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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

	רטו נו	ne zu 13 Calen	uar year, or tax					and endin		n 30		, 2014	
В	Check	f applicable	C Name of organi	zation Gr	eer Chr	ristian L	earning C	enter,	Inc.	D Employ	er identi	ification Number	
	A	ddress change	Doing Business							57-1	059	261	
	∏ _N	ame change	Number and str	eet (or POb	ox if mail is not	delivered to street	address)	Room/s	suite	E Telepho	ne numb	er	
		ıtıal return	PO Box 20	13						(864	1) 8	48-5144	
	H-,	erminated			e, country, and	ZIP or foreign posta	al code						
	н	nended return	Croon				SC	29652-	2012	G Gross re	oounte	\$ 234,90	~
	Н		Greer F Name and add		al officer:		<u> </u>	29032-		is a group return			11
	∐^4	oplication pending	i						1 - 1			⊢	-
			Joe Price		Box 201			29652	If 'No	all subordinates i o,' attach a list (s	ee instr	uctrons)	, Пио
<u> </u>	Tax-	exempt status	X 501(c)(3)	501(c) ()◀	(insert no)	4947(a)(1) or	527			_		
J	We	bsite: ► N/	Α						H(c) Grou	up exemption nur	nber 🏲	•	
K	Fom	of organization	X Corporation	Trust	Association	n Other ►	LY	ear of formation	on 19	96 M s	tate of le	gal domicile S(3
Pa	rt I	Summar		I			· · · · · · · · · · · · · · · · · · ·			•			
	1		e the organizat	on's missi	on or most s	significant activ	vities To	provi	de Bı	ble-base	ed i	nstructio	<u></u>
4.		•	J			J	===	. F=					
Governance											:		. – – – –
<u>na</u>											:		. – – – –
Æ	2	Check this bo	x ► If the		n discontin	ued its operati	one or disposed	of more t	 han 25%	of its net as	eete		. – – – –
පි	3		ting members of								3		15
∘ర	4		dependent voting	•	• • •		•				4		15
Activities &	5		of individuals er	-	_		•				5		
₹	6		of volunteers (e								6		36
₹	7a		ed business reve		- ,						7a		0.
7			business taxab								7b		
									1	Prior Year		Current \	
	8	Contributions	and grants (Par	t VIII line	1b)				_	208,6	15		1,696.
R	9		ice revenue (Pa							200,0	45.	234	, 030.
Revenue	10	-	come (Part VIII,								64.		210
8	11		e (Part VIII, colu	•	•	-					04.		210.
_	12		e (Fait Viii, coid e — add lines 8 t				•			200 0	00	22/	
									_+	208,9	09.		1,906.
	13		milar amounts p	' - '	-	-			-				500.
	14	•	to or for member	-	= -				-				400.
Ø	15	Salaries, other	er compensation	, employe	e benefits (F	Part IX, column	(A), lines 5-10)	·	153,6	83.	158	3,618.
Expenses	16 a	Professional t	fundraising fees	(Part IX, c	olumn (A), i	line 11e)			.				
ē	Ь	Total fundrais	ing expenses (F	art IX. col	umn (D). lin	e 25) ►		0.	1.1443	好意的特点	34.1	写真 医纸	and Maria
ŭ													
	17		es (Part IX, colu	,						47,9			858.
	18		es. Add lines 13				line 25)		٠ 📙	201,6			5 <u>,376.</u>
 8	19	Revenue less	expenses Sub	tract-line-1	-8-from-line-	12			•	7,2	87.		3,530.
150 O						8			Begin	ning of Currer	t Year	End of Y	ear
Net Asset: Fund Balar	20		Part X, line 16)		! .% 4. 21	914. JY:				481,7	92.	510),322.
4 E	21	Total liabilities	s (Part X, line 26	i) . <u>[</u>							0.		0.
ŽΞ	22	Net assets or	fund balances	Subtract In	ne 21-from	line 20			.	481,7	92.	510	322.
Ps	irt II	Signatui	re Block	<u> </u>	- 1 - 3 : 0 p				<u> </u>				
1.47				upod this retai	muncluding ac	companying schedi	les and statements	and to the he	et of my kn	nowledge and hel	of it is t	Tue correct and	
com	plete D	eclaration of prepar	clare that I have examer (other than officer)	is based on	Il information of	f which preparer ha	s any knowledge	and to dio bo	St Of Hily Kil	iowicago and boi	ioi, it is t	rue, correct, and	
				Cu LJUI									
O:.		Signatu	ire of officer	TY	/ \ .					Date			
Sig	jn			prcp V	101:11:	\ <u></u>	100	4 SURE	2	11-	- 17	-14	
He	re	Type of	r print name and title	۲۰۲۶	Willia	MS 01	/^c/	7 7 01 - 01			<u>/></u>		
			·					TE :				DTIN	
		Print/Type p	oreparer's name		Preparer's	signature		Date		Check 2	Χ if	PTIN	
Pa	id	Steve	n M. Batem	an	0	1100	\sim	11/07	114	self-employe	ed	P0053439	3
	epar	er Firm's name	> Steve	n M. B	ateman,	CPA							
	e Or			Box 21						Firm's EIN	57	-1024829	
i			Greer				SC 2965	2-2123		Phone no	(86		48
Mar	the !	RS discuss thi	s return with the	nrenarer	shown abov	/e? (see instru				1. 1.0110 110	,,,,,,,	. X Yes	No
IAIC	, uio i		· · · · · · · · · · · · · · · · · · ·	PIOPOIGI	CITOTTII ADUN	・しょ とうして ロコラビリ						· 47 69	1 110

