

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

	For the	2009 calend	dar year, e	or tax year beginning Jul	1 ,20	09, and endin	<b>g</b> Jun			, 2010		
В	Check if a	applicable		C Name of organization		• =		D Employ	er Iden	tification Numb	er	
	Addr	ess change,	Please use IRS label	Greer Christian Le	earning Center	, Inc.		57-1	1059	9261		
	Nam	e change \	or print or type	Number and street (or P O box if	mail is not delivered to stree	t addr) Room/s	uite	E Telepho	one nun	nber		
	Initia	ıl return	See specific	PO Box 2013				(86	4) 8	348-5144		
	Term	nination	Instruc- tions	City, town or country	Sta	ite ZIP code + 4						
	Ame	nded return	}	Greer	S	C 29652-	-2013	G Gross r	eceipts	\$ 174,4	167.	
	$\vdash$	ication pending	F Name a	and address of principal officer				a group retur				No
	, <sub>1,456</sub> ,	roation penaing	1	rice P O Box 2013	Greer	SC 29652		affiliates incl			Yes	No
1	Tax-e	exempt statu			4947(a)(1) or	527	If 'No,'	attach a list	(see in	structions)	_	_
<u>.</u>		site: N/		(6) (3 ) (	13 17 (d)(1) 01	1 1 02,	H(c) Group	exemption ni	umber	<b>&gt;</b>		
K		f organization	X Corpora	ation Trust Association	Other ►	L Year of Format					SC	—
	ral	Summa		ation Trust Association	Outer	L rear or Format	10R 199	0	state of	legal domicile	3 <u>Ç</u>	_
U.C.				ganization's mission or most si	anificant activities	To provi	de Bib	le-has	- A	instruc	tion	
	' '	inchy deseri	be the org	gariization 3 mission or most si	grimeant activities _	10 b10 41	ae_pip	16 Dag	<u>ea</u>	111301 40	C1911	
õ	-											
E	_											· — –
ove.	2 C	heck this bo	x ►	if the organization discontinue	d its operations or dis	posed of more	– – – – – e than 25°	- – – – – % of its as	– – – ssets			. — —
Ğ				bers of the governing body (Pa					3	11		
8	4 N	lumber of inc	dependent	t voting members of the govern	ning body (Part VI, lin	e 1b)			4	11		
¥				yees (Part V, line 2a)					5	<u>                                     </u>		
Activities & Governance				eers (estimate if necessary)					6	36		
•		-		ousiness revenue from Part VII					7a			0.
	D IV	iet unrelated	business	taxable income from Form 99	0-1, line 34		<del>-</del>		7 b			—
							РР	rior Year	<del></del>		nt Year	
ē			_	ts (Part VIII, line 1h)				190,0	97.	1	74,45	<u> </u>
Revenue				ue (Part VIII, line 2g) art VIII, eolumn (A), lines 3, 4,	and 7d)				11.	<del> </del>		12.
Æ				t, column (A), lines 5, 6d, 8c,					<u> </u>		-	LZ.
