balance		43,443,908		39,888	3,474	38,616,	058 35,	,311,874	37	,882,833
2	Provid	de the estimated perce	ntage of the curre	ent year end balance	e (line 1	g, colu	mn (a)) held as:				
а	Board	d designated or quasi-e	ndowment ►	8.540 %								
b	Perm	anent endowment ►	91.460 %									
c	Temp	orarily restricted endov	wment >									
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.								
3а		here endowment funds nization by:	not in the posses	sion of the organiza	tion that	t are h	eld an	d administered	l for the		Yes	No
	(i) ur	nrelated organizations								3a	(i)	No
	(ii) re	elated organizations .								За	(ii)	No
b		es" on 3a(ii), are the rel	-	•			?.			3	ь	
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's endo	wment f	funds.						
Pa	rt VI	Land, Buildings,			000		T) ():	44 6			10	
	Descri	Complete if the ordering of property	ganization answ (a) Cost or oth (investme	er basis (b) Cos	t or other	•			Form 990, Pa ed depreciation		e 10. d) Book valı	ne
			(mivestille	,								
1 a	Land			2,698,350			55,548					3,453,898
b	Buildin	gs				43,18	37,322		22,841,501		2	0,345,821
C	Leaseh	old improvements										
الم	Equipe		I	1		10.43	22 515	I	9 074 484			1 358 031

684,914

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

564,533

25,722,283

120,381

See Form 990, Part X, line 12. (a) Description of security or category				IV, line 11b.
(including name of security)	(b) Book v		(c) Method of valu	
(1) Financial derivatives			, ,	
2) Closely-held equity interests				
A) Cash Surrender Value of Life Insurance		27,200	F	
B) US Government Securities	3,1	54,180	F	
C) Other Fixed Income Investments	3,5	86,446	F	
D) Alternative Investments	1	57,990	С	
E) Pooled Income Funds		51,099	F	
F) Master Limited Partnership	2,1	74,424	F	
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 9,1	51,339		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' or	n Form 990, Pa	t IV, line 11c. See	Form 990, Part X,	line 13.
(a) Description of investment	(b) Boo	k value	(c) Method of values or end-of-year ma	ation:
1)			ost of cha of year me	TREE VAIAC
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answer (a) Descript		990, Part IV, line 11d	. See Form 990, Part	X, line 15. (b) Book value
1)				
2)				
3)				
3) 4)				
3) 4) 5)				
3) 4) 5) 6)				
3) 4) 5) 6) 7)				
3) 4) 5) 6) 7)				
3) 4) 5) 6) 7)				
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	answered Wee	on Form 990 Par	t IV. line 11e or 11	£
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	 n answered 'Yes		t IV, line 11e or 11	f.
3) 4) 5) 6) 7) 8) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25 (a) Description of liability	 n answered 'Yes	' on Form 990, Par	t IV, line 11e or 11	ıf.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes	n answered 'Yes			f.
3) 4) 5) 6) 7) 8) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes IS Government Loan Funds - Refundable Innuities Payable	n answered 'Yes	(b) Book value	8	f.
3) 4) 5) 6) 7) 8) 6) 6) 7) 8) 6 6otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes S Government Loan Funds - Refundable Innuities Payable Interest Rate Swap Liability	answered 'Yes	(b) Book value 828,65 762,76 607,30	8 0 9	f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes US Government Loan Funds - Refundable Innuities Payable Interest Rate Swap Liability Frust Liabilities	answered 'Yes	(b) Book value 828,65 762,76	8 0 9 4	f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes US Government Loan Funds - Refundable Annuities Payable Interest Rate Swap Liability Frust Liabilities Asset Retirement Obligations Capital Lease	answered 'Yes	(b) Book value 828,65 762,76 607,30 2,732,23	8 0 9 4 2	f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes US Government Loan Funds - Refundable Annuities Payable Interest Rate Swap Liability Trust Liabilities Asset Retirement Obligations Capital Lease 7)	answered 'Yes	(b) Book value 828,65 762,76 607,30 2,732,23 309,31	8 0 9 4 2	f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes US Government Loan Funds - Refundable Annuities Payable Interest Rate Swap Liability Trust Liabilities Asset Retirement Obligations Capital Lease 7)	answered 'Yes	(b) Book value 828,65 762,76 607,30 2,732,23 309,31	8 0 9 4 2	f,
See Form 990, Part X, line 25.	n answered 'Yes	(b) Book value 828,65 762,76 607,30 2,732,23 309,31	8 0 9 4 2	f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes JS Government Loan Funds - Refundable Annuities Payable Interest Rate Swap Liability Trust Liabilities Asset Retirement Obligations Capital Lease 7) 8)	>	(b) Book value 828,65 762,76 607,30 2,732,23 309,31 313,59	8 0 9 4 2 3	

2

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C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2018

Page 4

7,026,008

12,684,304

15,585,529

28,269,833

19,144,052

14,166

19,129,886

15,585,529

34.715.415

Schedule D (Form 990) 2018

Add lines 4a and 4b .

