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'Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

		ie Service	L	The organization may have to use a copy of this return to sausty state reporting	•		
A F	or the	2009 calend	ar year,	or tax year beginning July 1 , 2009, and en	nding J	lune 30	, 20 10
		pplicable	Please	C Name of organization	D Empl	loyer iden	tification number
=	Address c	•	use IRS label or	Greer High School PTSA		57-	0878311
=	Name cha nitial retu	•	print or type.	Number and street (or P O box, if mail is not delivered to street address) Room/	/surte E Telep	phone nun	nber
=	Terminate		See	300 East Gap Creek Road		864	430-1682
Ħ	Amended	return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	up Exem	ption
	\pplicatio	on pending	tions.	Greer, SC 29651		nber ▶	•
	• Sect	tion 501(c)(3)	organiz				✓ Cash
	- 555.			npleted Schedule A (Form 990 or 990-EZ).	Other (specify		
							janization is not
	Vebsit	te:▶ n/a		"			
			abook o	lly one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99		edule B (Form 990,
_		<u> </u>					
	heck			ration is not a section 509(a)(3) supporting organization and its gross receip			
				um is not required, but if the organization chooses to file a return, be sur		lete retui	
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo		\$	52,586.
	art I	•		enses, and Changes in Net Assets or Fund Balances (Se	ee the instru	T . T	or Part I.)
	1			s, grants, and similar amounts received	· · · ·	1	
	2	_		evenue including government fees and contracts		2	
	3	Membersh	ip dues	and assessments		3	210.
	4	Investment	incom	e		4	64.
	5a	Gross amo	unt fro	n sale of assets other than inventory 5a			
	b	Less: cost	or othe	r basis and sales expenses			
_	С	Gain or (los	ss) fron	sale of assets other than inventory (Subtract line 5b from line 5a))	5c	
2	6	Special event	s and act	vities (complete applicable parts of Schedule G). If any amount is from gaming, che	eck here ▶ 🔲		
ě	а	Gross reve	nue (no	t including \$ of contributions			
Revenue		reported or	n line 1				
	ь	Less: direc	t exper	ses other than fundraising expenses 6b			
	С			s) from special events and activities (Subtract line 6b from line 6a	a)	6c	
	7a			entory, less returns and allowances	47,935.		
	ь	Less: cost			25,476.		
	С		_	ss) from sales of inventory (Subtract line 7b from line 7a)	**************************************	7c	22,459.
	8			scribe ► Payment from Insurance Bond	` ` ` ` `	8	4,651.
	9		-	Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	27,384
	10					10	3,000.
	11	Benefits pa	aid to o	for members	$U : \mathcal{U} \cap \mathcal{U}$	11	368.
ø	12	Salaries, of	ther co	npensation, and employee benefits	1861	12	0.
186	13	Profession	al fees	and other payments to independent contractors	191	13	275.
xpenses	14	Occupancy	/. rent	amounts paid (attach schedule)	Mn. 18.	14	0.
M.	15	Printing of	ıblicati	ons, postage, and shipping	<u> </u>	15	16.
	16	Other expe	nses (r	escribe See Other Expense Statement Add lines 10 through 16	TUT	16	16,538.
	17	•		Add lines 10 through 16		17	20,197.
	18			for the year (Subtract line 17 from line 9)	· · · · · ·	18	7,187.
Net Assets	19			balances at beginning of year (from line 27, column (A)) (must	tagree with	10	7,107.
88				reported on prior year's return)	- 1	40	8,643.
Ž.	20	-	_	•		19	
ž	21			net assets or fund balances (attach explanation) balances at end of year. Combine lines 18 through 20		20	0. 15,830.
Ð	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more, the state of the	file Form 000	21 not and	
	ar ve ili		, J1166	(See the instructions for Part II.)	(A) Beginning of		
^~	^	ab ===!==		· · · · · · · · · · · · · · · · · · ·			(B) End of year
22				vestments	8	,643. 2	
23		nd and build	_			0. 23	
24		her assets (d				0. 24	
25		tal assets .			8	,643. 25	
26		tal liabilitie		ribe ►) alances (line 27 of column (B) must agree with line 21)		0. 26	
27	Ne	π assets or	TURE D	grances (line 27 of column (B) must agree with line 21)	ន	.643. 27	15.830

