

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury						Inspection			
Δ			ndar year, or tax year beginning , 2017, and en			, 20			
<u></u> -		applicable.	C Name of organization Friendship Christian Learning Center		D Employe	er identification number			
Ō.	Address		Doing business as			31-1449081			
\Box	Name ch	- 1		mail is not delivered to street address) Room/suite					
$\vec{\Box}$	Initial reti	-	1775 West Broad Street			(614) 274-8200			
◱		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			(011) 271 020			
ñ	Amended		Columbus, Ohio 43223		G Gross re	eceipts \$ \$229,122			
ī		on pending	F Name and address of principal officer R. Rochelle Hutchinson	Hia) is this a		subordinates? Yes No			
_	· pp.noa	o poog	1775 West Broad Street, Columbus, Ohio 43223			s included? Yes No			
$\overline{}$	Tax-exer	npt status		10.11		list (see instructions)			
J	Website	number ▶							
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation 1996	M State	of legal domicile OH			
P	art I	Summ	eary						
	1		escribe the organization's mission or most significant activities: A c	hild day care ce	nter for cl	hildren ages 6 weeks			
9	1	-	2 years that promotes Christian learning. Primarily serves low-income						
ğ	ļ								
Activities & Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or dispose	ed of more that	n 25% of	its net assets.			
é	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3	1			
જ	4	Number	of independent voting members of the governing body (Part VI, line	1b)	. 4	1			
ties	5	Total nur	mber of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	22			
Ę	6	Total nur	mber of volunteers (estimate if necessary)		. 6	0			
Ą	7a	Total unr	related business revenue from Part VIII, column (C), line 12		. 7a	0			
	Ь	Net unre	lated business taxable income from Form 990-T, line 34		. 7b	0			
				ear	Current Year				
٥	8	Contribu	tions and grants (Partium Infa)						
Ę	9		service revenue (Part VIII, line 2g)		\$297,543	\$229,122			
Revenue	10	Investme	ent income (Part VIIIA column (A), lines 3, 4, and 7d)						
Œ	11	Other rev	venue (Par 1911), column (A), lines 5,66d,8€,9c, 10c, and 11e)						
	12	Total rev	enue – add lines 8 through 11 (must equal Fart VIII, column (A), line 12))	\$297,543	\$229,122			
	13	Grants a	nd sımılar amounts par Part IX column (A), lines 1-3)						
	14	Benefits	paid to or for members (Part-IX, column (A), line 4)						
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		\$178,362	\$153,176			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), Iine 11e)						
ğ	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶			*** *********************************			
Ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	\$81,842	\$80,859			
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		\$260,205	\$234,035			
	19	Revenue	less expenses. Subtract line 18 from line 12	_l	\$37,339				
58	<u> </u>			Beginning of C	urrent Year	End of Year			
Sets	20		sets (Part X, line 16)	<u> </u>	\$90,918	\$86,409			
Net Assets of	21		pilities (Part X, line 26)	ļ	\$20,125	\$21,756			
			ts or fund balances. Subtract line 21 from line 20		\$70,793	\$64,653			
15	art II	Signa	ture Block						
			iry, I declare that I have examined this return, including accompanying schedules and s lete Declaration of preparer (other than officer) is based on all information of which pres			my knowledge and belief, it is			
0:		1	Cascill William		<u>-</u> _	>-18			
	gn	Sign	nature of officer	<i>a C</i>	ate				
П	ere	1	oosevelt Williams, Chairman of Truste						
_		44	e or print name and title	TB		Town-			
Pa	aid	- ((() ()	rpe preparer's name Preparer's signature	Date	Check				
Pr	epare			L	self-em	pioyed			
U	se Onl			Fin	m's EIN ▶				
NA-	nu tha IF		address >	<u> Ph</u>	оле по				
_			s this return with the preparer shown above? (see instructions)	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	· · Yes No			
Fo	r Paperv	vork Redu	ction Act Notice, see the separate instructions.	at, No. 11282Y		Form 990 (2017)			