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b .
b	Other (Describe in Part XIII.)

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

	Za	0,,	/60,/41	
	2b			
	2c			
	2d	2	257,267	
•		 		L
		 •		
				Г

6 768 7/1

121,515

14,166

121,515

15,464,014

15,464,014

2e 3

4c

5

1

2e

3

4c

5

1 2- 1

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

chedule D (Form 990) 2018		
Information (continued)		
Explanation		

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 57-0314390

Name: Erskine College and Theological Seminary

Supplemental Information

Return Reference	Explanation
	Revenues/expenses from conservation easements are not separately reported on the Statement of Activities, and the easements are not separately presented on the Statement of Financi al Position.

pplemental Information	
Return Reference	Explanation
art III, Line 4:	The College maintains an art center that displays works of art including paintings, music boxes, furniture, and other items to the public. The collection enriches the campus commun ity and provides the art students (stuido artists and art history majors) with examples of various art mediums used in classroom instruction. The College displays the artwork free of charge to the public.

Sup

Par

Supplemental Information	
Return Reference	Explanation
Part V, Line 4:	The College's endowment intends to provide scholarships to students, help fund department chairs, and fund other restricted program expenses. Part V, lines 2a-2c: In accordance wit h the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 6/30/2019. To date, Sched ule D has not been updated to reflect changes made by this standard. Thus, we have reporte d the revised net asset categories from the audited financial statements as follows on For m 990, Schedule D, Part V, Lines 2a-2c: Line 2a - Without donor restrictions Line 2b - With donor restrictions

Supplemental Information	
Return Reference	Explanation
	Unrealized Gain on Interest Rate Swap 30,114. Change in Value of Trusts and Annuities 212, 987. Fundraising Event Expenses 4,100. Rental Expenses 10,066.

Supplemental Information		
Return Reference	Explanation	
Part XI, Line 4b - Other Adjustments:	Scholarships and Other Aid 15,464,014.	

Ē

Supplemental Information		
Return Reference	Explanation	
Part XII, Line 2d - Other Adjustments:	Fundraising Event Expenses 4,100. Rental Expenses 10,066.	

S

pplemental Information				
Return Reference	Explanation			
Part XII, Line 4b - Other Adjustments:	Scholarships and Other Aid 15,464,014.			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493197026820 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Erskine College and Theological Seminary 57-0314390 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

chedule E (Form 990 or 990EZ) (2018)			
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).			
Return Reference	Explanation		
Schedule E, Part I, Line 3	The organization's racially nondiscriminatory policy is made available on the Internet homepage in full compliance with Rev. Proc. 2019-22. The policy is also made available through local print media outlets and college and seminary catalogs.		
Schodule E. Bart I. Line 6	The College receives Endoral and State funds to provide financial aid for students		

Schedule E, Part I, Line 6 I he College receives Federal and State funds to provide financial aid for students.

Schedule F (Form 990 or 990-F7) (2018)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493197026820

Open to Public

Schedule I (Form 990) 2018

Department of the Treasury	► Attach to Form 990.► Go to <u>www.irs.gov/Form990</u> for the latest information.						Inspection
Internal Revenue Service Name of the organization Erskine College and Theological S	Seminary					Employer identification 57-0314390	ation number
Part I General Inform	ation on Grants	and Assistance				'	
the selection criteria used Describe in Part IV the org	to award the grants janization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part III Grants and Other that received more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other	. , . ,	-					

Cat. No. 50055P

(5)

Schedule I (Form 990) 2018

(6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference Explanation

Part I, Line 2: The College monitors enrollment and the Financial Aid Office of the College keeps the requisite records in either an electronic or hard copy form. No cash changes hands

and funds are directly tied to student accounts.