						i ugo 🛋				
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses				
What is the organization's primary exempt purpose? support & enhance high school education (Re										
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise 501										
manner, describe the services provided, the number of persons benefited, and other relevant information for 4947										
each program title.										
28	28 Financing provided to faculty for programs, materials and services to enhance education.									
					1					
					1					
	(Grants \$) If this amount	includes foreign grants, che	ock horo	. ▶ □	28a	7,896				
29	Funding for various student programs including the				200	1,030				
23	activities to promote responsible behavior.	Tradicial Total Reflections C	ontest and alterpro							
	activities to promote responsible behavior.									
	(Grants \$) If this amount	includes foreign grants, ob	ook horo		200	4 647				
20	Financing provided to staff and faculty to enhance s	includes foreign grants, che	eck nere	· • •	29a	1,647.				
30		tudent-teacher relationship.								
	10	:				0.745				
•		includes foreign grants, che	eck nere	<u>. ▶ ⊔</u>	30a	6,715.				
31	Other program services (attach schedule)				.					
		includes foreign grants, che			31a					
	Total program service expenses (add lines 28a t				32	16,258.				
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average		(d) Contribution						
	(a) Name and address	hours per week	(c) Compensation (if not paid,	employee benefit	plans &					
<u> </u>	· · · · · · · · · · · · · · · · · · ·	devoted to position	enter -0)	deferred comper	nsation	other allowances				
	ssi Rawls	President, 8.0 hours			_					
	E Gap Creek Road, Greer, SC 29651		0.		0.	0.				
	yln McMeekin	Vice President, 8.0 hours			_					
	E Gap Creek Road, Greer, SC 29651		0.		0.	0.				
	Wilson	Treasurer, 3.0 hours			_					
	E Gap Creek Road, Greer, SC 29651		0.		0.	0.				
	on Bregg	Secretary, 5.0 hours				_				
3000	E Gap Creek Road, Greer, SC 29651		0.		0.	0.				

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rarı	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			<u> </u>
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	1	✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<del></del>	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			j
	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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ South Carolina			<u> </u>
42a	The organization's books are in care of ▶ Lisa Wilson Telephone no. ▶ 8	364-35	5-570	0
	Located at ▶ 3000 E Gap Creek Road, Greer SC ZIP + 4 ▶	290	551	
b	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		Yes	
	account)?	42b	<b>_</b>	<b>✓</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			,
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_ ✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the apparientian mountain any dense advised funded 15 500 7 5 000		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	ا مم ا		,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		<b></b>
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
				(2000)

Part VI

	and complete the tables for lines 50 a	nd 51.	mable trusts mus	st answer questio	71S 40-	49D				
	Did the organization engage in direct or indirect			r in opposition to	Y	es N	0			
	candidates for public office? If "Yes," complete	·			46		<u>/</u>			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
					48	_   •	_			
	Did the organization make any transfers to an e If "Yes," was the related organization a section		-		49a		_			
	Complete this table for the organization's five h				49b	and k				
	employees) who each received more than \$100	,000 of compensation from	n the organization.	If there is none, en	ter "Non	e."	_y			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex	pense int and				
none	(1831 \$100,000	devoted to position	<del> </del>	deleted compensation	other all	owance	<u> </u>			
				ļ ;						
							_			
							_			
	<u> </u>									
							_			
f	Total number of other employees paid over \$10	0000	<u> </u>	1			—			
51 ′	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors	on. If there is none, enter "I	None."		(c) Compo					
none		· · · · · · · · · · · · · · · · · · ·	(-)		(o) oop.					
					_					
					<del></del>		_			
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		***************************************								
							—			
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				-						
d	Total number of other independent contractors	each receiving over \$100,0	000▶				_			
			·				_			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes of which preparer has a	t of my kn any knowle	owledge edge	;			
Sign	0 . 0			0 11 15			_			
Here	: Mussi Kauls	····	<u></u>	9-4-10						
	Signature of officer		l	Date						
	Type or print name and title	sident			<del></del>					
Paid	Preparer's	Date	Check if	Preparer's identifying num	nber (See ins	structions)	)			
Palo Prepare	signature self-									
Jse On	I Furm's name (or L		EIN	<b>√</b> ►	<del></del>		_			
	address, and ZIP + 4			one no. ▶			_			
May the	e IRS discuss this return with the preparer show	n above? See instructions		▶ 🗀	Yes [	No	_			
				For	ա <b>990-</b>	<b>EZ</b> (200	)9)			

