EXTENDED TO SEPTEMBER 15, 2020 29492

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.

Internal Revenue Service

SCANNED FEB 2 5 2022

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

A	For the	2018 calendar year, or tax year beginning $NOV 1$, 2018 and ending	OCT 31, 2019		
В	Check if	C Name of organization	D Employer identific	cation number	
;	applicable				
Γ.	Address change	GRESHAM HILLS, INC.			
F	Name change	Doing business as	59-3	132303	
Έ	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/su	 -		
Έ	Final	200 GRESHAM HILLS CT		933-1020	
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	316,494.	
	Amende		H(a) Is this a group re	· · · · · · · · · · · · · · · · ·	
\vdash	retum Applica_	F Name and address of principal officer: M KEITH MEDLEY	for subordinates		
_	Itiòn pending	200 GRESHAM HILLS CT, FLORENCE, AL 35630	H(b) Are all subordinates in		
_	Tayayar			list. (see instructions)	
		: ► N/A	H(c) Group exemption		
				State of legal domicile AL	
	**********	Summary	ear or formation 1992 is	State of legal doffficile 2111	
	4 5	nefly describe the organization's mission or most significant activities: TO PROVI	DE 40 SUPPORT	TVE HOUSING	
Š	1 B	INITS UNDER SEC 202 OF THE HOUSING ACT OF 19	59 FOR THE RE	SIDENTS OF	
пaг	_				
Activities & Governance		theck this box if the organization discontinued its operations or disposed of m	1 1	10	
é	i	lumber of voting members of the governing body (Part VI, line 1a)	3	10	
∞8		lumber of independent voting members of the governing body (Part VI, line 1b)	4	0	
Ë	1	otal number of individuals employed in calendar year 2018 (Part V, line 2a) otal number of volunteers (estimate if pecassan) Internal Revenue Service	5	0	
Ž	6 T			0.	
Ac	7 a T	otal unrelated business revenue from Part VIII, column (C) line 22ed US Bank - USB	7a	0.	
	P V	let unrelated business taxable income from Form 990-T, line 38	7b		
		Contributions and grants (Part VIII, line 1b) NOV 23 2020	Prior Year	Current Year	
e	8 0	onthodions and grants (r art vin, line 11)	• • •	0.	
ē	9 P	rogram service revenue (Part VIII, line 2g) Ogden, UT	304,930.	315,355.	
Revenue	10 lr	estment income (Part VIII, column (A), lines 3, 4, and 70)	337.	1,139.	
_	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
_	-	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,267.	316,494.	
		irants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0.	
		lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,755.	81,249.	
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
Ž	b T	otal fundraising expenses (Part IX, column (D), line 25)	255		
ш	17 (other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	257,060.	265,066.	
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	331,815.	346,315.	
	19 F	Revenue less expenses. Subtract line 18 from line 12	-26,548.	<u>-29,821.</u>	
Net Assets or	3		Beginning of Current Year	End of Year	
Set	g 20 T	otal assets (Part X, line 16)	1,179,290.	1,149,253.	
Z AS	21 T	otal liabilities (Part X, line 26)	1,691,767.	1,691,551.	
2	22 N	let assets or fund balances. Subtract line 21 from line 20	<u>-512,477.</u>	-542,298.	
P	art II	Signature Block			
		ios of porjury, I doclare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is	
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge	+	
		M. Keith Whedley	10 3	30/20	
Sig	gn	Signature of officer	Date	•	
He	re	M KEITH MEDLEY, OFFICER		<u> </u>	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Pai		CHARLES J. HALLBERG, III,	10/20/20 self-employ		
Pre	eparer	Firm's name LENAHAN, SMITH & BARGIACHI, P.C.	Firm's EIN	62-1422748	
Us	e Only	Firm's address 1080 BROOKFIELD RD.			
		MEMPHIS, TN 38119	Phone no 90	1-684-1100	
Ma	av the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No	