orm 99	90 (2017)				Page 2
Part		Program Service A	•	and III	
1	Briefly describe the or		sponse or note to any line in this Pa	art III	· · · · <u>L</u>
•	•	-	through 12 years that promotes Christ	ian learning which enhance cognitive :	and moral
			ingle family households		
2	Did the organization i	indertake any signifi	cant program services during the ye	ar which were not listed on the	
_	prior Form 990 or 990				Yes ☑ No
	If "Yes," describe thes	se new services on S	Schedule O.	_	_
3	_	— — — — — — — — — — — — — — — — — — —	or make significant changes in h	*	Waa [7] Na
	If "Yes," describe the				Yes ☑ No
4			rice accomplishments for each of its	three largest program services, as i	measured by
•	expenses. Section 50	1(c)(3) and 501(c)(4)	organizations are required to report or each program service reported.		
4a	(Code: 62440) (F	xpenses \$ \$*	190,225 including grants of \$) (Revenue \$ \$2	29.122)
			through 12 years. On average the cent		
			seholds.		
4b	(Code:) (E		including grants of \$	\/Payanua \$,
40	(Code.	yheiises φ) (Nevenue ψ	'
	***************************************	***************************************			
					
4c	(Code:) (E	xpenses \$	including grants of \$) (Revenue \$)
	,,				

4d	Other program servic	es (Describe ın Sche	edule O.)		
	(Expenses \$	including gra		\$)	
40	Total program service	expenses	£100.00E		

Form **990** (2017)



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	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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	- · · · · · · · · · · · · · · · · · · ·	4		✓_
3	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	3		<u> </u>
	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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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.	,	** **	Ž.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
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		1
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
Ь	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		1
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		1
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		1
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		1
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		1
			990	_

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		V
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? If "Yes," complete Schedule I, Parts I and II	21		✓
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		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	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 to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
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		1
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):		١.,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
31	conservation contributions? If "Yes," complete Schedule M	30	_	✓
32	Part I	31		1
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	32		1
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	-	1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	-	1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		2		ļ
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ		- ,-
3a	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 Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
þ	If "Vog." enter the name of the foreign country.	40		١
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ť
C	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).	X :	, ,, ,)	831
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		`	37.5
	and services provided to the payor?	7a		✓
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	<u> </u>	-
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		✓
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		**	1
•	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	1
9	Sponsoring organizations maintaining donor advised funds.	1	ļ	362 (d)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			┼~
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	7		
11	Section 501(c)(12) organizations. Enter:	7		
а	Gross income from members or shareholders	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them.)			L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	┧ ̄	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	✓
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-		
G 445	Enter the amount of reserves on hand	 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
D_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	iee ins	tructi	ons.
Co odi	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u>·</u> :	<u> 1</u>
secu	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
14	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓_
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	•	1
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓_	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		✓
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		/ _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓ _
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 filling the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- 4	74
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b		
13	Did the organization have a written whistleblower policy?	12c		
14	Did the organization have a written document retention and destruction policy?	14		-
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	· N · · · · · ·	√
b	Other officers or key employees of the organization	15b		√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
þ	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?			
Section	on C. Disclosure	16b	L	Щ
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶	
	Regina R. Hutcthinson, 1775 West Broad Street, Columbus, Ohio 43223			

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Dann	
raue	

Form	990	(201	7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors	

•	Political Contraction of the Con
	ck 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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, i office	ot ch	Pos neck is pe d a d	ition more	e than o is both or/trust	one n an tee)	(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Regina R. Hutchinson	40				1	1		\$33,280	\$0	\$750
(2) Roosevelt Williams, Chairman of Trustees		1						\$0	\$0	\$0
(3)										
(4)				_						
(5)										
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinued)
					•	C) sition					
	(A)	(B)			neck	more	than c		(D)	(E)	(F)
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation fa	
		week (list any	/				г —	πĖ	from	related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	
		organizations	S E	tion	"	夏	st co	4	(W-2/1099-MISC)	Ť	organization
		below dotted line)	੍ਰਿੜ੍ਹ	altr) မွ	ğ		ļ		and related organizations
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		<u> </u>	1		L						
1b	Sub-total				-	-		>	\$33,280		\$750
C	Total from continuation sheets to Part	•								<u> </u>	
d_	Total (add lines 1b and 1c)							<u> </u>	\$33,280		\$750
2	Total number of individuals (including bu		d to th	nose	e lis	ted	above	e) w			0,000 of
	reportable compensation from the organ	ization ►							None	<u> </u>	
•	Did the everywhere but any former of	££	 .	4.					ادادا می اداد		Yes No
3	Did the organization list any former or employee on line 1a? <i>If</i> "Yes," complete										
											