				nes 8 through (must equal f		ine 12)		190,1	08	1	74,46	<del></del>
				ounts paid (Par X), column (A		1110 12)		18,4		<del>                                     </del>	/ 1 / 1 /	<del>, .</del>
	14 B	enofite pard	". XOZ. "	mamagas (Part 14 Column (A)	Jine 11			10,4	170.	<del>                                     </del>	<del></del>	
		14 Benefits pad to or for members (Par X) column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional (Undial) to less (Part IX, column (A), line 11e)								1	18,70	20
69										<u>+</u>	10,70	<del>50.</del>
Expenses	L											
꿃	l		•	nses (Part IX, column (D), line	· <del></del>	<u> </u>	<u></u>	<u> </u>		<u></u>		
	L	•		X, column (A), lines 11a-11d,				32,3			42,85	
	18 T	otal expense	es Add Iir	nes 13-17 (must equal Part IX,	column (A), line 25)		ļ	<u> 156,3</u>			61,55	
	19 R	levenue less	expenses	s Subtract line 18 from line 12	2		<b>_</b>	33,7	773.	ļ	12,9	<u> 12.</u>
5 8	S	•					Begir	nning of Y	'ear	End o	f Year	
Net Assets or Fund Balancos	20 💆	otal assets (	•	•				320,3	366.	3	34,2	<u>71.</u>
P P	21 🗂	otal liabilitie	s (Part X,	, line 26)					0.		99	<u>91.</u>
	146	et assets or	fund bala	ances Subtract line 21 from lin	ne 20			320,3	366.	3	33,28	<u>30.</u>
PE	16][[	Signati	ure Bloc	¢Κ								
	OE	Under penaltie true, correct, a	s of perjury.	I declare that I have examined this retu Declaration of preparer (other than off	rn, including accompanying s	chedules and stat	ements, and	to the best of	of my kr	nowledge and be	elief, it is	
		true, correct, a	/ 1	/ / / 44	icer) is based on an imorniat	ion or winch prepa	nei nas any					
Siç	ցո		$\sim$	OHE NUL- 1				11-11	/ - /(	<u>/</u>		
не	re	Signature	of difficer	with (10 mg			Da	ite				
	7	<u> </u>	· lere		EASURER							
	SCAN	Type or pr	rint name and	d title								
_						Date		heck if		Preparer's identi see instructions	lying numl	ber
Pa		Preparer's	$\langle$	$\leq \infty$		1.1.1	er	πployed ►	X			
Pro	e- rer's	signature	<u> </u>	7611 ×		11/09/1	9					
ра Us		Firm's name (	or <u>Ste</u>	ven M. Bateman, CP.	A							
On		yours if self- employed),	▶ <u>P.O</u>	. Box 2123			EI	IN ►			_	
	•	address, and ZIP + 4	Gre	er	SC 29	552-2123	Pi	hone no	(86		2048	
Ma	y the IR	S discuss the	ıs retu <u>rn</u> v	with the preparer shown above	<sup>7</sup> (see instructions)	_	_		_	X Yes		No
BA	A For P	rivacy Act a	and Paper	work Reduction Act Notice, s	ee the separate instru	ictions.		TEEA0101	07/2	o/o9 Forn	9 <b>90</b> (2	:009)

