Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) enter social security numbers on this form as it may be made public.

5	Do not enter social security numbers on this form as it may be made
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform

	artment of the nal Revenue		► Go to www.irs.g	gov/Form990 for instruction	ons and th	ne latest inf	ormation.	ЧЩ	Inspection		
A	For the 20	018 cale	ndar year, or tax year beginning	Jul 1	, 2018, a	and ending	Jun		, 20 19		
В	Check if ap	plicable	C Name of organization Greer C	hrıstian Learnın	g Cent	er, Inc		Employe	er identification number		
	Address ch	ange	Doing business as					57-10)59261		
	Name chan	ge	Number and street (or P O box if m	nail is not delivered to street ad	dress)	Room/suite	E	E Telephone number			
	Initial return	,	PO Box 2013					(864)848-5144			
	Final return/t	erminated	City or town, state or province, cou	ntry, and ZIP or foreign postal	code						
	Amended r	eturn	Greer, SC 29652-201	13				Gross re			
	Application	pending	F Name and address of principal office	er			H(a) Is this a grou	up return for s	subordinates? Yes X No		
			Joe Price, P O Box	2013, Greer, SC	29652		⊣ ''		s included? Yes No		
<u> </u>	Tax-exemp	t status	⊠ 501(c)(3)	() ◀ (insert no) ☐ 494	17(a)(1) or	□ <i>野</i> ろ	lf "No,	" attach a	list (see instructions)		
J	Website.	• N	/A				H(c) Group e	xemption	number ▶		
		anization	X Corporation Trust Associ	ation ☐ Other ►	L Yea	ar of formation	<u>1996</u>	M State	of legal domicile SC		
P		Summ			•						
	1 B	rıefly de	escribe the organization's miss	sion or most significant i	activities.	To pro	vide Bil	ole-ba	sed instruction		
Governance											
nar											
Ver	l		is box ▶☐ if the organization			sposed of	more than a	1 1			
	1		of voting members of the gove					3	12		
ళ			of independent voting member	-				4	12		
ıţie.			nber of individuals employed		art v, line	e 2a) .		5	2.6		
Activities &			nber of volunteers (estimate if					6	36		
⋖	1		elated business revenue from			11010	7 · · ·	7a	68.		
	b N	et unrel	ated business taxable income	e from Form 990-1, line	38	1.1.7.1	Prior Yea	7b	Current Year		
		4	being and anada (Dark VIII) line	I RE	CEIVE	$D \overline{H}$					
e	E .		tions and grants (Part VIII, line	. 111)			396,	872.	417,384.		
Revenue			service revenue (Part VIII, line		25 20	is 181		30	68.		
æ			nt income (Part VIII, column (/ /enue (Part VIII, column (A), lin			19 · (E)		30.	00.		
	1			•			206	,902.	417,452.		
			enue-add lines 8 through 11 (nd similar amounts paid (Part			Jer 2/					
	!) 		<u>_</u>	500.	31,506.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)						,193.	291,327.		
Expenses	1		onal fundraising fees (Part IX, o	•	(ry, inics	3 10)	212	, 1 , 5 , ,	231,321.		
Jen	I .		draising expenses (Part IX, co			0.					
Ä	1		penses (Part IX, column (A), lir			<u>-</u>	67	,737.	54,472.		
	1		penses (rartix, column (ry, in	· ·	 4) line 29	²′ ⊢		430.	377,305.		
	1	•	less expenses. Subtract line		y,o 20	" :		472.	40,147.		
- «		CVCHGC	1035 expenses, Cubitaet inte	TO HOLL III	<u> </u>	Be	ginning of Curi		End of Year		
ets o	20 T	otal ass	ets (Part X, line 16)			🗀	1,057	.723.	1,097,870.		
Ass	21 T		ulities (Part X, line 26)					0.	0.		
Net Assets or Fund Balances	22 N		ts or fund balances. Subtract	line 21 from line 20			1,057	,723.	1,097,870.		
	art II		ture Block								
_			ry, I declare that I have examined this	return, including accompanyir	g schedule	s and stateme	ents, and to the	e best of n	ny knowledge and belief, it is		
Į'n.	ie, correct, a	ind compl	lete Declaration of preparer (other tha	n officer) is based on all inform	ation of whi	ich preparer h	as any knowle	dge			
5			SIN Y. WM	- TREASU	RER			//-	13-19		
Sig	gn	Sign	ature of officer	•			Date	•	,		
He	ere	Ed	win P Williams, Trea	surer							
			e or print name and title								
Pa	nid	Print/Ty	pe preparer's name	Preparer's signature		Date)	Check	X if PTIN		
	eparer	Steve	en M. Bateman	Stewen M. Batem	an	<u></u> P ₁ 1.	/11/2019		ployed P00534398		
	eparer se Only	Firm's n	ame ► Steven M. Bate	man, CPA			Fırm'	s EIN ▶	57-1024829		
U	oc Only		ddress ► P.O. Box 2123,		-2123				64)877-2048		
Μa	y the IRS		s this return with the proparer					<u></u> .	. X Yes No		
			ction Act Notice, see the separ		·		05/20/19 PRO		Form 990 (2018)		