4	For any individual listed on line 1a, is the organization and related organizations										
	individual	_									
5	Did any person listed on line 1a receive of										
3	for services rendered to the organization										
Section	on B. Independent Contractors		30,								· L · I · I ·
1	Complete this table for your five highest	compensat	ted in	dep	end	 lent	contr	ract	ors that receive	ed more than	\$100,000 of
•	compensation from the organization. Re										
	year.							•	, ,		
	(A)							T	(B)		(C)
	Name and business add	dress							Description of s	services	Compensation
		· · · · · ·						\top	11111	1	
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2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limi	ted to	o tr	nose listed ab	ove) who	
	received more than \$100,000 of compens	sation from	the or	rgan	ıızaf	tion	>		0	j	

Form **990** (2017)

i en	VIII	Check if Schedule C		ponse or note to	o any line in this	Part VIII		\sqcap
		0.100.001	John Carlo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इह इह	1a	Federated campaigns	s 1a					
E 5	ь	Membership dues .	1b					
8, G	С	Fundraising events .			[
ia ii	d	Related organizations						
ns,	Θ	Government grants (con						
arijo e ()) f	All other contributions, g		Ì				
퉏		and similar amounts not inc		l				1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ						
OB	h	Total. Add lines 1a-1	<u> </u>	Business Code				
Š	3-	Title XX Child Care Fee	~~	<u> </u>	4400.455	·		
€	2a b	Private Party Child Car		624410 624410	\$190,466 \$618			
8	C	USDA Food Reimburse		624410	\$34,874			
Ξ	ď	Other		624410	\$3,164			
S	e			024410	\$3,104	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	f	All other program ser	vice revenue .					
ě	g	Total. Add lines 2a-2			\$229,122		<u> </u>	
	3	Investment income	(including divid	ends, interest,		_		
		and other similar amo	•	•				
	4	Income from investmen	•	•				
	5	Royalties	(i) Real		\			
	_		(i) Real	(ii) Personal				
	6a	Gross rents	<u> </u>					
	b	Less. rental expenses Rental income or (loss)			-			
	d	Net rental income or	(loss)	•	 			
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO COMPANY	****** * Main	***
		assets other than inventory			1			
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	ď	Net gain or (loss) .		<u></u> ▶				
enne	8a	Gross income from fu	undraising	ı				
Other Rev		of contributions report See Part IV, line 18	ed on line 1c)					4, 4, 4, 4, 4,
幸	ь	Less: direct expenses	_		1 3		*	`.
0	c	Net income or (loss) 1					<u></u>	
		Gross income from gassee Part IV, line 19	aming activities					
	ь	Less: direct expenses	sb		1			<u> </u>
		Net income or (loss) t		ıvıtıes ▶				
	10a	Gross sales of in returns and allowance						
	Ь	Less: cost of goods s					<u></u>	
	c	Net income or (loss)		, , , , , , , , , , , , , , , , , , , 				
		Miscellaneous F	Revenue	Business Code				
	11a				ļ		 	
	b				ļ		 	<u> </u>
	C	A11 ()		<u> </u>	<u> </u>			<u> </u>
	d	All other revenue .			<u> </u>		 	
	12	Total revenue See			1000	 	 	_