		7-1059261	Page 2
Par	Statement of Program Service Accomplishments		
1			
•	To provide Bible-based instruction		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
	Form 990 or 990-EZ?	\_\ <b>`</b>	res X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[	Yes 🗓 No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses Section	501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported	itions to others,	tne total
4 a	a (Code) (Expenses \$118,700. including grants of \$0.) (Reve	nue \$	<u> </u>
	to provide educators to facilitate Bible-based instruction		
	to over 590 middle and high school students		
	(O )	^	
40	(Code) (Expenses \$ 0. including grants of \$ 1,500.) (Reve	nue ទ <u></u>	()
	to provide scholarship assistance to individual(s)		
	who have exemplified a Christian example to assist with		
	their continuing education		
40	c (Code) (Expenses \$20,615. including grants of \$0.) (Reve	nue \$	0.)
	to provide materials for instruction, vehicles for trans-	···	
	portation and compliance with federal and state regulations		
	portation and compitance with reducial and state regulations		
	10th and the Colonia C		
4 d	d Other program services (Describe in Schedule O)		0.
	(Expenses \$ 7,609. including grants of \$ 0.) (Revenue \$		0.)
4 e	e Total program service expenses ► 146, 924.		

	990 (2009) Greer Christian Learning Center, Inc. 57-105926	1	F	age:
Par	t IV Checklist of Required Schedules		1 1/2	
'			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	
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? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
	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			
(	Pold the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	had arrest	X
12/	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	er maga	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
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 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,' complete Schedule G, Part III	19		х

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

1 : Form 990 (2009) Greer Christian Learning Center, Inc. 57-1059261 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х complete Schedule K If 'No, go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L. Part IV Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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PartVStatements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 0 1 a Information Returns Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ы Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Х provided to the payor? 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 required to file Form 8282? 70 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? Х 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a

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Form 990 (2009)

Form 990 (2009)

12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A.	Governing Body and Management				
	-				Yes	No
1 a	Enter the	number of voting members of the governing body	1a 11			
b	Enter the	number of voting members that are independent	1b 11			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	tionship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or uno s, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		Х
4		rganization make any significant changes to its organizational documents	•	4		X
		prior Form 990 was filed?		-		Α.
5	Did the o	rganization become aware during the year of a material diversion of the organization's	s assets?	5		Х
6	Does the	organization have members or stockholders?		6		<u> </u>
7a	Does the	organization have members, stockholders, or other persons who may elect one or mo	ore members of the	7a		x
b	Are any	decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7 b	Tark. A. Mark	X
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaining	aken during the year by			
а	The gove	rning body?		8a	X	
b	Each cor	nmittee with authority to act on behalf of the governing body?		8ь	X	1
9	Is there a	iny officer, director or trustee, or key employee listed in Part VII, Section A, who cann ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	ot be reached at the	9		х
Sect		Policies (This Section B requests information about policies not r	required by the Interna	al		
Reve	nue Code	)				
					Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a		Х
b	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of s ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b		
11	Has the o	organization provided a copy of this Form 990 to all members of its governing body be	fore filing the form?	11	Х	
11 A	Describe	in Schedule O the process, if any, used by the organization to review this Form 990				
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х
b	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests thats?	at could give rise	12b		
С	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	sy? If 'Yes,' describe in	12 c		
13	Does the	organization have a written whistleblower policy?		13		Х
14	Does the	organization have a written document retention and destruction policy?		14		Х
15	Did the p	rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	pproval by independent	1		
		nization's CEO, Executive Director, or top management official		15 a		Х
	_	cers of key employees of the organization		15 b		х
		line 15a or 15b, describe the process in Schedule O (See instructions.)		[		
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar ai ing the year?	rrangement with a taxable	16a		Х
b	If 'Yes,' h	las the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the	o evaluate its participation ne organization's exempt	:		
	status wi	th respect to such arrangements?		16b	<u> </u>	
		Disclosures				
		tates with which a copy of this Form 990 is required to be filed South Carol				
18	inspectio	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply	1 990-T (501(c)(3)s only) av	/ailable	for pu	iblic
	_	website Another's website X Upon request				
	statemer	In Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public				ıal
		name, physical address, and telephone number of the person who possesses the bornce Williams, Jr. 1777 North Highway 101, Greer, S	_	nizatior 864) i		5144
				. <i>= =</i> '='	_ = _	

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee  (A) (B) (c) (D) (E) (F)											
• •	Average	Pos	ition (	-	-	hat appl	W				
Name and Title	hours per week	יטר טורפיג אור ישאנפיפי יטר טורפיג אור	anshintonal trustee	_	g Key amployee	High est connected employee	รู้เลงกล	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Jim Bomar											
VP	3.00	Х						0.	0.	0.	
Joe Price President	3.00	Х						0.	0.	0.	
E. Pierce Williams, Jr.											
Treasurer	3.00	Х						0.	0.	0.	
Jane Patat									-		
Secretary	3.00	Х						0.	0.	0.	
Valerie Bomar											
Asst. Teacher	25.00				Х			16,750.	0.	0.	
Cathy Neely											
Teacher	28.00				Х			31,500.	0.	0.	
Jamı Crisman	.  :										
Counselor	15.00				Х			24,000.	0.	0.	
Judi S Jones	.										
Teacher	10.00				Х			24,575.	0.	0.	
Jonthan P. Gould	-										
Teacher	20.00				Х			13,440.	0.	0.	
	-										
•	<del> </del>				_						
	-										
										- <del></del>	
	-	<b>-</b>						-			
	-										

