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# SCANNED JAN 2 7 2015

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 09/01/13, and ending Check if applicable D Employer identification number C Name of organization GREATER COLUMBIA EDUCATIONAL Address change 13-4239656 ADVANCEMENT FOUNDATION Name change Number and street (or P O box, if mail is not delivered to street address) Initial return E Telephone number PO BOX 9462 803-600-1957 Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending COLUMBIA Number > Check ► X if the organization is not Accounting Method X Cash Accrual Other (specify) ▶ required to attach Schedule B Website: ► N/A Tax-exempt status (check only one)  $\longrightarrow$   $\mathbf{X}$  501(c)(3)  $\bigcirc$  501(c)( 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) ) (insert no ) X Corporation Trust Form of organization Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 110,862 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 16,807 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7b Less. cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 8 Other revenue (describe in Schedule O) 8 110,862 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 6,472 12 Salaries, other compensation, and employee benefits 12 1.335 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 101,561 16 Other expenses (describe in Schedule O) 16 109,368 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 1,494 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 63,666 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 65,160 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2013)

15631 01/13/2015 3 46 PM Form 990-EZ (2013) GREATER COLUMBIA EDUCATIONAL 13-4239656 Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 63,666 22 65,160 0 23 23 Land and buildings 0 24 24 Other assets (describe in Schedule O) 63,666 25 65,160 25 Total assets 26 26 Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21)

21 Net assets of fund balances (line 27 of column (b) must agree				<del> </del> -	
Part III Statement of Program Service Accom					Expenses
Check if the organization used Schedule O to	o respond to any	question in this Part		7 .	quired for section
What is the organization's primary exempt purpose?				1 '	(c)(3) and 501(c)(4)
See Schedule O				1	inizations and section
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describ				1	7(a)(1) trusts; optional
persons benefited, and other relevant information for each program		vided, the number of		lord	others)
				<del> </del>	<del> </del>
28 COSTS OF BASKETBALL TOURNAMENT AND SCHOLARSH	IPS AWARDED				
(Grants \$ ) If this amount includes	foreign grants, che	ck here	▶ 🗍	28a	100,160
29					<u> </u>
(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>&gt;</b>	29a	<del></del>
30					
			<b>~</b> [		
(Grants \$ ) If this amount includes	foreign grants, che	ck nere	<u> </u>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes	foreign grants, che	ck here	▶ □	31a	
(Grants \$ ) If this amount includes  32 Total program service expenses (add lines 28a through 31a				32	100,160
Darf M List of Officers, Directors, Trustees, and Key E	mplovees (list eac	h one even if not compe	nsated — see th		
Check if the organization used Schedule O to resp		on in this Part IV (c) Reportable	(d) Heath bei	nefite	
(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to e benefit plans deferred compe	employee , and	(e) Estimated amount of other compensation
GARY FULMER					
EX. DIRECTOR	4.00	0		0	
SEE ATTACHED LISTING - NONE ARE PAID					
DIRECTORS	0.00	0		0	(
			ļ		
				1	
	I	1	I		1

GREATER COLUMBIA EDUCATIONAL

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	motivations for vary of one or with organization and orga		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		X
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	350		<b></b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		-	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶; section 4912 ▶, section 4955 ▶		•	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		x
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		-
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
ŭ	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ GARY FULMER Telephone no ▶ 803	8-60	0-1	957
	1824 SATURN LANE	200		
	2000/03 8/ 7 6020/22:	209		<del></del>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> </u>
	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.			1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
_	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			.,
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>  ^-</del>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		<del> </del>
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		<u> </u>	
	Form 990-EZ (see instructions)	45b	_	X
DAA		orm <b>99</b>	0-EZ	(2013)

Type or print name and title Print/Type preparer's name Date Burn & Ldn Check self-employed P00000847 Barry S. Laban 57-0560534 Firm's name Rogers Laban PA Firm's EIN 1919 Bull St Firm's address Phone no 803-779-5870 29201 Columbia, SC

Form **990-EZ** (2013)

Yes No

Paid

Preparer

Use Only

May the IRS discuss this return with the preparer shown above? See instructions

### 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.

2013

Open to Public Inspection

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.

GREATER COLUMBIA EDUCATIONAL Employer iden

Reason for Public Charity Status (All organizations must complete this part ) See instructions.

ADVANCEMENT FOUNDATION

 Employer identification number 13-4239656

2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)										
3	$\sqcap$		or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П	A medical re	esearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and stat												
5		An organizati	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ental un	t descr	ibed in				
	_	section 170(	b)(1)(A)(iv). (Complete Part	II)										
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A	\)(v).							
7		An organizati	on that normally receives a	n that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in	section 170(b)(1)(A)(vi). (C	ection 170(b)(1)(A)(vi). (Complete Part II )										
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)									
9	X	An organizati	ion that normally receives (	1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbersh	p fees,	and gro	oss			
	_	receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (	2) no mo	re than	33 1/39	% of its				
		support from	gross investment income ai	nd unrelated business taxable in	come (le	ss section	1 511 tax	k) from b	ousines	ses				
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III	1)							
10		An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 5	09(a)(4).	i						
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	r to carr	y out the	е				
		purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2). See	sectior	1			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	omplete li	nes 11e	through	11h					
		a Type	i b Type II	c Type III–Function	ally integr	ated	d	] Тур	e III–No	on-funct	tionally	ıntegrate	ed	
е		By checking t	this box, I certify that the org	anization is not controlled direc	tly or ındıı	ectly by o	one or m	ore disc	jualified	persor	ns			
		other than for	undation managers and other	er than one or more publicly sup	ported or	ganızatıoı	ns descr	ibed in s	section	509(a)(	1)			
		or section 50	` ' ' '											
f				rmination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting					_
		-	check this box				-							
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne							
		following per										_		
				ontrols, either alone or together	with perso	ons descr	ibed in (	ii) and					Yes	No
		• •	w, the governing body of the	• • •								11g(i)		
		• •	member of a person describ	• •								11g(ii)		
		• •	•	described in (i) or (ii) above?								11g(iii)		
<u>h</u> _				he supported organization(s)	[6.11.6									
(1)	•	e of supported janization	(II) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	(VI) organizat	ls the	(vii)	(vii) Amount of monetary support		
	0, 8	jui ii zation		above or IRC section	governing document?		col (i) of your		r (i) organized in the			заррог	•	
				(see instructions))	Yes	No	Yes	oort?	Yes	S?				
					res	NO	res	No	res	No				
(A)														
(B)				<del></del>	<del> </del>		<del>-</del>							
D)														
(C)				·	·		<del> </del>		<u> </u>					
C)						1			ĺ					
(D)					<del> </del>		<del> </del>		<del> </del>					
-,						]								
(E)				<del> </del>					<u> </u>					
				· · · · · · · · · · · · · · · · · · ·	1									