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

#### SCHEDULE A (Form 990 or 990-EZ)

**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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Gre	er H	ligh School F	PTSA						57		0878311	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) S	See instru	ctions.	
The	orga	anization is no	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one bo	x.)		
1	Ŏ	A church, co	nvention of chu	rches, or association	of churc	hes desc	ribed in	section 1	70(b)(1)	(A)(i).		
2		-		on 170(b)(1)(A)(ii). (At								
3				hospital service organ		•		n 170(b)	(1)(A)(iii	).		
4		A medical re	esearch organiza	tion operated in conj						=	I <b>)(A)(iii).</b> Ente	r the
_		-	me, city, and st									
5	_		ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity o	wned or (	operated	by a go	vernmenta	ii unit describ	ed in
6				ernment or governme								
7		-		y receives a substantia	•	its suppo	ort from a	governn	nental ur	nit or from	the general p	ublic
	_			( <b>1)(A)(vi).</b> (Complete F								
8		-		d in <b>section 170(b)(1)</b>		•						
9	Ш	•	-	receives: (1) more th								
				ed to its exempt func								
				ent income and unre						m on tax	) Irom busine	sses
	_	•	•	-				<u>-</u>		•		
10	_	_	-	nd operated exclusive	-	· · · · · · · · · · · · · · · · · · ·	_					
11	V			and operated exclusive blicly supported organ								
				at describes the type								Juon
											-	
_		a ☐ Type		Type II call that the organization		oe III-Fun	-	-			Type III-Oth	
•	Ц			on managers and othe								
			section 509(a)(2)		i tildii oii	c or more	publicly	Supporte	a organ	iizationis at	3011000 111 30	Clion
f				a written determinati	on from	the IPS	that it is	a Type	Type	II or Type	III supportin	
•		_	, check this box		1011 110111	ine ino	mai ii is	a Type	i, Type	ii, or rype	in supportin	
a		-		the organization acce	onted any	 . aift or c	ontributi	on from a	nv of th	 ne		ب
9		following per		the organization door	opiou un,	, girt or o	ornario da	511 110111 0	y O. a.			
				r indirectly controls, e	either alo	ne or too	ether wi	th persor	s descr	ribed ın (ii)	Yes	No
				ning body of the sup							11g(i)	
			-	erson described in (i)							11g(ii)	
				of a person described		(II) above	?				11g(iii)	
h		Provide the	following inform	ation about the suppe	orted org	anization	(s).					
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		Is the	(vii) Amount	of
organization		ganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organization in col (i) organized in the		support	
				(see instructions))	30.000			port?		JS?		
Yes No Yes No												
Greer High School 6												
			57-6000234		✓		<b>✓</b>	<u></u>	✓	ļ	7,	<u>896.</u>
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					-		-	<del> </del>				
				i		,						

**Total** 

7,896.