Part VIII Section A. Officers, Directors, Trus	stees, k	(ey	En	nplo	oye	es,	an	d Highest Con	npensated Em	
· (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per weel		_		_			Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	hours per weel	dividual trustee director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
	-									
	-									
	-									
	-									
	-									
	-									
	-									
	-									
1 b Total							•	110,265.	0	. 0.
2 Total number of individuals (including but not limite from the organization ►	d to thos	e list	ted a	abov	/e) v	vho	rece	ived more than \$	100,000 in reportal	· 
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or truste	e, k	еу е	mple	oye	e, or	r hıgl	hest compensated	l employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	com	pen:	satio	on a	nd o	other elete	compensation fro Schedule J for su	om ch	
<ul> <li>Individual</li> <li>Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch</li> </ul>	ompensa	ation	fror	n ar	ıy u	nrela	ated	organization for s	services	5 X
Section B. Independent Contractors	iedule J	ior s	исп	pers	SON					5   X
Complete this table for your five highest compensation from the organization	ed indep	ende	ent c	contr	acto	ors t	hat i	received more tha	n \$100,000 of	<del></del>
(A) Name and business address	SS							(B) Description of	) of Services	(C) Compensation
2 Total number of advanded and advantage (a. ).	hud = -1 !		٠. ام	Ale -		.04-	d -1-			
2 Total number of independent contractors (including \$100,000 in compensation from the organization >	DUT NOT I	ımıte	ea to	tno	se I	ıstet	a abo	ove) wno received	more tnan	

Form **990** (2009) Greer Christian Learning Center, Inc. 57-1059261 Page 9 Part VIII Statement of Revenue (A) (C) Unrelated (D) Total revenue Related or Revenue exempt business excluded from tax under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS **b** Membership dues 1 b 1 c c Fundraising events d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 174,455 \$ g Noncash contribns included in Ins 1a-1f h Total. Add lines 1a-1f 174,455 PROGRAM SERVICE REVENUE Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and 12 0 0. 12. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events **9a** Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a 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 revenuee Total. Add lines 11a-11dTotal revenue. See instructions

174,467.

0

12

0.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	110,265.	110,265.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,435.	8,435.	0.	0.
11	Fees for services (non-employees)				
	ı Management				
	Legal	405		405	
	Accounting	485.	0.	485.	0.
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees  Other		-		
	Advertising and promotion	1,377.	1,377.	0.	0.
13	Office expenses	1,5//-	1,5//.	· ·	<u>.</u>
14	Information technology				
15	Royalties				
16	Occupancy	12,116.	0.	12,116.	0.
17	Travel	3,912.	3,912.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings	882.	882.	0.	0.
20	Interest				
	Payments to affiliates	350.	350.	0.	0.
	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	8,794.	8,264.	530.	0.
á	Curriculum materials	5,830.	5,830.	0.	0.
ŧ	Contributions	9,109.	9,109.	0.	0.
•	:				
(	j			-	
	9				
	All other expenses	101 555	140 (0)	10.101	
	Total functional expenses Add lines 1 through 24f	161,555.	148,424.	13,131.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Form 990 (2009) Greer Christian Learning Center, Inc. 57-1059261 Page 11 Part X Balance Sheet **(B)** End of year (A) Beginning of year 596. Cash - non-interest-bearing 1 1,590. 2 Savings and temporary cash investments 1,630. 2 621. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net **5** Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10 a 10a Land, buildings, and equipment cost or other basis 332,060. Complete Part VI of Schedule D 10b 318,140. **b** Less accumulated depreciation 10 c 332,060. 11 11 Investments – publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 320,366. 16 334,271. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 0. 25 991. 0. 26 991. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29

Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30

31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances

Total liabilities and net assets/fund balances

320,366. 32 333,280. 320,366. 333,280. 33 320,366. 334,271.

31

BAA

Form 990 (2009)

art XIII Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	d on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single 3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit 3b		

BAA

Form 990 (2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

1 .