Form	990 (2013) Greer Christian Learning Center, Inc.	57-1059261	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · ·	x
1	Briefly describe the organization's mission:		
	To provide Bible-based instruction		
2	Did the organization undertake any significant program services during the year which were not listed on the	DUOT	
_	Form 990 or 990-EZ?	_	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	s? Yes	X No
	If Yes,' describe these changes on Schedule O.	الما	
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported.	as measured by expense t of grants and allocations	es. s to
4 a		Revenue \$	0.)
	to provide educators to facilitate Bible-based instruction		
	to over 590 middle and high school students		
		-	
	-		
4 b		Revenue \$	<u> </u>
	to provide building maintenance, utilities, insurance and upkeep	,	
	for the facility where instruction is held for education and		
	counseling		
4 0		Revenue \$	0.)
	to provide materials for instruction, vehicles for trans- portation and compliance with federal and state regulations	-	
	Politation and compitance with leaderst and bedde required on		
			~~
		_ 	
4 0	Other program services (Describe in Schedule O)		<u> </u>
	(Expenses \$ 9,865. including grants of \$ 0.) (Revenue \$	0.)
4 e	Total program service expenses ► 197, 448.		

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	_	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VII	11 b		х
	c 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	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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 (see instructions)	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		x
19	complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	Х
	b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь	<u> </u>	

Х

Х

Х

Х

35b

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Form 990 (2013) Greer Christian Learning Center, Inc. 57-1059261 Page 4 Pare IV Checklist of Required Schedules (continued) Yes No Х 21 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 X 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 24d d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person dunng the year? If Yes, complete Schedule L, Part I 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Х If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N. Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Parts II, III, IV, Х Х 35a

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b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2013) Greer Christian Learning Center, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V	· · · · · · ·	• •	· · · Yes	· No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٥٢		res	NO
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		i	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	x	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	· · · · ·	16		
ments, filed for the calendar year ending with or within the year covered by this return				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	_		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	<u></u>	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4 a		Х
b If Yes,' enter the name of the foreign country		ı	ł	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	-			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u></u>	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_	5 b		X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?	[6 a		Х
b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 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	-	7 a		X
services provided to the payor?	-	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	⊢	- 1		
Form 8282?	<u> </u>	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	[7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			1	ı
	-	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	Old the			
holdings at any time during the year?	· · · · · ·	8		Х
9 Sponsoring organizations maintaining donor advised funds.	<u> </u>			Х
a Did the organization make any taxable distributions under section 4966?	· · · · · · -	9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	-	9Ь		
a Initiation fees and capital contributions included on Part VIII, line 12		.	.	l I
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1		
11 Section 501(c)(12) organizations. Enter			.*	l.
a Gross income from members or shareholders		. [Ĺ
b Gross income from other sources (Do not net amounts due or paid to other sources		- 4	'	
against amounts due or received from them.)		12a		
		124		
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year		•		
a Is the organization licensed to issue qualified health plans in more than one state?	<u> </u>	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.	-			
b Enter the amount of reserves the organization is required to maintain by the states in	-	3	, ,	İ
which the organization is licensed to issue qualified health plans		4	<u>,</u> ,	
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?	[14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b		