APOTI OPage 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_×
O	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_x_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\(\text{KEBO} \) 12 HE \(\text{KEBO} \) 15 15 15 15 15 15 15 1	21		×

Part I	V. Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
	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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	×	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An ontity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	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	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u>—</u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
.				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		9.10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	., 3	138%	
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)	3.55		
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	ier authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other finan	icial account)?	4a		×
b	If "Yes," enter the name of the foreign country. ▶		وه موه م ^{يد} رهيا		,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			3 5 5 5	, 1,3
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b_		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,0				
	organization solicit any contributions that were not tax deductible as charitable contributions'		6a		×
	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b	A 196 - W Z	V . 698
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	1536	3223	62
	and services provided to the payor?		7a '		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property t	or which it was			
	required to file Form 8282?		7c	7.5	×
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1 4 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal t		7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	 	×
_	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7h	-Classic 14.	1.11.11
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	(3.95K		
_	sponsoring organization have excess business holdings at any time during the year?		8	N. 1.	×
9	Sponsoring organizations maintaining donor advised funds.		بسيعفه	najana:	استُن تسا
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		×
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal to a solid NZN apparation to a distribution to a donor, donor advisor, or related personal to a solid NZN apparation to a distribution to a donor, donor advisor, or related personal to a solid NZN apparation to a distribution to a donor, donor advisor, or related personal to a solid NZN apparation to a donor advisor.	son/	9b	23,000 3	X -1 %
10	Section 501(c)(7) organizations. Enter.	ر ا موا		100	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	[10b		34.5%	
11	Section 501(c)(12) organizations. Enter	11a	1 2	-15 mg	1 1
	Gross income from members or shareholders	I I a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b	The state of	- A	
120	against amounts due or received from them.)		12a	200	ننت!
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	120		 -
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			2
	Is the organization licensed to issue qualified health plans in more than one state?		13a	1.00 to 1.	1 47
а	Note. See the instructions for additional information the organization must report on Schedul		,	-2	
	- · · · · · · · · · · · · · · · · · · ·	e O.	1, 1,	,	
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b	41-11-20		1, 4, 2,
_	the organization is licensed to issue qualified health plans	13c	1	25.4	3
C 140		L	140		×
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		 ^
, b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in \$		14b	\vdash	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or	15		
	excess parachute payment(s) during the year?		15	284 12 T	ļ,
46	If "Yes," see instructions and file Form 4720, Schedule N.	notmont income	16		
.16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	sament income?	16		
	If "Yes," complete Form 4720, Schedule O.		1 1	\$*K	1

Part \								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	ee ins	tructi	ons.			
				<u>· ·</u>	<u> X </u>			
Section	on A. Governing Body and Management			V	<u> </u>			
	Catality and a state of the same of the same many of the and of the tay year	1a 12		Yes	No			
10	Enter the number of voting members of the governing body at the end of the tax year	1a 12	` 		1			
	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.			1				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 12	namanamanya	нининини	1101			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with						
	any other officer, director, trustee, or key employee?		2		×			
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		3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 93	00 was filed?	4		_ <u>×</u> _			
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		<u> </u>			
6	Did the organization have members or stockholders?	:	6		<u>×</u>			
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		U			
	one of more members of the governing zets,	by) mombars	/a		<u>×</u> _			
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		×			
8	Did the organization contemporaneously document the meetings held or written actions uni-	dertaken during		,	<u> </u>			
J	the year by the following.							
a٠	The governing body?		8a	×				
b.	Each committee with authority to act on behalf of the governing body?		8b	×				
9								
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Section	on B. Policies (This Section B requests information about policies not required by the	e internai Reven	ue Co	Yes	No.			
400	Did the organization have local chapters, branches, or affiliates?		10a	162	×			
10a	If "Yes," did the organization have written policies and procedures governing the activities of	euch chanters	104					
b	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b					
11a¹	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×				
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		<u></u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"						
	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13 14		×			
14	Did the organization have a written document retention and destruction policy?		17		$\hat{}$			
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	** *					
a	The organization's CEO, Executive Director, or top management official		15a		$\overline{}$			
b	Other officers or key employees of the organization		15b		×			
	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	lar arrangement						
	with a taxable entity during the year?		16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		İ					
	participation in joint venture arrangements under applicable federal tax law, and take steps t		16b					
Secti	organization's exempt status with respect to such arrangements?	<u> </u>	וטט		L			
17	List the states with which a convert this Form 200 is required to be filed.							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e). 990, and 990-7						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		,		- (-/			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sci							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	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			>				
	E. Pierce Williams, Jr., 209 Sheffield Drive, Green, SC 29651	(864)848-514	4					