**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.

2009

elibraduese Injected

Employer identification number

Gre	er	<u>Christian L</u>	<u>earning Cente:</u>	r, Inc.					57-1 <u>(</u>	05926	<u> </u>			
Par	30	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See <u>ı</u>	<u>nstruct</u>	ions			
The o	orga	nization is not a priv	ate foundation becaus	se it is (For lines 1 through	gh 11, cl	heck onl	y one bo	ox )						
1		A church, convention	on of churches or asso	ciation of churches desci	ribed in :	section	170(b)(1	)(A)(i).						
2		A school described	in section 170(b)(1)(A	XXII). (Attach Schedule E	)									
3	П	A hospital or coope	rative hospital service	organization described in	n <b>sectio</b>	n 170(b)	(1)(A)(ii	i).						
4		· · · · · · · · · · · · · · · · · · ·	•	d in conjunction with a ho				•	b)(1)(A)	(iii) Ente	r the hospi	tal's		
		name, city, and sta		<b>-</b>										
5		An organization open 170(b)(1)(A)(iv). (Control of the control of	erated for the benefit o Complete Part II)	of a college or university	owned o	r operat	ed by a	governr	mental u	nıt descr	ibed in sec	tion		
6				overnmental unit describ										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II )  A community trust described in section 170(bX1XAXvi). (Complete Part II )													
8	$\sqcup$	A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	)								
9	X	from activities relat investment income	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain is taxable income (less s omplete Part III )	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om gro	oss	
10		An organization org	ganized and operated	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4	).					
11		more publicly suppo	orted organizations di	exclusively for the benefit escribed in section 509(a) ation and complete lines	)(1) or s	ection 5	09(a)(2)	ions of, See <b>s</b> e	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one o box th	or nat	
		a 🗌 Type I	<b>b</b> 🔲 Type II	c 🗍 Type III	– Fund	tionally	ıntegrate	ed		d 🗌	Type III-	Other		
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												other tion		
f		If the organization r check this box	received a written dete	ermination from the IRS th	hat is a	Type I, T	Гуре ІІ о	r Type I	II suppo	rtıng org	anızatıon,			
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?	1	· ·		
				ontrols, either alone or to	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)	Yes	_No	
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)			
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)			
h	ı	Provide the following	ng information about th	ne supported organization	ıs									
	(1)	) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of ipport?	(vi) I organizati (i) organi U S	on in collized in the	(vii) Amoun	t of Supp	port	
					Yes	No	Yes	No	Yes	No				
					-		<u> </u>							
	_				<u> </u>				-					
							مسين		اعسون					
Total														

	edule A (Form 990 or 990-EZ) 200					57-105926	
Pai	t II Support Schedule for	•			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)	(vi)
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
	· · · · · · · · · · · · · · · · · · ·		<del></del>				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		•				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu					Ι.	
	Public support percentage for 20			e 11, column (f)		14	%
15	Public support percentage from 2					15	<u>%</u>
16	a 33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, che	eck this box
İ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, ch	neck this box ►
17 a	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this l	oox and stop here	. Explain in Part l	V how
	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this l ation qualifies as	oox and <b>stop here</b> a publicly support	. Explain in Part I led organization	V how the ►
_18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 1/a	or 170, check thi	s box and see ins	tructions -

Schedule A (Form 990 or 990-EZ) 2009 Greer Christian Learning Center, Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2) 57-1059261

