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Form **990**Department of the Treasury
Internal Revenue Service**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

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning**and ending****B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

CLUB OF HEARTS, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

241 RALPH MCGILL BLVD. BIN 10230

Room/suite

City or town, state or country, and ZIP + 4

ATLANTA, GA 30308

F Name and address of principal officer: JEFF A. PETREA

241 RALPH MCGILL BLVD. BIN 10240, ATLANTA, GA

D Employer identification number

58-6056698

E Telephone number

404-506-3030

G Gross receipts \$

838,304.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ N/A**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1954**M State of legal domicile:** GA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AN EFFECTIVE MEANS FOR EMPLOYEES/RETIRES TO DONATE TO HEALTH AND HUMAN SERVICES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 902,990.	Current Year 835,553.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,786.	2,751.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	906,776.	838,304.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	902,990.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	902,990.	835,553.	
19 Revenue less expenses. Subtract line 18 from line 12	3,786.	2,751.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 266,170.	End of Year 295,107.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	266,170.	295,107.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	JEFF A. PETREA, ASSISTANT TO SR. VICE PRESIDENT	5/11/11
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶ CHERRY, BEKAERT & HOLLAND, LLP	Date 05/04/11
	Firm's address ▶ 1029 GREENE STREET AUGUSTA, GA 30901	Firm's EIN ▶
	Phone no 706-724-3557	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16 if

SCANNED JUN 16 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission

CLUB OF HEARTS, INC. (COH) IS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN 1953. COH WAS ORGANIZED AND OPERATES EXCLUSIVELY FOR CHARITABLE PURPOSES. COH IS COMPRISED OF EMPLOYEES, RETIREES, AND OFFICERS OF GEORGIA POWER AND SOUTHERN COMPANY IN THE METROPOLITAN

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code:) (Expenses \$ 780,860. including grants of \$) (Revenue \$)
- THE CLUB OF HEARTS PROVIDES GRANTS TO CHARITABLE ORGANIZATIONS. GRANTS WERE MADE TO 160 AGENCIES.**

- 4b (Code:) (Expenses \$ 54,693. including grants of \$) (Revenue \$)
- THE EMPLOYEE EMERGENCY FUND PROVIDES FUNDS FOR EMPLOYEES, RETIREES AND THEIR DEPENDENT FAMILY MEMBERS, WHO ARE EXPERIENCING A FINANCIAL HARDSHIP, RESULTING FROM A CATASTROPHIC EVENT (I.E. DEATH IN FAMILY, FIRE, TORNADO OR OTHER ACT OF NATURE) OR SERIOUS ILLNESS. FUNDS WERE MADE TO 17 EMPLOYEES.**

- 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

- 4e Total program service expenses
- 835,553.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐ Yes ☒ No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
d	If "Yes," indicate the number of Forms 8822 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted 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

17 List the states with which a copy of this Form 990 is required to be filed **GA**

18 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.

☐ Own website ☒ Another's website ☐ Upon request

19 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JEFF A. PETREA - 404-506-3030**
241 RALPH MCGILL BLVD, BIN 10230, ATLANTA, GA 30308

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	835,553.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			835,553.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,751.			2,751.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
		9 a	Gross income from gaming activities See Part IV, line 19	a				
	b		Less: direct expenses	b				
	c		Net income or (loss) from gaming activities					
	10 a		Gross sales of inventory, less returns and allowances	a				
		b	Less: cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			838,304.	0.	0.	2,751.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 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	780,860.	780,860.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	54,693.	54,693.		
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				
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				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	835,553.	835,553.	0.	0.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	241,762.	2	265,986.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,408.	15	29,121.
16 Total assets. Add lines 1 through 15 (must equal line 34)	266,170.	16	295,107.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	159,396.	27	162,147.
	28 Temporarily restricted net assets	106,774.	28	132,960.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	266,170.	33	295,107.	
34 Total liabilities and net assets/fund balances	266,170.	34	295,107.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	838,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	835,553.
3	Revenue less expenses Subtract line 2 from line 1	3	2,751.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	266,170.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	26,186.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	295,107.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other **MODIFIED CASH**
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?
- 2b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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 on a separate basis, consolidated basis, or both
☒ 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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLUB OF HEARTS, INC