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). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees \$33,280 \$9,984 \$23,296 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages \$79,464 \$79,464 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits \$1,831 \$750 \$2,581 10 Payroll taxes \$40,432 \$35,832 \$4,600 11 Fees for services (non-employees): Management а Legal b Accounting \$5,462 \$5,462 d Professional fundraising services See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O) . 12 Advertising and promotion \$90 \$90 13 Office expenses \$453 \$453 Information technology 14 \$5,656 \$1,697 \$3,259 15 16 17 \$443 \$443 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization . 23 \$2,140 \$2,140 Other expenses. Itemize expenses not covered 24 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.) Meals for Children \$41,415 \$41,415 Classroom Supplies and Expenses b \$4,992 \$4,992 Maintenance c \$2,040 \$2,040 Bus Payments d \$8,400 \$8,400 All other expenses Playground, Field Trips, et \$7,178 \$6,167 \$1,020 Total functional expenses. Add lines 1 through 24e 25 \$234,035 190,225 \$43,110 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Check if Schedule Q contains a response or note to any line in this Part X	P	art X	Balance Sheet			
1	•		Check if Schedule O contains a response or note to any line in this Pa	rt X		
Pladges and grants receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(I)), persons described in section 4958(c)(3(8)), and contributing employers and sponsoring organizations of section 501(g)) working vemployees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable and separate described and separate described and receivable of the present of th						
3 Pledges and grants receivable, net 3		1	Cash-non-interest-bearing	\$76,369	1	\$72,029
A Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4558(f)(1)), persons described in section 4558(f)(1)), persons described in section 4558(f)(1), persons described in section 45		2	Savings and temporary cash investments		2	_
Total reservables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L		3	Pledges and grants receivable, net		3	
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9 Prepard expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 11 Investments — publicly traded securities 12 Investments — publicly traded securities 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 20 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 23 Secured mortgages and notes payable to unrelated third parties 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 of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus,	As				8	
10a		9			9	
b Less: accumulated depreciation 100 10c 111 Investments — publicly traded securities 12 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 12 13 Investments — program-related. See Part IV, line 11 13 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 15 15 \$2,250 15 \$2,25		10a	Land, buildings, and equipment: cost or			
11 Investments — publicly traded securities 11 12 11 12 11 12 11 12 11 13 11 12 11 13 11 13 13		1				
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 52,250 15 52,250 16 Total assets. Add lines 1 through 15 (must equal line 34) \$90,918 16 \$86,409 17 Accounts payable and accrued expenses \$6,369 17 \$80,000 18 Grants payable and accrued expenses \$6,369 17 \$80,000 18 Grants payable and accrued expenses \$19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond		b	Less: accumulated depreciation 10b			
13 Investments — program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 S2,250 15 S2,250 15 S2,250 15 S2,250 16 Total assets. Add lines 1 through 15 (must equal line 34) S9,918 16 S86,409 17 Accounts payable and accrued expenses S6,369 17 S8,000 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 S2,250 15		11	· · · · · · · · · · · · · · · · · · ·			
14				·		
15 Other assets. See Part IV, line 11 \$2,520 15 \$2,250 16 Total assets. Add lines 1 through 15 (must equal line 34) \$90,918 16 \$86,409 17 Accounts payable and accrued expenses \$18 18 18 19 Deferred revenue \$19 20 Tax-exempt bond liabilities \$2,250 19 20 21 22 22 23 24 23 24 24 24		· ·	. •			
16 Total assets. Add lines 1 through 15 (must equal line 34) . \$90,918 16 \$86,409 17 Accounts payable and accrued expenses . \$13,300 18 Grants payable		'				
17 Accounts payable and accrued expenses						\$2,250
18 Grants payable						\$86,409
19 Deferred revenue			, ,	\$6,369		\$8,000
20 Tax-exempt bond liabilities		1	· ·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 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 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties . 23 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 of Schedule D . 25 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		1			_	
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						
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		l				X 3 (A) 2 (A) 2 (A) 2 (A)
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Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	<u>ia</u>	22	•			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_		• • • • • • • • • • • • • • • • • • • •			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· ·	313,756	24	\$13,756
26 Total liabilities. Add lines 17 through 25		25				
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		l	of Schedule D		25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	\$20,125	26	\$21,756
20 Capital stock or trust principal, or current funds	es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	* * *	*	ž "ji
20 Capital stock or trust principal, or current funds	anc	27		\$70.793	27	\$64.653
20 Capital stock or trust principal, or current funds	39	l .		4.5,,00		33.,300
20 Capital stock or trust principal, or current funds	P	l			_	
20 Capital stock or trust principal, or current funds	r Fun		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
A4 T-1-1P-1-P1	3	30	Capital stock or trust principal, or current funds		30	<u> </u>
A4 T-1-1P-1-P1	Se					
A4 T-1-1P-1-P1	As	ſ	the state of the s			
A4 T-1-1P-1-P1	ě			\$70,793		\$64,653
	_	34			_	