Form **990** (2018)

Form 990 (2018)

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Form 990 (2018) GRESHAM HILL 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	X	177
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4_		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		┢ˆ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
^	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		Х
^	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	•		<u> </u>
0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	X	
h	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		Х
G	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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			۱.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			۱,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_U
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	\vdash	\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\overline{}$

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<u> </u>			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	İ	Х
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		Х
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	—
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		}	1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ŀ	
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	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	•	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c		100		
ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	X	
Do	Note. All Form 990 filers are required to complete Schedule O #X V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
	Superior State of Services and Services at the service of Services and the services at the ser		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	······	162	140
	Enter the number reported in Box 3 of Form 1096. Enter 40- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
~	(gambling) winnings to prize winners?	10	[1

	990 (2018) GRESHAM HILLS, INC.	59-3132	303	Р	age 5
Par	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 Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
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 and set	vices provided to the payor?	7a		Х
b	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	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g '		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9ь	<u> </u>	
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a	L	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15	<u> </u>	X
	if "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes " complete Form 4720, Schedule O				

Form 990 (2018) GRESHAM HILLS, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule () See i	nstructions.							
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10)						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10)						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		_ X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or							
	more members of the governing body?			7a		_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached :	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_ X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u>X</u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe	ļ						
	in Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13		_X				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and appro-	al by ir	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official			15a		<u> X</u>				
b	Other officers or key employees of the organization			15b		X				
	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 arrange	ement v	vith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıo	n's							
	exempt status with respect to such arrangements?			16b						
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990	-T (Section 501(c)(3	s)s only	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	n in Sci	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, ar	d finan	cıal					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records 🕨		_					
	SPM LLC - 205-933-1020									
	1103 RICHARD ARRINGTON JR RIVD SOUTH, RIRMINGHAM.	ΔT.	35205							

Form	aan	/201	Ŕ١

GRESHAM HILLS, INC.

59-3132303

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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.

X Check this box if neither the organization r	d organization compensat							director, or trustee.			
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week	-)		1 110111	from related	other	
	(list any hours for	Tige C				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	9 9	8 8		ŀ	sate		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	£			8	E E		(11-2 1033-111100)		and related	
	below	흏	ppg		e e	25 SE	,			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	ke,	Highest compensated employee	Ē			- · 9	
(1) JEFF LAWSON	1.00										
OFFICER				X				0.	0.	0.	
(2) M KEITH MEDLEY	1.00										
OPFICER		<u></u>		X				0.	0.	0.	
(3) KYLE BUTT	1.00]									
OFFICER		<u> </u>		X				0.	0.	0.	
(4) MARION RUTHERFORD	1.00		l			ĺ					
OFFICER		ļ	<u> </u>	X				0.	0.	0.	
(5) STEVE CLARK	1.00								_	_	
OFFICER		ļ	ļ	X				0.	0.	0.	
(6) DAVID WILLINGHAM	1.00						ŀ	_	_	_	
OFFICER				X		L	<u> </u>	0.	0.	0.	
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Par	TVII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one		Reportable	Reportable		Est	tımate	ed				
		hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	۱	am	ount	of
		week	<u> </u>	cer an	id a d	Irecto	or/trus	tee)	from	from related		(other	
		(list any	26 26						the	organizations			oensa	
		hours for	등	, g			ag gg		organization	(W-2/1099-MIS	C)		om the	
		related	stee	truste			bens		(W-2/1099-MISC)			_	anızatı	
		organizations below	Ta ta	onal		l g	5 8						relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Į į	Highest compensated employee	E E				orga	nızatı	ons
			゠	_ ≞	5	\$	포 등	15						
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	0.1.4.4.1		[<u> </u>	1	▶	0.		0.			0.
	Sub-total		٠	•	•				0.		0.			0.
	Total from continuation sheets to Part V	II, Section A	٠						0.		0.			0.
	Total (add lines 1b and 1c)								<u> </u>	000 ()				0.
2	Total number of individuals (including but	not limited to tr	nose	e IISTE	ed a	DOV	e) w	no r	eceived more than \$100	,000 of reportable	9			C
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	olam	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for				•							3		Х
4	For any individual listed on line 1a, is the s			omp	ensa	atioi	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete :	Sch	edul	e J i	for such individual .			4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	dual for services		_	1	v
-Sac	rendered to the organization? If "Yes," cortion B. Independent Contractors	np <u>lete Schedui</u>	e J i	for s	uch	per	son					5		<u> </u>
1	Complete this table for your five highest co	ompensated in	dep	ende	ent o	cont	racte	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for													
	(A)				_				(B)		_	(C		
	Name and business	s address	N	ONI	E				Description of s	ervices		omper	nsatio	n
										-				
	· · · · · · · · · · · · · · · · · · ·									+				
														