and stop here. The organization qualifies as a publicly supported organization	(0)(1)(A)(41)	•, and 170(I					(Complete only if you chec	rel
1 Grifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues leved 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 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 (i) Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009  7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sector organization, check this box and stop here  Section C. Computation of Public Support Percentage  4 Public support percentage from 2008 (line 6, column (f) divided by line 11, column (f))  14   Section C. Computation of Public Support Percentage  4 Public support percentage from 2008 Schedule A. Part II, line 14  15   Section C. Support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33/5 % or more, the and stop here. The organization qualifies as a publicly supported organization  b 33/6 support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33/5 % or more, the organization programization qualifies as a publicly supported organization	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<b>,</b>	-			
membership fees received. (Do not include any "unusual grants.")  2  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3  The value of services or facilities furnished by a governmental unit to the organization without charge  4  Total. Add lines 1 through 3  5  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009  7  Amounts from line 4 .  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 IV.)  11  Total support. Add lines 7 through 10  12  Gross receipts from related activities, etc. (see instructions)  13  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sector organization, check this box and stop here  Section C. Computation of Public Support Percentage  14  Public support percentage from 2008 (inc.) Governmental file incoments of the organization of the organization of an other check the box on line 13, and line 14 is 33% % or more, check and stop here. The organization qualifies as a publicly supported organization  15  33% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33% % or more, the box and stop here. The organization qualifies as a publicly supported organization.	09 <b>(f)</b> Total	(e) 2009	(d) 2008	(c) 2007	<b>(b)</b> 2006	(a) 2005	lendar year (or fiscal year beginning in) ▶	Cal
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  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.  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 IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sector organization, check this box and stop here.  8 Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A, Part II, line 14  15 Public support percentage from 2008 Schedule A, Part II, line 14  16 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, obox and stop here. The organization qualifies as a publicly supported organization.							membership fees received. (Do not	1
furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 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.  Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 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 carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 16 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, the organization and stop here. The organization qualifies as a publicly supported organization.							benefit and either paid to or expended on	2
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)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009  7 Amounts from line 4  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 IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A, Part II, line 14  15 Public support percentage from 2008 Schedule A, Part II, line 14  16a 33% % support test—2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, the box and stop here. The organization qualifies as a publicly supported organization							fumished by a governmental unit to the	3
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and stop here. The organization qualifies as a publicly supported organization	<u>%</u>	15			ll, line 14 .	nedule A, Part	Public support percentage from 2008 Sci	15
box and stop here. The organization qualifies as a publicly supported organization	a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							16a
17a 100/ foote and aircumstances test 2000. If the proprietion did not shock a how on line 10, 16a and 16b and	_							b
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part I	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □							17a
<ul> <li>b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instr</li> </ul>	Part IV how the ▶ □	re. Explain in Porganization .	and <b>stop here.</b> cly supported o	check this box a alifies as a public	nstances" test, o organization qua	acts-and-circun inces" test. The	more, and if the organization meets the "forganization meets the "facts-and-circumstate"	

Sched	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checked				1)(2)		·
	tion A. Public Support		<del>-</del>				<del>,</del>
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	organization's tax-exempt purpose						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b					<del> </del>	
_	Public support (Subtract line 7c from			-			
8	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
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 carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for organization, check this box and stop		on's first, seco		_		
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S					15	% %
	ction D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c. cc	olumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20	•	• •	-		18	%
19a	33\% % support tests—2009. If the organism soft more than 33\%, check this b						
b	33% % support tests – 2008. If the organine 18 is not more than 33% %, check this	ization did not s box and <mark>stop</mark>	check a box or here. The orga	n line 14 or line ınızatıon qualific	19a, and line 1 es as a publicly	6 is more than supported orga	33⅓ %, and anization ► □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions ► □

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this I Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
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#### **Greer High School PTSA**

#### 57-0878311

#### Form 990 EZ, Part 1, Line 16 - Other Expenses Statement

Student Activities, teacher grants & appreciation \$16,258.00

Insurance Bond 105.00

Office Supplies <u>175.00</u>

Total Other Expenses \$16,538.00

### Form 990 EZ, Part 1, Line 10 - Grants and Similar Amounts Paid

Grants paid to college scholarships for the following students:

Micah Painter \$1,000.00

Matthew McCullough \$2,000.00

Total Grants Paid \$3,000.00