(Complete only if you checked the box on line 9 of Part I)													
Sec	Section A. Public Support												
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total						
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	128,461.	113,102.	130,692.	190,097.	174,455.	736,807.						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					į							
3	Gross receipts from activities that are not an unrelated trade or business under section 513												
	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												
7 a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	128,461.	113,102.	130,692.	190,097.	174,455.	736,807.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year												
С	Add lines 7a and 7b				d in the final and blanche 'bi atomics, it is about								
8	Public support (Subtract line												
	7c from line 6) 736, 807.												
Sec	Section B. Total Support												
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total						
	Amounts from line 6	128,461.	113,102.	130,692.	190,097.	174,455.	736,807.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	847.	215.	37.	11.	12.	1,122.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975												
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	847.	215.	37.	11.	12.	1,122.						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and			, third, fourth, or	fifth tax year as a	section 501(c)(3)	737,929. ►						
	tion C. Computation of Pu												
	Public support percentage for 20			13, column (f))		15	99.85%						
	Public support percentage from 2	•			_	16	%						
	tion D. Computation of Inv												
					n (f))	17	0.15%						
18	Investment income percentage fr	om <b>2008</b> Schedule	e A, Part III, line 1	7		18	%						
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this be	ox and stop here.	The organization of	qualifies as a pub	licly supported org	ganization	► <u>X</u>						
	33-1/3 support tests – 2008. If the state of	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	and line 18						
20	Private foundation. If the organiz	zation did not chec	ck a box on line 14	, 19a, or 19b, che	eck this box and se	ee instructions	▶						

Schedule A	(Form 990 or	990-EZ	2009	Greer	Chri	istia	an	Lear	ning	Cen	ter,	Inc.	<u>57-1059</u> 261	Page 4
Partiv	Suppleme	ntal In	format	ion. Con	nplete	this	par	t to p	rovide	the other	expla	nations	57-1059261 required by Part Information. See in	I, line 10;
		C 174 C	,, ,,,,	una r un					- any	01101	uuu		TOTTI GEO II	
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 Attach to Form 990. ► See separate instructions 2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Greer Christian Learning Center, Inc. 57-1059261 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements \$ during the year >

# Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X

170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

conservation easements

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

▶\$			
provide	the	following	

Yes

**≻**\$\_\_\_\_\_

Partill Organizations Mainta				Other Similar Acc		Page Z	
	· · · · ·						
3 Using the organization's acquisition (check all that apply)	on accession and		,	it are a significant use o	of its collection	n	
a Public exhibition		<b>d</b> Loan o	or exchange programs				
b Scholarly research e Other							
c Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No  Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line							
Partive Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	<b>ts</b> Complete if o 90, Part X, line	rganization answere 21.	ed 'Yes' to Form 9	30, Part IV ———	, line 	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary f	or contributions or other	assets not	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the following	g table		Amount		
c Beginning balance				1c	Amount		
d Additions during the year				1d			
				<del> </del>			
e Distributions during the year  f Ending balance							
f Ending balance	mount on Form Of	O Port V June 212		[ 11]	Yes	No	
2a Did the organization include an ail b If 'Yes,' explain the arrangement		o, Fart A, line 21			res	∐ NO	
Part V Endowment Funds Co		nization answer	ad 'Ves' to Form 99	0 Part IV June 10			
Pane V Endowment I ands Co	(a) Current year	(b) Prior year		(d) Three years back	(e) Four ye	are back	
1 a Beginning of year balance	(a) Current year	(b) Filol year	(C) Two years back	(u) Three years back	(e) roul ye	ars back	
0 0 1	<del> </del>						
<b>b</b> Contributions	<del></del>						
c Net Investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance					H		
2 Provide the estimated percentage	of the year end b	alance held as					
<b>a</b> Board designated or quasi-endow	rment >	<del>8</del>					
<b>b</b> Permanent endowment							
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not in organization by	the possession o	of the organization th	nat are held and adminis	tered for the	Yes	No	
(i) unrelated organizations					3a(i)	1	
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations listed	l as required on Sch	edule R?		3b	+	
4 Describe in Part XIV the intended	-	•			1 1		
Part VI Investments—Land, B	<u>-</u> _			line 10.			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book \	√alue	
1a Land		34,778.			3/	1,778.	
<b>b</b> Buildings		203,011.	-			3,011.	
c Leasehold improvements						.,	
d Equipment		14,851.			1,	4,851.	
e Other		79,420.				9,420.	
otal. Add lines 1a through 1e (Column	n (d) must equal F		lumn (B), line 10(c) )			2,060.	
BAA	. Layaot oqual I		(=), 1110 10(0)		lule <b>D</b> (Form 9		