												,		
2	Total number of independent contractors \$100,000 of compensation from the organ		not l	ımıte	d to		se li 0	stec	d above) who received n	nore than				
	T													

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 174,599. 174,599. 2 a SUBSIDY FROM GOVT AGEN 531110 Program Service Revenue 140,756. 140,756. **b** PROGRAM SERVICE REVENU 531110 All other program service revenue 315,355. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,139. 1,139. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 316,494. 316,494. 0. 0. Total revenue. See instructions

Form 990 (2018) GRESHAM HILLS 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).

Do .	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				······
3	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,412.	75,412.		
8	Pension plan accruals and contributions (include	, , , , , , ,	,		
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				•
10	Payroll taxes	5,837.	5,837.		·
11	Fees for services (non-employees):	-,			
	Management	25,716.		25,716.	
ь	Legal	4.		4.	
	Accounting	9,320.	1,920.	7,400.	
ď	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	1,663.	1,663.		
13	Office expenses	10,638.	10,638.		
14	Information technology				
15	Royalties .				
16	Occupancy	55,306.	55,306.		
17	Travel .				
18	Payments of travel or entertainment expenses		·		· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,518.	3,518.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,603.	41,603.		
23	Insurance	24,489.	24,489.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SERVICE COORDINATOR	39,148.	39,148.		
b	REPAIRS	35,231.	35,231.		
С	SUPPLIES	16,584.	16,584.		
d	OTHER RENTING EXPENSE	1,846.	1,846.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	346,315.	313,195.	33,120.	0 .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,301.	1	6,885.
-	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	206.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,631.	9	5,899.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,823,226. 10b 1,050,437.			
	b	Less: accumulated depreciation 10b 1,050,437.	814,392.	10c	772,789.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	348,760.	15	363,680.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,179,290.	16	1,149,253.
	17	Accounts payable and accrued expenses	10,781.	17	8,605.
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ies	22	Loans and other payables to current and former officers, directors, trustees,			
įį		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	1,668,800.	22	1,668,800.
	23	Secured mortgages and notes payable to unrelated third parties	1,000,000.	23	1,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	12,186.	25	14,146.
	26	Schedule D	1,691,767.	26	1,691,551.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and	1/031/1018	20	170317331.
(A		complete lines 27 through 29, and lines 33 and 34.			
<u>ဗိ</u>	27	Unrestricted net assets	-512,477.	27	-542,298.
lan	28	Temporarily restricted net assets	512,11,1	28	- 312,2300
Ä	29	Permanently restricted net assets		29	
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Ē		and complete lines 30 through 34.			
S S	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	-512,477.	33	-542,298.
	34	Total liabilities and net assets/fund balances	1,179,290.	34	1,149,253.
			· ·		Form 990 (2018)

orm	990 (2018) GRESHAM HILLS, INC. 59-313	2303	Pag	e 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		, 49	
2	Total expenses (must equal Part IX, column (A), line 25)		,31	
3	Revenue less expenses. Subtract line 2 from line 1		, 82	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-512	2,47	<u> 17.</u>
5	Net unrealized gains (losses) on investments . 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	-542	2,29) 8.
Pa	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>Ш</u>
		,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		1	
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		- 1	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u>X </u>	
		Form 9	990 (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