Page 2

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	7026	820
Sch	edule J	Co	ompensati	ion Information	00	1B No.	1545-0	0047
(Form 990)		For certain Office	For certain Officers, Directors, Trustees, Key Employees, and Highest					
		Complete if the ord		ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	18	3
Б			► Attach	to Form 990. instructions and the latest inform			to Pul	
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.go</u>	101	mistructions and the latest miori	lation.		ectio	
	ne of the organization				Employer identificat	ion nu	ımber	
LISK	tille College alla Tile	ological Seminary			57-0314390			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel	$oldsymbol{ abla}$	Housing allowance or residence for p				
	_	companions	님	Payments for business use of person				
		nification and gross-up payment	s 🖵	Health or social club dues or initiation Personal services (e.g., maid, chauff				
	Discretion	ary spending account	· ·	rersonal services (e.g., maid, chaun	eur, cher)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding paym oplete Part III to explain	ent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	1-2	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked in line	Idf			
3				ed to establish the compensation of the not check any boxes for methods	e			
	_	•		CEO/Executive Director, but explain in	n Part III.			
	☐ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	\overline{\sigma}	Compensation survey or study				
	·	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b		· ·		ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.	A 11 4 11 1					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings of		the organization pay or accrue any				
a	-	1?				6a		No
b						6b		No
7	•	6a or 6b, describe in Part III.	on Alino to did	the organization provide any nonfixed	•			
,				rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				
						8		No
9				presumption procedure described in I		9		
For F		iction Act Notice, see the Ins			0053T Schedule J		1 990)	2018

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

instructions, on row (ii).	. Do no	ot list any individuals that	t are not listed on Form 9	990, Part VII.	organization on row (i) an			at individual.
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Dr Robert Gustafson President	(i)	150,000	0	0	0	18,133	168,133	0
	(ii)	0	0	0	0	0	0	0
			!				!	
							1	
					1			
							1	
			1		1		1	
							1	
			!				!	

Schedule J (Form 990) 2018	Page 3					
art III Supplemental Information						
Provide the information, explanation, o	r 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						
Part I, Line 1a	Housing Allowance & Personal Services: As a condition of employment, and as a convenience to the University, the President is provided a home on University grounds. The University also provides grounds care and housekeeping for the home since the President hosts functions for the University at his home. The home is					

ministerial employees. This is not included in taxable compensation. The Provost of the College met the qualifications for and received a ministerial housing

provided as a nontaxable benefit to the President. Pursuant to Internal Revenue Code Section 107, ministerial housing allowances are provided for qualifying

allowance during the tax year.

I (Form 990) 2018

DLN: 93493197026820 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Erskine College and Theological Seminary 57-0314390 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 54,324 Cost 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2018)	Page 2
I, column (b), t	Information. bringing or mation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part the number of contributions, the number of items received, or a combination of both. Also complete y additional information.
Return Reference	Explanation
Part I, Column (b):	The number of contributions represent the number of contributions received, not the number of items donated.
	Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493197026820
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Form 990 or 990-EZ. Observation of the Treasury Department of the Treasury					OMB No. 1545-0047 2018 Open to Public Inspection
	ষ্ট্ৰপ্নিহ্বation d Theological Seminary e O, Supplemental Information	1		Employer identi 57-0314390	fication number
Return Reference			Explanation		
Form 990, Part VI, Section A, line 1	The governing body delegates broad oard Officers and Board Committee Crity to act and to transact any busines of the Board of Trustees during the in ept the Executive Committee may not sale, dissolve the corporation, alter B	Chairs. The Executive is for and on behalf o terim between meeti t appoint or remove 0	e Committee has full power and a of the College and in the place ngs of the Board of Trustees exc Corporate Officers, nor make a b	autho	

Return Explanation
Reference

Form 990,
Part VI,
Section A,
line 4

The bylaws were amended to update the maximum number of voting members from seventeen to s ixteen and to remove the President of the Alumni Association as a voting member.

Return Explanation

line 7a

Form 990,
Part VI,
Section A.

The College is an institution of the General Synod of the Associate Reformed Presbyterian
Church (ARPC). The ARPC appoints the College's trustees and must approve all changes or am

Return Explanation Reference

Form 990. See explanation for Part VI. Section A. Line 7a. Part VI, Section A.

line 7b

Return Explanation
Reference

Form 990,	Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization
Part VI,	's top management. The reviewed Form 990 is then provided to the board of directors prior
Section B,	to filing with the IRS.
line 11b	

Return

Reference	Explanation
Form 990, Part VI,	The organization requires all officers and board members to complete conflict of interest forms on an annual basis. All other institution staff complete the forms ever other year.
Section B,	These forms are reviewed by management and a report is given to the Board of Trustees each
line 12c	year at the February meeting. If a conflict of interest were to arise, all material facts are disclosed to the Committe on Trustees; the proposed contract, transaction, or relatio
	nship is examined to determine if it is in the best interest of the college, and the decis ion is documented; and the individual who has an interest excuses him/herself from the dis

cussion preceding the vote and the vote to approve the proposed contract or transaction.