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any relate	d org	anız	atio	n c	ompo	nsa	tcd any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	do x, office or direct	ot ch	Pos neck as pe	c) ition more rson	than of the state	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ustee	trustee		/ee	npensated				organizations
(1) Joe Price President	3.00	×						0.	0.	0.
(2) Doyle Holliday VP	3.00	×						0.	0.	0.
(3) E. Pierce Williams, Jr. Treasurer	3.00	×						0.	0.	0.
(4) Jane Patat Secretary	3.00	×						0.	0.	0.
(5) Valerie Bomar Asst. Teacher	25.00				×		_	19,000.	0.	0.
(6) Kathy Neely Teacher						×		34,000.	0.	0.
(7)Louise Rogers Counselor	15.00				×			15,500.	0.	0.
(8) Nathan Greene Teacher	20.00				×			21,000.	0.	0.
(9) Matthew O Childs Teacher	20.00				×			21,400.	0.	0.
(10) Lauren Boone Teacher	20.00				×			30,000.	0.	0.
(11) Trent B Henson Teacher	20.00				×			31,667.	0.	0.
(12)Jeffrey Neely	10.00				×			30,000.	0.	0.
(13) Roger Sims Director	1.00	×						0.	0.	0.
(14)Chip Sloan Director	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average	(C) Position (do not check more than of box unless person is both					one i an	(D) Reportable	(E) Reportable		(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other ompensation from the organization and related organizations
(15) Betty Dennis Director	1.00	×						0.	0	_	0.
(16) Linny Moore Director	1.00	×				_		0.	0	1	0.
(17) Leland Burch Director	1.00	×						0.	0		0.
(18) Rev Marcus Buckley Director	1.00	×						0.	0		0.
(19) Rev Wilson Nelson Director	1.00	×						0.	0		0.
(20) Jennifer Nobel Teacher	15.00				×			20,667.	0		0.
(21) Michael Cantrell Director	1.00	×						0.	0		0.
(22) Wes Kissinger Director	1.00	×						0.	0		0.
(23) Keisha Smith Director	1.00	×						0.	. 0		0.
(24) Rhonda Loftis Teacher	15.00				×			7,450.	0	<u> </u>	0.
(25) Katherine Helms Teacher	15.00			İ	×			12,300.	0		0.
1b Sub-total			•	•		•	>	7,550.	0		0.
						•	>	250,534.	0		0.
Total number of individuals (including but reportable compensation from the organism)	it not limited				******		e) w		J		
3 Did the organization list any former of employee on line 1a? If "Yes," complete	ifficer, direc						emp	oloyee, or high	est compensa	ited	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual											4 ×
5 Did any person listed on line 1a receive for services rendered to the organization									zation or individ	lual _	5 ×
Section B. Independent Contractors											
 Complete thic table for your five highest compensation from the organization. Re year. 											
(A) Name and business ad	dress							(B) Description of s	ervices	Com	(C) pensation
						_					
2 Total number of independent contract received more than \$100,000 of compen							th	ose listed abo	ove) who		