GRESHAM HILLS, INC. Employer identification number 59-3132303

		OTCHE.	mar mean,									
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete the	s part.) Se	e instructions.					
Γhe	organ	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		1/				
1		A church, convention of chu	urches, or associatio	n of churches described	d in sectio	n 170(b)(1)(A)(i).	KY .				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	一	A medical research organiza						the hospital's name.				
•		city, and state:	anon operates in ee.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
_			or the benefit of a co	lege or university owner	d or operat	ed by a go	vernmental unit describ	sed in				
5	ш	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.)										
_			•		4: 47	O/L\/4\/A\	4.4					
6	믉	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										
7	X	-	-	ntial part of its support f	rom a gove	emmentai	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co	•									
8	\sqsubseteq	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	\prime , and state of the colleg	e or				
		university:										
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	9(a)(4).					
12		An organization organized a						purposes of one or				
		more publicly supported org										
		lines 12a through 12d that of										
а		Type I. A supporting orga						aivina				
_	<u> </u>	the supported organization										
		organization. You must c			- , , , , , , , , , , , , , , , , , , ,	, ,,,,,						
_		Type II. A supporting orga			tion with it	e eunnorte	ad organization(e), by ha	VIDO				
b	· <u> </u>											
		control or management of			arrie perso	nis mai cc	ontroi or manage the sup	ported				
	_	organization(s). You must										
С		Type III functionally inte						ed with,				
		its supported organization										
d	l L_	☐ Type III non-functionally										
		that is not functionally into						iveness				
		requirement (see instructi	•	-								
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.						
f		er the number of supported o										
9		vide the following information			(iv) Is the orga	nization listed						
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)				
						_						
			<u>-</u>									
					<u> </u>							
Tat	٠				1	1						

Schedule A (Form 990 or 990-EZ) 2018 GRESHAM HILLS, INC. Part II Support Schedule for Organizations Described in Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	310,263.	311,680.	301,237.	304,930.	315,355.	1,543,465.
2	Tax revenues levied for the organ-						
	ization'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	210 262	211 600	201 227	204 020	215 255	
_	Total. Add lines 1 through 3	310,263.	311,680.	301,237.	304,930.	315,355.	1,543,465.
5							
	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)		••••••		***********************		1 542 465
	Public support. Subtract line 5 from line 4	<u></u>				1	1,543,465.
	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	310,263.	311,680.	301,237.	304,930.	315,355.	1,543,465.
8	Gross income from interest.	320,200	011,000	001/10/		020,0001	2,515,100.
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	143.	144.	260.	337.	1,139.	2,023.
۵	Net income from unrelated business						
•	activities, whether or not the	ſ					
	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	Total support. Add lines 7 through 10						1,545,488.
	Gross receipts from related activities	, etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.87 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	99.95 <u>%</u>
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright X$
t	33 1/3% support test - 2017. If the	organization did no	ot check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	it - 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	his box and stop h	ere. Explain in Pa	rt VI how the organ	ıızation
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
k	10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part VI how the	,
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	<u> </u>
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 GRESHAM HILLS, INC. 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