Employer identification number

58-6056698

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(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 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 - Functionally integrated
 - 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 other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	985,491.	963,745.	1036746.	903,990.	835,553.	4725525.
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	985,491.	963,745.	1036746.	903,990.	835,553.	4725525.
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						4725525.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	985,491.	963,745.	1036746.	903,990.	835,553.	4725525.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,548.	10,083.	7,522.	3,786.	2,751.	45,690.
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						4771215.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.04 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.85 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLUB OF HEARTS, INC

Employer identification number

58-6056698

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

	(a) Donor advised 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		
5 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
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an 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 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ► \$

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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance

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

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ 0.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM J K GROUP	29,121.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	
	29,121.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	838,304.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	835,553.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,751.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	26,186.
9	Total adjustments (net). Add lines 4 through 8	9	26,186.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	28,937.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	982,218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	143,914.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	143,914.
3	Subtract line 2e from line 1	3	838,304.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	838,304.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	979,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	143,914.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	143,914.
3	Subtract line 2e from line 1	3	835,553.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	835,553.

Part XIV Supplemental Information

Complete this part to 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, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: CLUB OF HEARTS, INC (COH) IS RECOGNIZED AS A

CHARITABLE ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL CODE (THE "CODE") WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO INCOME TAX. COH CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. MANAGEMENT BELIEVES THAT COH CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX- EXEMPT ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2010.

Part XIV Supplemental Information *(continued)***PART XI, LINE 8 - OTHER ADJUSTMENTS:**

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	26,186.
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLUB OF HEARTS, INC

Employer identification number
58-6056698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF ATLANTA, INC.		501(C)(3)	14,745.	0.			
21ST CENTURY LEADERS		501(C)(3)	477.	0.			
A FRIEND'S HOUSE		501(C)(3)	773.	0.			
AFRICA'S CHILDREN'S FUND		501(C)(3)	970.	0.			
AID ATLANTA, INC.		501(C)(3)	5,236.	0.			
ALZHEIMER'S DISEASE & RELATED DISORDERS, INC. - ATLANTA, GA		501(C)(3)	20,606.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