Part VIII Statement of Revenue

		Check if Schedule O	contains	a res	ponse or note t	o any line in this	<u>.</u> <u>.</u> 🔲		
Mari	北 化蜡		RMAGARATA	W :	i delication	(A)	(B) -	· (C)	(D)
						Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
1667							function	revenue	under sections
Dadrijanananan A		THE PERSON NAMED OF THE PE	DEFERENCE POR STANDARD	DONUTED DO		TANKS AND AND AND AND AND AND AND AND AND AND	revonuo	7 - 74% ABOVERACES 7.	512-514
ts, Grants Amounts	1a	Federated campaigns		<u>1a</u>					
Sra	b	Membership dues .		1b					
s, (, с	Fundraising events.		1c				S-120	
# 1	ď	Related organizations		1d					
Contributions, Gifts, and Other Similar Ai	è	Government grants (con		1e			美观·		
Sig	f	All other contributions, gi			<u> </u>				
ig ig	•	and similar amounts not inc		1f	417,384.				
£ 5		,			. 417,304.				
و م م	g ·	Noncash contributions includ							
	<u>h</u>	Total. Add lines 1a-1	<u>f </u>		<u> ▶</u>	417,384.	A STATE OF THE SAME		・ディストの概念を表現であ
e					Business Code	MARKET SALES			
Ve	2a	,		٠,			.,		٠٠٠,
Š.	ь	,							
<u>8</u>	· c			,	,				1
Σ	٠ ٦								
Š	-						 :		
ran	е				<u> </u>			· ·	
Program Service Revenue	Ţ	All other program serv			-		Trial Incommonwed . Ver	No. 1825. Terring professional National	4
<u>~</u>	g	Total. Add lines 2a-2						* X 2 * X 2	
	3.	Investment income						٠, ٠,	,
		and other similar amo	unts) . 1			68.	0.	. 68.	. 0.
,	4 Income from investment of tax-ex				ond proceeds ▶		,		
	5	Royalties							*
	•		(ı) Real		(II) Personal	2300 AM 5 10/11	(2011) A 44 MARKS	3.1次電電電影社。	LI SANCELANIA TO
	63	Gross rents	L <u></u>		` · · · · · · · · · · · · · · · · · · ·				
,	6a	!							
	b	Less. rental expenses							
	C	Rental income or (loss)		• *		第二章 ·			
	d	Net rental income or (loss) .		<u>.</u> ▶		_•		
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other	MANAGE VIEW			
		assets other than inventory							
	b	Less cost or other basis			. ,				
	. •	and sales expenses .	1						
,	_	Gain or (loss)	,						元的
					L	WINDS AND THE POPULAR			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	d	Net gain or (loss)	; ; ;	• • •	<u> </u>	Mark Mark and Ar Vir. 1 . * . * Took	Participation of the second second	OF STREET, SECTION AND AND AND AND AND AND AND AND AND AN	STANDED TO SALE OF THE SALE OF
Ð					·				
nu	8a	Gross income from fu							《《 》
ve		events (not including.\$			r a				
Re		of contributions reporte	ed on line 1	-	,				
e		See Part IV, line 18 .	•	. а	o			0.00	
Other Reven	, b	Less: direct expenses	r	⊱ b	, .				Application of the second
O.	C	Net income or (loss) fi			L	3400000000 P. P. Student, San 17,17 Louise		St. pooling Set Collection and Collection	41 CAN WALK STORE ARTHUR AT 1 Total AT 12 TOTAL
	9a	Gross income from ga				264.00 (15.19.17)	1,575-1,784-180-1-1-1-1 1,575-1,784-180-1-1-1-1	Carrent Market	~ いん、人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人
	, Ja	See Part IV, line 19 .	arming activity		,				
	_			а					
İ	b	Less: direct expenses		b		(Table 1)		1	
	С	Net income or (loss) fi			vities ▶			\1	
	10a	Gross sales of in		ess	٠,	44 (17 h) /5			
	-	returns and allowance	es	. а	• ,				
	b	Less: cost of goods s	old	. b		Mark Title			DETERMINE AND A SECOND PROPERTY OF THE PROPERT
	C	Net income or (loss) fi			entory 🕨	19900-1 360 1-1 1	7- 4-19-24-26-4	2355983	* (402/lex * ** 40.00 *)
		Miscellaneous R			Business Code				N N TO MERCHANIST A
	44	iviiscenaneous R	evenue		Dusiness Code		· ANDERS V	7.5 水性高速。少	
•	11a							·	
	,b								
	С		•						
	´ d	All other revenue .							
	е	Total. Add lines 11a-	11d		•		のでは、 では、 では、 では、 では、 では、 では、 では、		A COMPANY
	12	Total revenue. See in				· 417,452.	0.	68.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