Part VII	Investments-Other Securities See	Form 990, Part X, line	12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial of			
Closely-he	eld equity interests		
Other			
	mn (b) must equal Form 990 Part X, col. (B) line 12 )		
Part VIII	Investments-Program Related (See	Form 990, Part X, lin	e 13)
	(a) Description of investment type	(b) Book value	(c) Method of valuation
		<del>- </del>	Cost or end-of-year market value
		<del>-   </del>	
T-1-1 (0-1-	nn (h) must equal Form 990 Part X Col (R) line 13 )		
Part IX	mn (b) must equal Form 990, Part X, Col. (B) line 13.) • Other Assets (See Form 990, Part X		
Tartix		Description	(b) Book value
	(4)	Description	(b) DOOK Value
	<del></del>		
-			
	and the state of t		
Total. (Co	olumn (b) must equal Form 990, Part X, col (B),	line 15)	<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Par		
<u> </u>	(a) Description of Liability	(b) Amount	
Federal In	come Taxes		=
	l liabilities	991	.]
			_
			_
-			_
-			7
			7
			7
			7
			_
			_
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25)	991	<del>.</del>
		tnote to the organization's fu	nancial statements that reports the organization's liability

Schedule D (Form 990) 2009 Greer Christian Learning Center, Inc.

57-1059261

Page 3

Sche	dule <b>D</b> (Form 990) 2009 Greer Christian Learning Center, I	nc	57-1059261	Page 4
Par	· · · · · · · · · · · · · · · · · · ·	<u>inancial Statement</u>	ts	
1.	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1		<del></del>	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8	. •	<del></del>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		Datum	
	XII   Reconciliation of Revenue per Audited Financial Statement	is with Revenue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements		= 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اموا	] - ]	
	Net unrealized gains on investments  Donated services and use of facilities	2a 2b		
-		20	**************************************	
	Recoveries of prior year grants Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d	_ Zuj	2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines <b>4a</b> and <b>4b</b>	1 40	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	-
	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Return	
	Total expenses and losses per audited financial statements	•	1 1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		<b>多里</b>	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2 b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	
Har	Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part , Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d an	III, lines 1a and 4, Part	IV, lines 1b and 2b, F	Part V,
	nation	a 15 7 450 complete tills	part to provide any a	aditional
				~
				- <b>-</b>

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Schedule **D** (Form 990) 2009

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Schedule <b>D</b> (Form 990) 2009	Greer	Christian	Learning	Center,	Inc	57-1059261	Page 5
Schedule <b>D</b> (Form 990) 2009  PartXIV Supplemental	Informa	ation (continue	e <i>d</i> )				
•						-	
	<del>-</del>						
						<del>-</del>	
						<del>-</del>	
			<del>-</del>				
					. <b></b>		
					= :		
				. <del></del>			
	_						

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

OMB No 1545-0047

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

► Attach to Form 990.

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	Employer identification number
Greer Christian Learning Center, Inc.	57-1059261
Pt_VI-B, Line 11A Form provided to directors at Board meeting for	
review and discussion.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Greer Christian Learning Center, Inc.

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

2009

OMB No 1545-0047

**Employer identification number** 57-1059261

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling entity Indentification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Pard) Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section **(D)** Total income 02/05/10 TEEA5001 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part II

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 57-1059261 Schedule R (Form 990) 2009 Greer Christian Learning Center, Inc.