Page	12

ronn 99	0 (2017)		Page 12
Part	XI Reconciliation of Net Assets		
•	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	\$229,122
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$234,035
3	Revenue less expenses. Subtract line 2 from line 1	3	(\$4,913)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$70,793
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	_(\$1,227)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	
	33, column (B))	10	\$64,653
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>
			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	piain in	
_	Schedule O.		
2a	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 comreviewed on a separate basis, consolidated basis, or both:	pilea or	
	·		
	☐ 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 audit separate basis, consolidated basis, or both:	ed on a	
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	voroiabt	
C	of the audit, review, or compilation of its financial statements and selection of an independent according		2c
	If the organization changed either its oversight process or selection process during the tax year, ex		
	Schedule O.	vpiaiii iii	
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3ь
			Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(B)

(C)

(D)

(E) **Total** **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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number Friendship Christian Learning Center 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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.) ☐ 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 university: 10 An organization that normally receives: (1) more than 331/8% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization 60 FIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A)

Schedul	e A (Form 990 or 990-EZ) 2017						Page 2
Part	(Complete only if you checked th	e box on line	5, 7, or 8 of 9	Part I or if the	organization	failed to qua	lify under
04	Part III. If the organization fails to	quality under	the tests list	ea below, pie	ease complet	e Fart III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(8) 2014	(6) 2010	(2) 20 10	(0) 20 11	
•	membership fees received. (Do not include any "unusual grants.")	\$362,892	\$300,735	\$280.289	\$297,543	\$229,122	\$1 <u>,470,581</u>
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1 through 3	\$362,892	\$300,735	\$280.289	\$297,543	\$229,122	\$1,470,581
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				\		\$1,470,58 <u>1</u>
	on B. Total Support	r		-, , , , , , ,	(1) 0040	(-) 0047	/O Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	\$362,892	\$300,735	\$280.289	\$297,543	\$229,122	\$1,470,581
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11		Millio V. W. Youth	\$3.5°		, Y		\$1,470,581
12	Gross receipts from related activities, etc					12	- FO1(-)(0)
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · ·	· · · ·
	ion C. Computation of Public Suppo Public support percentage for 2017 (line			1 column (fl)	<u> </u>	14	100 %
14 15	Public support percentage for 2017 (inte-					15	100 %
16a		uzation did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	
b	331/3% support test - 2016. If the organ this box and stop here. The organization	nzation did not n qualifies as a	check a box o publicly suppo	on line 13 or 16 orted organizati	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst	ances" test, chest. The organi	neck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets th	e "facts-and-o	circumstances'	" test, check	this box and s	stop here.

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

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Friendship Christian Learning Center

➤ Attach to Form 990 or 990-EZ.

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

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Employer identification number

31-1449081

Part VI Line 11b - The accountant prepares the 990 by reviewing payroll information, accounting records, minutes and any other information
that is required to be filed. The accountant then uses the information to prepare Form 990 verifying relevant information with the Executive
Director and Chairman of Board of Directors/Trustees. A final review is completed and a copy is then filed with the IRS and kept on file at
the field location.
Part VI - Line 19 - Governing documents are available for review by the public on the Secretary of the State of Ohio's website, at
the field office and upon request. Financial statements are available to the public online at the Attorney General of Ohio's (AG) website.
All non-profit organizations in the State of Ohio must file annual financial statements, which are made available to the public online via
the AG's website.
Part XI - Line 9 - This number is a result of increase in payables due to payroll accrual.
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