Part VI 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?.................. 8 a Х 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х a The organization's CEO, Executive Director, or top management official X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X b If Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > South Carolina Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization Greer (864) 848-5144 Form 990 (2013)

Form 990 (2013		Christian				57-1059261	Page 7
Part VII Co	mpensatio	n of Officers Contractors	, Directors,	Trustees,	Key Employees,	Highest Compensated Employe	ees, and
Ch	eck if Schedule	O contains a re	sponse or note	to any line in	this Part VII		<u> L</u>

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 organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization r	nor any rela	ated o	rgan			ompe	nsat	ed any current officer,	director, or trustee	
(A) Name and Title	(B) Average	one bo	x, uni æran	ess p	, heck erson	more the	an)	(D) Reportable compensation from the granuzation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Joe Price	3.00									
President		<u>x</u> _						0.	0.	<u> </u>
(2) Doyle Holliday VP	_3.00	x						0.	0.	0.
(3) E. Pierce Williams, Jr.	3.00									
Treasurer		Х					L.	0.	0.	0.
_(4) Jane_Patat Secretary	3.00	x						0.	0.	0.
(5) Valerie Bomar	25.00									
Asst. Teacher					X		<u> </u>	16,850.	0.	0.
_(6) Kathy Neely	28.00									
Teacher	<u> </u>	<u> </u>			X		<u> </u>	31,600.	0.	0.
(7) Louise Rogers Counselor	15.00				Х			12,100.	0.	0.
	20.00				Х			27,175.	0.	0.
(9) Jonthan P. Gould Teacher	20.00				х			19,300.	0.	0.
(10) Allison Skinner Teacher	20.00				х			4,367.	0.	0.
(11) Linda Forthaus Counselor	15.00				х			12,100.	0.	0.
(12) Lauren A Boone Teacher	15.00				X			21,100.	0.	0.
(13) Patricia Snyder Teacher	10.00				х			2,725.	0.	0.
(14) Roger Sims Director	1.00	х						0.	0.	0.

(A) Name and title	(B) Average hours per	(do	not c	Posities pe	tion more rson i	than o	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F	;) ated
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compens from organize and rel organize	sation the ation ated
(15) Chip Sloan Director	1.00	x						0.	0.		0.
(16) Betty Dennis	1.00										
Director (17) Linny Moore	1.00	X						0.	0.		0.
Director		x						0.	0.		0.
(18) Leland Burch Director	1.00	х						0.	0.		0.
(19) Rev Marcus Buckley	1.00							_			•
C20) Rev Wilson Nelson	1.00							0.	0.		0.
Director (21) Shelli Wilburn	1.00	X		-	-			0.	0.		0.
Director	100	Ίχ			1			0.	0.		0.
(22) Michael Cantrell Director	1.00	₩						0.	0.		0.
(23) Wes Kissinger	1.00	1									
Director		X	_	ļ	ļ		<u> </u>	0.	0.		0.
(24) Keisha Smith Director	1.00							0.	٥.		0.
(25)									<u> </u>		
1 b Sub-total			٠.	٠.	,	• •	>	147,317.	0.		0.
c Total from continuation sheets to Part VII, Section							•				
d Total (add lines 1b and 1c)							eive	147,317. d more than \$100,	0.000 of reportable co	 mpensatior	0. n
3 Did the organization list any former officer, director,	or truetos	a ko	v em	nlov	(00	or he	ahos	et compansated en	nnlovee	Y	es No
on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a, is the sum of repo	<i>lividual</i> ortable co		 ensa	tion	 and	 othe	 r co			. 3	X
the organization and related organizations greater the such individual				• •	• •	•••	• •			. 4	Х
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensat <i>mplete S</i>	ion fi Sched	rom : dule	any <i>J foi</i>	unre r suc	elated ch pe	rsor	ganization or indivi	dual · · · · · · · · · · · · · · · · · · ·	. 5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indepe	nder	nt co	ntra	ctors	that	rec	eived more than \$	100,000 of		
compensation from the organization Report compen	sation fo	r the	cale	enda	r ye	ar en	dıng	with or within the	organization's tax ye		
(A) Name and business addres	ss	_						Description of	of services	(C) Compens	ation
		_									
2 Total number of independent contractors (including to \$100,000 of compensation from the organization	out not lin	nited	to th	hose	list	ed at	ove) who received mo	ore than		