quality under the tests listed be	low, please comp	plete Part II.)				
Section A. Public Support				Τ	I	
Calendar 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 Gross receipts from admissions,						/
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the					,	X
organization's tax-exempt purpose					/	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	-					
furnished by a governmental unit to				/	1	
the organization without charge				/		
6 Total. Add lines 1 through 5				/		
7a Amounts included on lines 1, 2, and				/		
3 received from disqualified persons b Amounts included on lines 2 and 3 received				 / 		+
from other than disqualified persons that				/		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	 		/		<u> </u>	
c Add lines 7a and 7b		ļ		· · · · · · · · · · · · · · · · · · ·		1
8 Public support. (Subtract line 7c from line 6)		<u> </u>	7		<u> </u>	<u>i</u>
Section B. Total Support		T		<u></u>		T
Calendar year (or fiscal year beginning in) 🟲 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest,			/			
dividends, payments received on securities loans, rents, royalties,			/			
and income from similar sources			[
b Unrelated business taxable income		/				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,		/				
whether or not the business is regularly carried on		/			•	
12 Other income. Do not include gain		/		·		
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>	
14 First five years. If the Form 990 is for 1	the organization'	e firet eagand the	d fourth or fifth 4:	L	n 501/a\/3\ araa="	zation
	me organization :	s mst, second, thii	a, rourer, or men to	an year as a section	ar our (c)(o) organi	<u>L</u>
check this box and stop here Section C. Computation of Public	Support Pa	rcentage		 	•	
<u> </u>				·	145	
15 Public support percentage for 2018 (lin	,		Column (i))		15	. %
16 Public support percentage from 2017					16	%
Section D. Computation of Inves		•			14-1	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 26						%
19a 33 1/3% support tests - 2018. If the c	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly s	supported organiza	ation	. ▶□
b 33 1/3% support tests - 2017. If the c	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box andst	t op here. The orga	nızatıon qualifies a	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶□
					-	

Part W 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 Supporting Org	anizations
-------------------------------	------------

- 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?
- 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
- 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 7? 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
	1		
	2		
	3a		
	3ь		
	3с		
	4a		
	-4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
m 9	10b 90 or 99	0-EZ	2018
-			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated T	ype III supporting organization (see	e

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	TV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
		izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s		
4		ints paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
- /-8		outions to attentive supported organizations to which the	ne organization is responsive)	
•		de details in Part VI). See instructions.	organización lo respensor		
9		outable amount for 2018 from Section C, line 6		 	
10		B amount divided by line 9 amount			
10_	LIIIE 0	amount divided by line a amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
a	From	2013			
ь	From	2014			
С	From	2015			
d	From	2016			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years	,		
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		ainder. Subtract lines 3g, 3h, and 3i from 3f			
4		butions for 2018 from Section D,			
	line 7:	_ ·			
	-	ed to underdistributions of prior years			
		ed to 2018 distributable amount	***************************************		
		ander. Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2018, if			
•		Subtract lines 3g and 4a from line 2. For result greater			
	•	zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		VI. See Instructions.			
7		ss distributions carryover to 2019. Add lines 3			
•		•			
	and 4	kdown of line 7:			
		ss from 2014	<u> </u>		••••••••••••••••••••••••••••••••••••••
		ss from 2015			
		ss from 2016			
<u>d</u>		ss from 2017			
_	Evene	se from 2018	Ĭ.	}	(

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 GRESHAM HILLS, INC. 59-3132303 Page 8
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.)
· · · · · · · · · · · · · · · · · · ·	
-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GRESHAM HILLS, INC

Employer identification number 59-3132303

Pa	Organizations Maintaining Donor Advise		s or Accounts. Complete if the
تتنيينا	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		toncally important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located 🕨	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements	it holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements.	(A . 11' . ' . 1 	
Pa	rt III Organizations Maintaining Collections		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		5
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	. .
а	Revenue included on Form 990, Part VIII, line 1	•	\$
<u>b</u>	Assets included in Form 990, Part X	·	<u> </u>