30000	on sorte)(s) and sorte)(4) organizations must con				L
	Check if Schedule O contains a respon				. , , , . , . <u></u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising , expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22 055	22 055		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	23,855. 7,651.	23,855. 7,651.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.	,,	.,, 66 2 .		The second
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	270,556.	270,556.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			,	
7 8	Other salaries and wages				
9 10	Other employee benefits	20,771.	20,771.	0.	0.
11 a	Fees for services (non-employees): Management	1,029.	0.	1,029.	0.
b c d	Legal	890.	0.	890.	0.
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				-
13 14	Office expenses	2,459. 3,126.	3,126.	2,047.	0.
15 16 17 18	Royalties	22,352. 10,713.	1,250. 10,713.	21,102.	0.
19 20	Conferences, conventions, and meetings Interest			,	
21 22	Payments to affiliates	2,031.	2,031.	5,787.	0.
23 24	Insurance	7,464.	1,677.	3,161.	
а	(A) amount, list line 24e expenses on Schedule O.) Curriculum materials	502.	502.	0.	0.
b	Printing Staff expense	1,694. 1,303.	1,694. 1,303.	0.	0.
d e	All other expenses Total functional expenses Add lines 1 through 24e	909.	909.	0.	0.
25 26	Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) If through 24e If the organization is the orga	377,305.	346,450.	30,855.	0.
	<u> </u>	REV 05/20/19 PRO	<u> </u>	· <u>-</u>	Form 990 (2018)

of Schedule D

Assets or Fund Balances

Total liabilities. Add lines 17 through 25

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

Form 990 (2018) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 11,855. 17,334. Cash—non-interest-bearing . . 39,307. 2 2 55,243. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 Notes and loans receivable, net Inventories for sale or use . . 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,025,293. 10b 1,006,561. 10c Less accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 15 15 1,057,723. 1,097,870. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

	complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	_ 27	
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	. 29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
ે ડ્રેં1	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds.	1,057,723. 32	1,097,870.
33	Total net assets or fund balances	1,057,723. 33	1,097,870.
34	Total liabilities and net assets/fund balances	1,057,723. 34	1,097,870.
4			C 000 (0018)

Form **990** (2018)

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				•	~9°
Par	Reconciliation of Net Assets			<u>.</u>	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	17,	452.
2	Total expenses (must equal Part IX, column (A), line 25)	2		377,	305.
3	Revenue less expenses. Subtract line 2 from line 1	3		40,	147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0)57,	723.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	97,8	370.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other." ex	plaın ıı	n	1	
	Schedule O.				
2а	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:		₩		
	Separate basis Consolidated basis Both consolidated and separate basis				!
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	ıt		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ıı	n		
	Schedule O.			.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	n		
	the Single Audit Act and OMB Circular A-133?			<u> </u>	×
b	· · · · · · · · · · · · · · · · · · ·				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>	<u> </u>
			For	m 99 0	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Greer Christian Learning Center, Inc. 57-1059261 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Part	(Complete only if you checked the						
	Part III. If the organization fails to						amy under
Secti	on A. Public Support	<u> </u>		, р			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					'/	
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid					/	
	to or expended on its behalf \(\)		,				
3	The value of services or facilities	,			,	ľ i	
	furnished by a governmental unit to the						
	organization without charge					. '	
4	Total. Add lines 1 through 3	Value of the second	2986.600252.c.##ss	1887 - DASK 1967	20 30 30 30 30	SAN MARK JACK	
5	The portion of total contributions by				1		
	each person (other than a		1		1 / 2 / 2 / 2	7.00212	
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						ā
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m	No. of the same	/			,
	on B. Total Support	100 100 100 100 1					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		_/				
8	Gross income from interest, dividends,		l X		1		*
	payments received on securities loans,						
	rents, royalties, and income from.						,
,	similar sources	<u> </u>	/				
9	Net income from unrelated business	,					
	activities, whether or not the business				1		
40	is regularly carried on	<u> </u>					
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	15 15 15 15 15 15 15 15 15 15 15 15 15 1		1 1 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*C\$ 1 8 1 4		•
12	Gross receipts from related activities, etc.	c. (sée instructi	4.4040-0-0000-0-0-0-0-0-0-0-0-0-0-0-0-0-	Take a depondence, same	× 1988 × 51.99	12	
13	First five years. If the Form 990 is for the			d, third, fourth	n, or fifth taxy		n 501(c)(3)
	organization, check this box and stop he				\	、	▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	е			/	,
14	Public support percentage for 2018/line	6, column (f) d	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2017 Sc					15\	<u>%</u>
16a	331/3% support test-2018. If the organ						check this
	box and stop here. The organization qua	•	• • •	_		, , , , , , , , , , , , , , , , , , ,	· · • 🗀
b	331/3% support test - 2017, if the organ					is 331/3%\or m	`. —
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization m						
	Part VI how the organization meets the organization	iacis-and-circ	umstances te	ssi. The organi	zation qualifie	s as a publicly	J upported □
	· /	047 1545					a and the
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			curious rest.		quamics as	
18	Private foundation. If the organization d	lid not check a	box on line 13	s. 16a. 16b. 17a	a, or 17b, chec	k this box and	see \
	instructions /						▶ `\□
							0 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	471,741.	481,594.	440,848.	396,872.	417,384.	2,208,439.
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					2	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-			
6	Total. Add lines 1 through 5	471,741.	481,594.	440,848.	396,872.	417,384.	2,208,439.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year]
. с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		· . (2,286.3) ^	Allers, J. Property		100	
	line 6)					I think	2,208,439.
	on B. Total Support	-					
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	471,741.	481,594.	440,848.	396,872.	417,384.	2,208,439.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources	004	242	100	20	60	664
h	Unrelated business taxable income (less	224.	242.	_100.	30.	68.	664.
b	section 511 taxes) from businesses acquired after June 30, 1975					ŧ	,
С	Add lines 10a and 10b	224.	242.	100.	30.	68.	664.
11	Net income from unrelated business				t.		
	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.)	471,965.	481.836.	440.948.	396.902	417.452.	2,209,103.
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon		, or fifth tax ye	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>			=
15	Public support percentage for 2018 (line 8	B, column (f), d	vided by line	13, column (f))		15	99.97 %
16	Public support percentage from 2017 Sch			<u> </u>	<u> </u>	16	99.96 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (17	0.03 %
18	Investment income percentage from 2017					18	0.04 %
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						
b	33 ¹ / ₃ % support tests—2017. If the organiz					-	_
D	line 18 is not more than 331/3%, check this l	box and stop h	ere. The organ	ızatıon qualıfıes	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14.	<u>, 19a, or 19b, c</u>	heck this box	and see instru	ictions ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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	Supporti	ina O	rganizations
OCCUO!	~· ~·	Capport		, gainzationo