Form 990 (2013) 57-1059261 Greer Christian Learning Center, Inc. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) Total revenue Related or Unrelated Revenue business excluded from tax exempt function revenue under sections 512-514 revenue CONTRIBUTIONS, GIFTS, GRANTS
AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns 1 b **b** Membership dues 1 c c Fundraising events 1 d d Related organizations e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . . . 234,696 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 234,696 PROGRAM SERVICE REVENUE Business Code f All other program service revenue . . . Investment income (including dividends, interest and 210 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) (ı) Secunties (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) 8 a Gross income from fundraising events **OTHER REVENUE** (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 9 a Gross income from gaming activities See Part IV, line 19. **b** Less direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory

BAA

Miscellaneous Revenue

Total revenue. See instructions

TEEA0109 07/08/13

234,906

210

Form 990 (2013)

Partix Statement of Functional Expenses

	ot include amounts reported on lines b, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,500.	1,500.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				1. 15
4	Benefits paid to or for members	400.	400.		
5	Compensation of current officers, directors, trustees, and key employees	147,317.	147,317.	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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	11,301.	11,301.	0.	0.
11	Fees for services (non-employees):				-
а	Management	120.	120.	0.	0.
b	Legal				
c	Accounting	485.	0.	485.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
-	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,739.	1,739.	0.	0.
13	Office expenses	3,638.	0.	3,638.	0.
14	Information technology	1,423.	0.	1,423.	0.
15	Royalties				
16	Occupancy	17,819.	17,819.	0.	0.
17	Travel	7,043.	7,043.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,145.	720.	425.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Curriculum materials	2,581	2.581.		0.
	Contributions	9,865	9.865.	0.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	206,376.	200,405.	5,971.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		:		

33

510,322.

510,322. Form **990** (2013)

481,792

Balance Sheet Beginning of year End of year 1 97 100. 2 131,0<u>63</u>. 102,536. 2 3 3 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 10 a b Less accumulated depreciation 10b 10 c 379,159 379,159. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 16 481,792 510,322 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 25 n 0 26 26 Total liabilities. Add lines 17 through 25....... 0 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐and complete lines 27 through 29, and lines 33 and 34. ASSETS 27 27 28 28 29 29 Q R Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. FUND 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 481,792 510,322.

Total net assets or fund balances.

For	n 990 (2013) Greer Christian Learning Center, Inc. 5	7-1059261	Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> <u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	234,906.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	206,376.
3	Revenue less expenses Subtract line 2 from line 1	. 3	28,530.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	481,792.
5	Net unrealized gains (losses) on investments	. 5	
6	Donated services and use of facilities	1 - 1	
7	Investment expenses	. 7	
8	Prior period adjustments	- 8	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
722.423	column (B)).	· 10	510,322.
Ha	Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed c separate basis, consolidated basis, or both:	n a	
	Separate basis Consolidated basis Both consolidated and separate basis		
	b Were the organization's financial statements audited by an independent accountant?		2 b X
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
	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?	audit,	2 c
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gl e 	3a X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Б
BAA	1		Form 990 (2013)

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.