Evolunation

990 Schedule O, Supplemental Information

er institutions similar in size to Erskine.

Part VI.

Section B, line 15a

Return Reference Explanation Explanation Line 15a - The President's compensation is reviewed on an annual basis as part of a perfor

mance review by the Executive Committee. Compensation is compared against information obta ined from Form 990s of other institutions similar in size to Erskine. Process includes con temporaneous substantiation of the deliberation and decision. Line 15b - The President neg otiates and sets the compensation for other officers. Compensation is compared against oth

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C.

The governing documents, conflict of interest policy, and financial statements are available upon request.

Return Reference	Explanation	
Form 990, Part X, Lines 27-29:	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 6/30/201 9. The 2018 Form 990 and its associated schedules have not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the a udited financial statements as follows on Form 990, Part X, Lines 27-29: Line 27 - Net ass ets without donor restrictions \$11,477,052 Line 29 - Net assets with donor restrictions \$4 2,018,687 Total net assets \$53,495,739	

Return Explanation
Reference

Reference	
Form 990, Part XI, line	Unrealized Gain on Interest Rate Swap 30,114. Change in Value of Split-Interest Agreements 212,987.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part XII, Line	The process for oversight of the audit and selection of an independent accountant has not changed from the prior year.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

DLN: 93493197026820

Open to Public Inspection

Employer identification number

Erskille College und Theological Semiliary							57-0	314390				
Part I Identification of Disregarded Entities Complete if	the organi	ization answe	red "Yes	on Form	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary acti		(b) (c) mary activity Legal domicil or foreign co		c) (d) icile (state country)		(e) End-of-year asset		essets Direct col enti		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Comple	l te if the orga	nization	l answered '	'Yes" on F	orm 990,	Part I	l V, line 34 be	cause	it had one or r		
(a) Name, address, and EIN of related organization	Prima	(b) Primary activity		(c) nicile (state In country)	(d) Exempt Cod	le section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 51 (13) contr entity	
(1)General Synod of the Associate Reformed Presbyterian Church 1 Cleveland St Ste 110	Convention	of churches		SC	501(c)(3)		Line 1		N/A		Yes	No No
Greenville, SC 29601 57-6030380									IN/A			
											\vdash	
											-	
						_						
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 50135	5Y				Sche	edule R (Form	990) 20	018

		1											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(related unrelated excluded fro tax under sections 51 514)	ted, total incor om -	(g) Share of ne end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership	
					52.7			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related			or Trus	t Complete	if the orga	nization an	swered "Yes	" on Fo	orm 9	90 Part IV	. line	34	
	organizations treated as	s a corporation	n or tru				Swered res			50, 1 410 10	,		
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state d	(c) egal nicile or foreign	st during th	(d) controlling		(f) Share of total income	Share	(g) of end- year assets	-of- Perce	h) ntage ership		(i) ection 512(L3) controlle entity?
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct	(d) controlling entity	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No
(a) Name, address, and EIN of related organization	(b)	Li dor (state c cou	(c) egal nicile or foreign	Direct Erskine	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity?
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct Erskine and Th	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct Erskine and Th	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct Erskine and Th	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No
(a) Name, address, and EIN of related organization	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct Erskine and Th	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No
(a) Name, address, and EIN of	(b) Primary activity	Li dor (state c cou	(c) egal nicile or foreign intry)	Direct Erskine and Th	(d) controlling entity (college eological	(e) Type of entity Corp, Scorp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	n) ntage	S (:	entity? Yes No

Schedule R (Form 990) 2018		Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	'es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed 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	No
c Gift, grant, or capital contribution from related organization(s)	. 1c Y	'es
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)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
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	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	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	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	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)	. 1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	5.	
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of det	(d) ermining amount invo	olved
(1)General Synod of the Associate Reformed Presbyterian Church C 494,330 Cash		

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.

		<u>_</u>													
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-	(e) Are all partners section 501(c)(3) organizations?				(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations? of Sch (Form		(j) General c managin partner?	?	(k) Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı		
										Schedul	e R (Form	1 990	0) 2018		

chedule R (For	m 990) 2018	Page	e 5							
Part VII	Supplemental Info	emental Information								
Provide additional information for responses to questions on Schedule R (see instructions).										
Return Reference		Explanation								