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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 supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** 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.**
- c 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	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 arriong the supported		ni mullille	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		, í	.
	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		
Secti	on D. All Type III Supporting Organizations		V	NIa
			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			- 1
	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		
_	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			J
	supported organizations played in this regard.	3		
Socti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	
' a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,	01.0	٠,٠
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>		1
а	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	_ _ _		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI .	3a	_	
L	·· · · · ·	Ju		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	 	

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Part V. Type III Non-Functionally Integrated 509(a)(a) Supporting Organical Control of the Part V. Type III Non-Functional Control of the Pa	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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):	製 (1) (2) (2)		
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	(1) · · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5	Little Fride State Control Ca	
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-functional instructions). 	ـــــــــــــــــــــــــــــــــــ		g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	izations (continuea)	
Sect	ion D-Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	i i	. '
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	ortęd		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	;
5	Qualified set-aside amounts (prior IRS approval required)		* · · · · · · · · · · · · · · · · · · ·	
6	Other distributions (describe in Part VI). See instructions.	·		
7	Total annual distributions. Add lines 1 through 6.	1 -1		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	,
9	Distributable amount for 2018 from Section C, line 6	, ,	ń	
10	Line 8 amount divided by line 9 amount			•
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	第 2000年7月2日		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			747
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
· f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		•	
<u>h</u> _	Applied to 2018 distributable amount			r 3
<u>. i </u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		
4	Distributions for 2018 from Section D, line 7 \$			
<u>,</u> a	Applied to underdistributions of prior years		1	
<u>b</u>	Applied to 2018 distributable amount			
<u>`C-</u>	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. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			Segunda - La La Companya (1997)
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.	•		
8	Breakdown of line 7:			HARLEY AND AND AND AND AND AND AND AND AND AND
a	Excess from 2014			
b	Excess from 2015 '.		96 (1) / / E F	
c	Excess from 2016			
<u>d</u>	Excess from 2017			《12/2·13/2·20/2·20/2·20/2·20/2·20/2·20/2·20/2·2
_	Excess from 2018	Participation of the second		65:76"

Schedule A (Form 990 or 990-EZ) 2018

Page	Ω
Page	О

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 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 1; Part IV, Section D, lines 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, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<u> </u>	

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SCHEDULE D (Form.990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