	dule D (Form 990) 2018 GRESHAM	HILLS, IV	<u>IC </u>					<u> 59-31</u>	32303	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other recor	ds, checi	any of the	following that	t are a si	gnıficant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•	d 🔲 I	Loan or exc	hange progra	ms				
b	Scholarly research	•	e 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizatio	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as:	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing t	able:						
		•	-						Amount	
С	Beginning balance						1c		•	
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance		_				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for e	escrow or cu	ustodial acco	unt liabil	ity?		Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatic	n has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete I	f the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions	•								
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							,		
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a	a)) held as:			-		
а	Board designated or quasi-endowment		%							
ь	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	it are held a	ınd admınıstei	red for th	ne organiz	ation	_	
	by:								\Y	es No
	(i) unrelated organizations		-						3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requ	ired on S	chedule R?					3ь	
4	Describe in Part XIII the intended uses of the		lowment 1	unds.						
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or			or other	• •	cumulate	ed	(d) Book	value
		basis (invest	ment)		(other)	dep	reciation			
1a	Land				2,000.	·····				,000.
b	Buildings			<u>1,70</u>	1,226.	1,0	50,4	37.	650	,789.
c	Leasehold improvements									
d	Equipment									
	Other							i		0.

Schedule D (Form 990) 2018

772,789.

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

Part	Investments - Other Securities.				
(-) D-	Complete if the organization answered "Yes" of				-f
	escription of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
• •	ancial derivatives				
	esely-held equity interests				
(3) Oth	ner				
(A)					
(B) (C)				· •	
(D)			-		
(E)					
(F)					
(G)					
(H)					
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
	VIII Investments - Program Related.			· · · · · · · · · · · · · · · · · · ·	,
<u> </u>	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, I	Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)_					
(8)				- · · ·	
(9)				4-11 12 transferr	
1	Col (b) must equal Form 990, Part X, col (B) line 13.)				· 3. 2。
Part		on Form 000 Bort IV	/ line 11d See Form 000	Dort V. line 15	
	Complete if the organization answered "Yes" (a) [Description	, line 11d. See Form 990,	Part A, line 15.	(b) Book value
(1)	RESERVE ACCOUNTS	Securitaria			348,534.
(2)	TENANT SECURITY DEPOSITS				14,146.
(3)	ORGANIZATIONAL COSTS				1,000.
(4)	OKORKI ZDITI ZONI ZONI ZONI ZONI ZONI ZONI ZONI ZON				
(5)					
(6)					
(7)					
(8)					
(9)					
	(Column (b) must equal Form 990, Part X, col. (B) line	15)		▶	363,680.
Part	X Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25.	T
<u>1</u>	(a) Description of liability		(b) Book value		
(1)	Federal income taxes				
(2)	TENANT SECURITY DEPOSITS		14,146.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			14 145		
	(Column (b) must equal Form 990, Part X, col. (B) line		14,146.		
	ability for uncertain tax positions. In Part XIII, provide				· —
org	ganization's liability for uncertain tax positions under	FIN 48 (ASC 740). C	Check here if the text of the	e footnote has been p	rovided in Part XIII L

Sche	dule D (Form 990) 2018 GRESHAM HILLS, INC.		59-31	32303 Page 4
	XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever		
L.:	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total revenue, gains, and other support per audited financial statements		1	316,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d .		2e	0.
3	Subtract line 2e from line 1		3	316,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		0
C	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	A	5	316,494.
Par	Reconciliation of Expenses per Audited Financial Sta		enses per Heturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		346,315.
1	Total expenses and losses per audited financial statements	• •	1	340,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a	Donated services and use of facilities	2a		
D	Prior year adjustments	2b 2c		
<u>د</u>	Other losses Other (Describe in Part XIII.)	2d		
d e	Add lines 2a through 2d	20		0.
3	Subtract line 2e from line 1		3	346,315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	346,315.
Par	T XIII Supplemental Information.			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
				·····

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GRESHAM HILLS, INC.

Employer identification number 59-3132303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
THE FLORENCE, ALABAMA REGION.				
FORM 990, PART VI, SECTION B, LINE 11B:				
THE ORGANIZATION PRESENTS THE FORM 990 TO THE BOARD AS A SCHEDULED BOARD				
MEETING PRIOR TO FILING.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE INFORMATION IS AVAILABLE UPON REQUEST.				