OMB No 1545-0047 2013

والثابًا ما سعوف سالمعروسا

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Gree	er	<u>Christian Lea</u>	rning Center,	Inc.					57-10	59261	<u> </u>		
Parl		Reason for Publ	ic Charity Status	(All organizations r	nust co	mplet	e this p	art.) S	ee inst	ruction	S.		
he o	gan	ization is not a private	foundation because if	is: (For lines 1 through 1	11, check	only or	ne box)						
1	\prod	A church, convention of	of churches or associa	ition of churches describe	ed in sec	tion 17	0(b)(1)(A	۸)(i).					
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	П	A hospital or a cooper	ative hospital service	organization described in	section	170(b)	(1)(A)(iii)).					
4	ᆖ			conjunction with a hospi					1)(A)(iii)	Enter th	e hospital's		
	ш	name, city, and state:	5	,,					-,(,(,		.ooopo		
5	П		ted for the benefit of a	college or university own	ned or or	erated	by a gov	ernmen	tal unit d	escribed	in section		
6		A federal, state, or loc	al government or gove	emmental unit described	ın sectic	n 170(t)(1)(A)(\	<i>(</i>).					
7	in section 170(b)(1)(A)(vi). (Complete Part II.)												
8				(b)(1)(A)(vi). (Complete	Part II)								
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	Ш	An organization organ	ized and operated exc	clusively to test for public	safety. S	See sec	tion 509	(a)(4).					
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I b	Type II c	Type III — Function	ally integ	rated	c	i 🗍 '	Type III -	- Non-fu	nctionally in	tegrate	ed
0	ш	By checking this box, other than foundation section 509(a)(2)	I certify that the organ managers and other the	zation is not controlled d nan one or more publicly	rectly or supporte	indirected organ	ly by one	or mor describ	ed in sec	lified per tion 509	rsons (a)(1) or		
f		If the organization reco	eived a written determ	ination from the IRS that	ıs a Typ	e I, Type	ellorTy	pe III su	pporting	organiza	ation,		. П
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntributior	from a	ny of the	followir	ng persor	ıs?		1.	
		(i) A person who di	rectly or indirectly con	trols, either alone or toge orted organization?	ther with	person	s describ	oed in (i	ı) and (ııı)	11 g (i)	Yes	No
		, ,		d in (ı) above?							44 ~ (ii)		<u> </u>
											. 11 g (ii)		<u> </u>
				scribed in (i) or (ii) above							11 g (iii)		
<u>h</u>				supported organization(s)	1		т						
		(I) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) Is organiza column (I) your gov docum	ition in listed in reming	(v) Did you the organiz column (I) suppo	zation in of your	(vi) is organiza colum organized U S	ation in in (I) d in the	(vii) Amount sup	t of mone port	etary
					Yes	No	Yes	No	Yes	No			
A)		;	•										
					T		1 -						
B)													
C)]					
					<u> </u>				 				
D)													
							 						
E)													
- ,													
Total													
							J		(

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on lii	ie 5, 7, or 8 of Part I or if the organization	n failed to qualify unde	r Part III If the
organization fails to qualify under the tests I	sted below, please complete Part III)		