2018

Name of the	ne organization	Employer identification	number
Greer	Christian Learning Center, Inc.	57-1059261	
Part I	Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or Accounts.	
	Complete if the organization answered '		
		(a) Donor advised funds (b) Funds and	other accounts
1 T	otal number at end of year		
2 A	ggregate value of contributions to (during year)		
	ggregate value of grants from (during year) .		
	ggregate value at end of year		
5 D	old the organization inform all donors and donor	advisors in writing that the assets held in donor advise	d
fu	unds are the organization's property, subject to th	c organization's exclusive legal control?	☐ Yes ☐ No
6 D	old the organization inform all grantees, donors, a	nd donor advisors in writing that grant funds can be use	d
		it of the donor or donor advisor, or for any other purpos	е
C	onferring impermissible private benefit?	<u> </u>	☐ Yes ☐ No
Part I	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1 P	urpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education) Preservation of a historically impor	tant land area
	Protection of natural habitat	☐ Preservation of a certified historic s	structure
	Preservation of open space		
2 C	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in the form of a co	onservation
e	asement on the last day of the tax year.	Held at t	he End of the Tax Year
аT	otal number of conservation easements	2a	
b T	otal acreage restricted by conservation easement	s	
c N	lumber of conservation easements on a certified h	nistoric structure included in (a) 2c	
	lumber of conservation easements included in	(c) acquired after 7/25/06, and not on a	
		sferred, released, extinguished, or terminated by the orgai	nization during the
	ax year ►		
	lumber of states where property subject to conse		
		garding the periodic monitoring, inspection, handling of	
		sements it holds?	
6 S	taff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing conservation easer	ents during the year
7 ^	·	a handling of waleting and enforcing concernation occome	ata durina tha waar
	.mount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing conservation easeme	ents during the year
	·	2(d) above satisfy the requirements of section 170(h)(4)(B)	(1)
			□ Yes □ No
		conservation easements in its revenue and expense state of the footnote to the organization's financial statements the	
	rganization's accounting for conservation easeme		iat describes the
Part II		s of Art, Historical Treasures, or Other Similar As	sets.
arti	Complete if the organization answered '		
1a If		AS 116 (ASC 958), not to report in its revenue statement	and balance sheet
	• • •	assets held for public exhibition, education, or research	
		ootnote to its financial statements that describes these ite	
b If	the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its revenue statement	and balance sheet
		assets held for public exhibition, education, or research	
	public service, provide the following amounts relati	•	
		▶ \$	
(i	i) Assets included in Form 990. Part X	\$	
		historical treasures, or other similar assets for financia	
	ollowing amounts required to be reported under S		
	•		

Page	2

Par	Organizations Maintaining	Collections of A	۱rt, His	torical ⁻	Treasures, 🤈	or Other Similar <i>i</i>	Assets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner reco	rds, ched	ck any of the	following that are a	a significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	programs	
b	☐ Scholarly research		е	□ Othe	r		
С	Preservation for future generations						
4	Provide a description of the organization XIII.	on's collections a	nd expla	ain how t	they further th	ne organization's ex	empt purpose in Part
5	During the year, did the organization of assets to be sold to raise funds rather to	than to be maintai					
Par	Escrow and Custodial Arrai Complete if the organization a 990, Part X, line 21.		on For	m 990, I	Part IV, line	9, or reported an	amount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not · · Yes · No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing t	able [.]		Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount	t on Form 990, Pa	rt X, line	21, for e	escrow or cus	todial account liabil	lity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	of the ex	xplanatio	n has been p	rovided on Part XIII	
	t V Endowment Funds.			· · · · ·			
	Complete if the organization a	answered "Yes"	on For	m 990, l	Part IV, line	10.	
		(a) Current year	(b) Pri	or year	(c) Two years	back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance						
ь	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships	*****					
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	e current vear end	d balanc	e (line 1	a. column (a))	held as	
а	Board designated or quasi-endowment	t 🕨	%	,	, , , , ,		
b	Permanent endowment ▶	%	- ` `				
c	Temporarily restricted endowment ▶	[/]					
	The percentages on lines 2a, 2b, and 2		10%				
За	Are there endowment funds not in the			zation th	at are held a	nd administered for	the
	organization by.	p	9				Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(II), are the related ord						. 3b
4	Describe in Part XIII the intended uses	-	•				. [00]
Pari							_
u aii	Complete if the organization		on For	m 000 l	Part IV line	11a Soo Form 00	In Part V line 10
—		T"					T
	Description of property	(a) Cost or oth (investme			or other basis other)	(c) Accumulated depreciation	(d) Book value
-	Lond	<u>`</u>					60 220
1a	Land		338.				69,338.
b	Buildings	806	431.				806,431.
C	Leasehold improvements	ļ		<u> </u>		t-	
d	Equipment		,224.				56,224.
<u>e</u>	Other		3,300.	<u></u>	(5) (12		93,300.
1012	- NORTHINGS 10 INFOLIGIBLE (C. CALLINIA (d.) 100	וות ממצות ללפונות תחונו	リリトコンサー	ימיוול הא	מוני שמנו נונים	, *	1 11205 2013