Page 2

(J)
General or
managing
partner? å Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ŝ Yes (**G)** Share of end-of-year assets (F) Share of total income (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (b) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization 1

			-			
art IV,	(H) Percentage ownership					
es' to Form 990, Pa	( <b>G)</b> Share of end-of-year assets					
<b>a Corporation or Trust</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, Itions treated as a corporation or trust during the tax year.)	Legal domicile Direct Type of entity (C corp, S corp, country)  (C) Type of entity (C corp, S corp, or trust)  (C) Type of entity (C corp, S corp, country)					
e if the organizations	(E) Type of entity (C corp, S corp, or trust)					
rust (Complete	(D) Direct controlling entity					
rporation or T	(C) Legal domicile (state or foreign country)					
axable as a Co	(B) Primary Activity					
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answers Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	<b>(A)</b> Name, address, and EIN of related organization					

Schedule R (Form 990) (2009)

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Pari V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Page 3

57-1059261

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		_	Yes No	
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>	-		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	
d Loans or loan guarantees to or for other organization(s)		1 d		u
e Loans or loan guarantees by other organization(s)		<b>-</b>		•
f Sale of assets to other organization(s)		=		
g Purchase of assets from other organization(s)		19		
h Exchange of assets		14		
i Lease of facilities, equipment, or other assets to other organization(s)		<del>-</del>		
j Lease of facilities, equipment, or other assets from other organization(s)		į-		<b>.</b>
k Performance of services or membership or fundraising solicitations for other organization(s)  I Performance of services or membership or fundraising solicitations by other organization(s)		<del>-</del> -		
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		13		
n Sharing of paid employees		r L		
o Reimbursement paid to other organization for expenses		10	_	
p Reimbursement paid by other organization for expenses		1 0		
		¥1, 1	] ] ] [] ] []	
<b>q</b> Other transfer of cash or property to other organization(s)		٥,	-	
r Other transfer of cash or property from other organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s and transaction thresho	olds ,	_	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1) Blue Ridge HS FCA	ع		500.	•
Daily Bread Mi	ع,		1 166	
	2		.001	
(3) Greer Community Ministries	Q		1,000.	
(4) Greer High FCA	Q		875.	
(5) North Greenville University	q		750.	
(6) See Continuation Sheet for Schedule R-1, Part V				
	Sched	Schedule R (Form 990) (2009)	(2009)	

Schedule R (Form 990) 2009 Greer Christian Learning Center, Inc.

Parking Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	عور
			Yes No		Yes No		Yes	N <sub>o</sub>
		į						
			_					
1								
			_					
	-							
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	n 990) (200	60

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d	Describe	the exempt	purpose ac	hievements t	for each o	of the org	ganization's	other program	n
	services	Section 501	(c)(3) and	(4) organizat	tions and	4947(a)(	(1) trusts ai	re required to	
	report the	e amount of	grants and	allocations t	o others,	the total	expenses,	and revenue,	ıf any, for
	each pro	gram service	e reported						

Code	Description	to provide other non profit affiliates with funds to
Expenses	7,609.	further their mission of promoting Christian ideals
Grants Of	0.	and goals
Revenue	0.	
	_	

Greer Christian Learning Center, Inc. P. O. Box 2013 Greer, S. C. 29652

EIN 57-1059261

### **BOARD OF DIRECTORS / MINISTRY COUNCIL**

Joe Price President 3195 E. Gap Creek Rd Greer, S C 29651 877-4303

Rev. Jim Bomar Vice President 1016 Lakeview Circle Greer, S. C. 29651 877-7195

Jane Patat Secretary 102 Rubiwood Circle Greer, S C 29651

877-9464

c/o Trinity Baptist Church 9920 Fairmont Dr SE Calgary, Alberta T2J OS4 Canada

Rev. Wilson Nelson

E. Pierce Williams Treasurer 1777 Hwy 101 N Greer, S C 29651 877-9464

Roger Sims 118 Leesburg Peak Greer, S C 29651 801-0403

Betty Dennis 108 Aster Dr Greer, S C 29651 879-4402

Chip Sloan 3947 Jordan Rd Greer, S C 29651 895-2738

Linny Moore 3241 Jug Factory Rd Greer, SC 29651

Larry Green 2890 Hwy 357 Greer, SC 29365 Doyle Holliday 2618 N. Hwy 14 Greer, S C 29651 879-3058

Leland Burch 230 Brookwood Dr Greer, SC 29651