Sec	tion A. Public Support		-		T	···	
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities 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				<u> </u>		
Sec	tion B. Total Support				Т- :	1	r
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						▶ 🔲
	tion C. Computation of Pu						
	Public support percentage for 201	•					<u>%</u>
15	Public support percentage from 20)12 Schedule A, P	art II, line 14			15	%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization d qualifies as a publi	id not check the bo cly supported orga	x on line 13, and the nization	the line 14 is 33-1/3	3% or more, check	this box
t	33-1/3% support test — 2012. If t and stop here. The organization of						
17 a	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	i-circumstances' tes	st, check this box	and stop here. Ex	plain in Part IV how	/
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' tes st The organization	st, check this box n qualifies as a pu	and stop here. Exp blicly supported org	plain in Part IV how ganization	/ the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons · · · · ▶ ∐
BAA			-		Sc	hedule A (Form 99	0 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
_	any 'unusùal grants ')	174,455.	202,664.	295,928.	208,645.	234,906.	1,116,598.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
	•	174 455	000 664	005 000	000 645	224 224	
	Total. Add lines 1 through 5	174,455.	202,664.	295,928.	208,645.	234,906.	1,116,598.
t	a 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						
c	Add lines 7a and 7b			-			
	Public support (Subtract line 7c from line 6)				· · · · · · · · · · · · · · · · · · ·		1,116,598.
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	174,455.	202,664.	295,928.	208,645.	234,906.	1,116,598.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12.	3.	253.	264.	210.	742.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	12.	3.	253.	264.	210.	742.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12)	174,467.	202,667.	296,181.	208,909.	235,116.	1,117,340.
14	First five years. If the Form 990 is organization, check this box and s	for the organization	n's first, second, th	ord fourth or fifth	tax year as a sect	on 501(c)(3)	
Sec	tion C. Computation of Pul						
15	Public support percentage for 2013						99.93 %
16	Public support percentage from 20	12 Schedule A, Pa	rt III, line 15			16	99.95 %
Sec	tion D. Computation of Inv					<u> </u>	
	Investment income percentage for)	17	0.07 %
18	Investment income percentage from		= =	. ,		├	0.05 %
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization di	d not check the bo	x on line 14, and li on qualifies as a p	ine 15 is more than	n 33-1/3%, and line	17
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	the organization di	d not check a box	on line 14 or line 1	9a and line 16 is a	more than 33-1/3%	. and
20	Private foundation. If the organization	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see ii	nstructions	▶ 📋

Schedule A	(Form 990 or 990-	EZ) 2013 G	reer Chris	<u>tian Learnin</u>	g Center,	Inc.	57-1059261	Page 4
Part IV	Supplementa or 17b; and Pa (See instruction	I Information art III, line 12.	. Provide the Also complet	explanations re e this part for an	quired by Pa y additional	art II, line 10; information.	Part II, line 17a	
				·				
	·				· -			
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		. 		. 			- -	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Gre	er Christian Learning Center,	Inc.		57-1059261
Part	Organizations Maintaining Donoi	r Advised Funds or Oth	er Similar Fund	is or Accounts.
	Complete if the organization answe	red 'Yes' to Form 990, P	art IV, line 6.	
		(a) Donor advised t	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		LL_	
5	Did the organization inform all donors and donor a are the organization's property, subject to the organization	advisors in writing that the asse anization's exclusive legal cont	ets held in donor advirol?	ised funds
6	Did the organization inform all grantees, donors, a for chantable purposes and not for the benefit of t impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or f	at grant funds can be or any other purpose	e used only e conferring Yes No
Par	Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recre	eation or education)	Preservation of a	in historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation co	ontribution in the form	n of a conservation easement on the
	last day of the tax year.			Hold of the Ford of the Toy Voor
_	Total number of conservation easements			Held at the End of the Tax Year
	Total acreage restricted by conservation easement			2 a
	Number of conservation easements on a certified			
d	Number of conservation easements included in (o structure listed in the National Register	c) acquired after 8/17/06, and n	ot on a historic	2 d
3	Number of conservation easements modified, trar tax year ►			he organization during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard and enforcement of the conservation easements	ding the periodic monitoring, in	spection, handling o	f violations,
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, and enforcing conservat	tion easements durin	g the year
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?			70(h)(4)(B)(ı) · · · · · · · · · · · · · · · · Yes
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in its e organization's financial state	s revenue and expen ments that describes	se statement, and balance sheet, and the organization's accounting for
Par	conservation easements	ctions of Art, Historical ered 'Yes' to Form 990. F	Treasures, or C	Other Similar Assets.
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	AS 116 (ASC 958), not to repo	ort in its revenue stat	ement and balance sheet works of rtherance of public service, provide,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items:	FAS 116 (ASC 958), to report in public exhibition, education,	n its revenue stateme or research in furthe	ent and balance sheet works of art, rance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, lin			
	(ii) Assets included in Form 990, Part X			▶\$
	If the organization received or held works of art, hamounts required to be reported under SFAS 116	6 (ASC 958) relating to these it	ems [,]	
	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