Part VII	Investments - Other Secu			
				11b. See Form 990, Part X, line 12.
	(a) Description of security or of (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value
•	ıl derivatives			an south the transfer to the
•	held equity interests			and the second s
(3) Other				and the second s
(A)				and the state of t
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line	(2) ▶		Marie Commission of the Commis
Part VIII	Investments—Program Re			
			rm 990. Part IV. line	11c. See Form 990, Part X, line 13.
	(a) Description of investm	· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)		*****		
(3)		**************************************		***************************************
(4)			 	
(5)			-	
(6) (7)		41		
(8)		****		
(9)				
	(b) must equal Form 990, Part X, col (B) line 1	(3) ▶	100	ddd heisiadd llamann minin llein (1994). Co go go b b b b b b b b b b b b b b b b
Part IX	Other Assets.	<u> </u>		
	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
(1)				
(2)		***************************************		
(3)			***************************************	
(4)				
(5)				
(6)				
(7)		***************************************		
(8)		*****		
(9)				
	ımn (b) must equal Form 990, Par	t X, col. (B) line 15.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Part X		n answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	ncome taxes	(b) Book value		
	liabilities		0.	
(3)	TISDITICIES			
(4)				
(5)				
(6)		-		
(7)	<u> </u>			
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 2	25) ▶	0.	
2. Liability fo	r uncertain tax positions. In Part XIII	, provide the text of the footi	note to the organization's	financial statements that reports the
				footnote has been provided in Part XIII

التام	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, f	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII.)	•	40
С 5	Add lines 4a and 4b		4c 5
Part			
Fait	Complete if the organization answered "Yes" on Form 990, I		er ricturii.
1	Total expenses and losses per audited financial statements		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	7
d	Other (Describe in Part XIII.)	2d	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5
Part	XIII Supplemental Information.	14 5-41/ 1 45 40	b Dard V line 4 Dard V line
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		
	VI lines 2d and 4h; and Part VII lines 2d and 4h. Also complete this part	ta pravida any additianal i	ntormation
z, rai	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
د, ۲ ar	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
د, רמו 	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	ntormation.

Schedule D (FO	111 430) 5010	Page 3
Part XIII	Supplemental Information (continued)	
		- -

SCHEDULE 1 (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

2018

OMB No 1545-0047

6,

A

Open to Public Inspection

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

Employer identification number 57-1059261

№ X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the United States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Greer Christian Learning Center, Inc. Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Assistance to Do any recipient that	mestic Organiz received more th	ations and Dom ian \$5,000. Part I	l estic Governm I can be duplica	ents. Complete in ted if additional	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	red "Yes" on Form 990,
1 (a) Name and address of organization or government	(a)	(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) None							
(2)							
(6)							
(4)				,			
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
2 Enter total number of section 501(c)(3) and government organ	tion 501(c)(3) and gov	vernment organiza	nizations listed in the line 1 table	ine 1 table			
3 Enter total number of otner organizations listed in the line I table	er organizations lister	d in the line I table					

S Enter total number of other organizations listed in the line is to For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

REV 11/06/18 PRO

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 3,100. 5,500. (c) Amount of cash grant 100 (b) Number of recipients (a) Type of grant or assistance 1 Post-secondary students 2 Pre-college students Part IV Part III က ß 9 4

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

57-1059261

Greer Christian Learning Center, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

		(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
•	(a) Name of disqualified person	organization	(c) Description of transaction		No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2		urred by the organization managers or disqua	_			
3	Entor the amount of tax, if any	y, on line 2, above, reimbursed by the organizat	ion ▶ \$_			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?		ard or	(ı) Wı agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)									<u> </u>			
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(8) (9)												
(10)												
Total						\$						

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Jeff Neely	husband of Key employee		gift card	Appreciation
(2)				
(3)				
(4)				
(5) (6)				
(6)				
(7)				
(8)				
(9)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 11/06/18 PRO BAA

Schedule L (Form 990 or 990-EZ) 2018

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
					Yes	No
(1)						
(2)					- -	-
(3)			<u> </u>			
(5)						ļ
(6)						
(7)						
(8)						ļ
(9) (10)						
Part V	Supplemental Information.					<u> </u>
						·
				••••		
			••••••			

SCHEDULE O . (Form 990 or 990-EZ)

Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 57-1059261 Greer Christian Learning Center, Inc. Pt VI, Line 11b: Form is provided to directors at Board meeting for review/discussion Pt III, Line 4d: Expenses: \$31,506 including grants of: \$0 Revenue: \$0 Description: to provide other non profit affiliates with funds to further their mission of promoting Christian ideals and goals