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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 line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<b></b>			
Calen	dar year (or fiscal year 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 "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		<b>,</b>				
	tion B. Total Support			<u> </u>			
Caler	dar year (or fiscal year beginning 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				<u>]</u>		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the		t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	12 1(c)(3)	
	organization, check this box and stop her						<b>&gt;</b>
Sec	tion C. Computation of Public Su					1	
14	Public support percentage for 2013 (line 6			nn (f))		14	<u> </u>
15	Public support percentage from 2012 Scho			40	22.4/20/	15	<u></u> %
16a	33 1/3% support test—2013. If the organ				33 1/3% of more, (	cneck this	▶ □
	box and stop here. The organization qual 33 1/3% support test—2012. If the organ	nes as a publicly s	supported organiza	ation 3 or 163, and line	15 is 33 1/3% or m	nore.	
b	check this box and stop here. The organiz	zation qualifies as	a publicly support	ed organization			▶ 🗌
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	s the "facts-and-c	rcumstances" test	t, check this box a	nd stop here. Expl	laın ın	▶ 🗆
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	meets the "facts-a	and-circumstances	s" test, check this	box and stop here	•	▶ □
18	Private foundation. If the organization distinstructions	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and s	ee	<b>&gt;</b> [

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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	<u> </u>					
Caler	ndar year (or fiscal year 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 "unusual grants")	5,710	21,174	20,809	19,382	16,807	83,882
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	76,800	84,227	93,231	85,019	94,055	433,332
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	82,510	105,401	114,040	104,401	110,862	517,214
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sac	tion B. Total Support				t	L	517,214
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	82,510	105,401	114,040	104,401	110,862	517,214
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<del></del>
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 lines 9, 10c, 11,						
	and 12)	82,510	105,401	114,040	104,401	110,862	517,214
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	, secona, tnira, tot	orm, or martax year	as a section 50 h	(C)(3)	▶ □
Sec	tion C. Computation of Public Su		age		<del></del>		
15	Public support percentage for 2013 (line 8,			n (f))		15	100.00%
16	Public support percentage from 2012 Scho		•			16	100.00%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2013 (li	ne 10c, column (f)	divided by line 13	, column (f))		17	%_
18	Investment income percentage from 2012					18	<u>%</u>
19a	33 1/3% support tests—2013. If the organ						<b>⊾</b> 👽
<b>.</b>	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2012. If the organ		_				► X
b	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		_				<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2013 GREATER COLUMBIA EDUCATIONAL

13-4239656

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions).

**SCHEDULE 0** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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. Employer identification number

ADVANCEMENT FOUNDATION

13-4239656

Form 990-EZ, Part I, Line 16 - Other Expenses

GREATER COLUMBIA EDUCATIONAL

Description	Amount				
Expenses					
		\$	8,793		
Information Technology		\$	900		
Conferences/Meetings		\$	451		
SCHOLARSHIPS		\$	14,000		
TOURNAMENT EXPENSES		\$	76,103		
INSURANCE		\$	1,054		
SUNDRY		\$	210		
TAXES AND LICENSES		\$	50		
	Total	\$	101,561		

Form 990-EZ, Part III - Primary Exempt Purpose SPONSOR HOLIDAY BASKETBALL TOURNAMENT AND AWARD SCHOLARSHIPS

## Greater Columbia Educational Advancement Foundation (GCEAF) Board of Directors Mailing Addresses

Chuck Sanders – GCEAF Chairman of the Board 33 Olde Springs Road Columbia, SC 29223

Lynne Moore – GCEAF Member At-Large 44 Golden Spur Lane Blythewood, SC 29016

Aaron Jackson – GCEAF Treasurer Chick-fil-A at Decker Blvd. 2600 Decker Blvd. Columbia, SC 29206

Brian Smith – GCEAF Member At-Large 75 Avian Trail Columbia, SC 29206

Dennis Powell – GCEAF Member At-Large Dwyer Capital Mortgage, LLC 121201 Main St. Suite 2100 Columbia, SC 29201

David Ewing – GCEAF Member At-Large Callison Tighe & Robinson, LLP 1812 Lincoln Street, Suite 200 Columbia, SC 29201

Louis McElveen – GCEAF Member At-Large 1407 Cambridge Lane Columbia, SC 29204

Michael Tucker – GCEAF Member At-Large 601 East Springs Road Columbia, SC 29223

Randal Gary – GCEAF Member At-Large 104 Camberley Ct Columbia, SC 29223

Carey Rich – GCEAF Member At-Large 1310 Oakcrest Drive #1112 Columbia, SC 29223

Kelvin Wymbs – GCEAF Member At-Large 332 Foxsquirrel Circle Columbia, SC 29209