		an Learning Ce		57-105		Page 2		
Pant Maint	aining Colle	ections of Art, Hist	orical Treasures,	or Other Similar Ass	sets (contin	nued)		
3 Using the organization's acquisition items (check all that apply).	on, accession, a				s collection			
a Public exhibition		-	or exchange programs	3				
b Scholarly research		e [_] Other	·					
4 Provide a description of the organ Part XIII								
5 During the year, did the organizat to be sold to raise funds rather the	an to be mainta	ined as part of the orgar	nization's collection?		Yes	No		
Parसि Escrow and Custodi line 9, or reported an a	al Arrangen amount on F	orm 990, Part X, lin	ne organization al e 21.	nswered Yes to Form	. 990, Part I	IV, 		
1 a Is the organization an agent, trust on Form 990, Part X?					Yes	No		
b If 'Yes,' explain the arrangement in	n Part XIII and	complete the following to	able.		Amount			
c Beginning balance				1c				
d Additions during the year								
Distributions during the year								
f Ending balance				16	 			
2 a Did the organization include an a				L	Yes	No		
b If 'Yes,' explain the arrangement								
Par®♥ Endowment Funds.	Complete if t	the organization ans	swered 'Yes' to Fo	rm 990. Part IV. line 1	<u>O</u> .			
Lindownion Lindo.	(a) Current				(e) Four ye	ars back		
1 a Beginning of year balance	(a) ourrain	<u> </u>	(0) 1110 Junio 1	(a) moo jeans saan	1 (4)			
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships	-				-			
e Other expenditures for facilities and programs								
f Administrative expenses					-			
g End of year balance		-			_			
2 Provide the estimated percentage		vear end halance (line 1	α column (a)) held as		I			
a Board designated or quasi-endov		year end balance (iii le 1	g, column (a)) noid as					
b Permanent endowment	**************************************	<u> </u>						
c Temporarily restricted endowmer) Q						
,								
The percentages in lines 2a, 2b,		•						
3 a Are there endowment funds not in	n the possessio	n of the organization tha	it are held and adminis	stered for the	Yes	No		
organization by (i) unrelated organizations						140		
(i) unrelated organizations (ii) related organizations					3a(i) 3a(ii)			
, ,						-		
b If 'Yes' to 3a(ii), are the related or	-				. 3b	. L		
4 Describe in Part XIII the intended			runas.					
Land, Buildings, and Complete if the organ			990. Part IV. line	11a. See Form 990. P	art X. line 1	0.		
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book			
1 a Land			220.0 (00.01)	305/30/40/1	3	4,778		
b Buildings						3,080		
c Leasehold improvements						-,		
d Equipment					1	8,001		
e Other			 			3,300		
Total. Add lines 1a through 1e (Column			Imp (R) line 10(a))					
·	ıı (u) must equa	ai r'uiiii 990, r'art A, COIL	ини (Б), шів 10(С).)			9,159.		
BAA				Sche	dule D (Form !	55U) ZU 1.		

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tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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Reconciliation of Revenue per Audited Financial Statements With Revenue per R	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recovenes of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
RantXIIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional and the complete the part to provide any additional and the part to provide	onal information.
·	
BAA	Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013	Greer	Christian	Learning	Center, I	nc.	 57-1059261	l Page 5
Part XIII	(Form 990) 2013 Supplementa	Inform	ation (continu	ed)	·			
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Schedule D (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Rublic

Employer Identification number

Greer Christian Learning Center, Inc.	57-1059261
Pt_VI, Line 19Website and newsletters indicate that copy is	
avaılable upon request.	
Pt VI, Line 11b Form is provided to directors at Board meeting f	or
review and discussion.	
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'Greer	Christian	Leaming	Center.	Inc.

57-1059261

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

Describe the organization's program service accomplishments for each of its three largest program
services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to
report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
each program service reported.

Code:	Description:	to provide other non profit affiliates with funds to
Expenses	9,865.	further their mission of promoting Christian ideals
Grants Of	0.	and goals
Revenue.	0.	