160.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, GEORGIA DIVISION - ATLANTA, GA		501(C)(3)	28,859.	0.			
AMERICAN DIABETES ASSOCIATION, INC. - ATLANTA, GA		501(C)(3)	20,287.	0.			
AMERICAN HEART ASSOCIATION, INC		501(C)(3)	22,267.	0.			
AMERICAN RED CROSS, COWETA CHAPTER		501(C)(3)	84.	0.			
AMERICAN RED CROSS, METRO ATLANTA CHAPTER - ATLANTA, GA		501(C)(3)	5,229.	0.			
AMERICAN SUDDEN INFANT DEATH SYNDROME INSTITUTE		501(C)(3)	2,008.	0.			
AMYTROPIC LATERAL SCLEROSIS ASSOCIATION OF GEORGIA, INC. - ATLANTA, GA		501(C)(3)	6,296.	0.			
ANGEL FLIGHT OF GEORGIA, INC.		501(C)(3)	8,644.	0.			
ANOTHER WAY OUT LHA		501(C)(3)	540.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION - GEORGIA CHAPTER		501(C)(3)	2,932.	0.			
ATLANTA ALLIANCE ON DEVELOPMENTAL DISABILITIES - ATLANTA, GA		501(C)(3)	535.	0.			
ATLANTA CARE CENTER		501(C)(3)	4,892.	0.			
ATLANTA CHILDREN'S SHELTER		501(C)(3)	1,812.	0.			
ATLANTA COMMUNITY FOOD BANK		501(C)(3)	3,432.	0.			
ATLANTA DAY SHELTER FOR WOMEN AND CHILDREN, INC. - ATLANTA, GA		501(C)(3)	9,385.	0.			
ATLANTA HABITAT FOR HUMANITY		501(C)(3)	5,621.	0.			
ATLANTA LEGAL AID SOCIETY		501(C)(3)	118.	0.			
ATLANTA UNION MISSION LHA		501(C)(3)	8,875.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA URBAN LEAGUE		501(C)(3)	50.	0.			
AUDITORY VERBAL CENTER OF ATLANTA		501(C)(3)	391.	0.			
BIG BROTHERS BIG SISTERS OF METRO ATLANTA - ATLANTA, GA		501(C)(3)	1,647.	0.			
BLACK CHILD DEVELOPMENT INSTITUTE ATLANTA - ATLANTA, GA		501(C)(3)	1,071.	0.			
BOY SCOUTS, ATLANTA COUNCIL		501(C)(3)	4,837.	0.			
BOY SCOUTS, FLINT RIVER COUNCIL		501(C)(3)	6,028.	0.			
BOY SCOUTS, NORTHEAST GEORGIA COUNCIL		501(C)(3)	3,804.	0.			
BOYS & GIRLS CLUBS OF METRO ATLANTA - ATLANTA, GA		501(C)(3)	1,511.	0.			
BRAIN TUMOR FOUNDATION FOR CHILDREN LHA		501(C)(3)	2,719.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY CHILDREN'S HOME, INC.		501(C)(3)	8,659.	0.			
CALVARY REFUGE CENTER		501(C)(3)	150.	0.			
CAMP SUNSHINE, INC.		501(C)(3)	9,999.	0.			
CANINE ASSISTANTS, INC.		501(C)(3)	18,635.	0.			
CARRIE STEELE-PITTS HOME		501(C)(3)	1,634.	0.			
CASA FOR CHILDREN		501(C)(3)	805.	0.			
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ATLANTA - ATLANTA, GA		501(C)(3)	5,769.	0.			
CENTER FOR BLACK WOMEN'S WELLNESS		501(C)(3)	25.	0.			
CENTER FOR FAMILY RESOURCES LHA		501(C)(3)	1,849.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE VISUALLY IMPAIRED		501(C)(3)	693.	0.			
CHEROKEE CHILD ADVOCACY COUNCIL		501(C)(3)	436.	0.			
CHEROKEE DAY TRAINING CENTER		501(C)(3)	84.	0.			
CHEROKEE FAMILY VIOLENCE CENTER		501(C)(3)	144.	0.			
CHEROKEE LEARNING CENTER		501(C)(3)	220.	0.			
CHILDREN'S HEALTHCARE SYSTEM OF ATLANTA FOUNDATION, INC. - ATLANTA, GA		501(C)(3)	53,212.	0.			
CHILDREN'S VILLAGE AT CHRISTIAN CITY, THE		501(C)(3)	9,752.	0.			
CHRIS KIDS		501(C)(3)	1,620.	0.			
CLAYTON COUNTY AGING PROGRAM LHA		501(C)(3)	135.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAYTON COUNTY FAMILY CARE		501(C)(3)	75.	0.			
COBB COUNTY CENTER FOR CHILDREN & YOUNG ADULTS		501(C)(3)	1,025.	0.			
COMMUNITIES IN SCHOOLS OF ATLANTA		501(C)(3)	584.	0.			
COMMUNITIES IN SCHOOLS OF DOUGLAS COUNTY		501(C)(3)	289.	0.			
COMMUNITY WELCOME HOUSE		501(C)(3)	1,409.	0.			
COWETA COUNCIL ON AGING		501(C)(3)	966.	0.			
COWETA COUNTY SPECIAL OLYMPICS		501(C)(3)	819.	0.			
COWETA ORGANIZATION FOR RIDING, REHAB, & LEARNING, INC - NEWNAN, GA		501(C)(3)	4,210.	0.			
CREATE YOUR DREAMS LHA		501(C)(3)	506.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS COMMUNITY MINISTRIES		501(C)(3)	3.	0.			
CURE CHILDHOOD CANCER & LEUKEMIA, INC. - ATLANTA, GA		501(C)(3)	7,455.	0.			
DECATUR COOPERATIVE MINISTRY		501(C)(3)	1,075.	0.			
DECATUR RECREATION DEPARTMENT		501(C)(3)	336.	0.			
DIABETES ASSOCIATION OF ATLANTA		501(C)(3)	2,202.	0.			
DOUGLAS COUNTY RETARDATION ASSOCIATION		501(C)(3)	835.	0.			
DOUGLAS SENIOR SERVICES		501(C)(3)	486.	0.			
DRAKE HOUSE, THE		501(C)(3)	371.	0.			
DREAM HOUSE FOR MEDICALLY FRAGILE CHILDREN, INC. - LILBURN, GA LHA		501(C)(3)	4,543.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLE RANCH, INC.		501(C)(3)	34,233.	0.			
EDUCATION		501(C)(3)	623.	0.			
EMPTY STOCKING FUND		501(C)(3)	4,182.	0.			
EXCEPTIONAL OPS		501(C)(3)	742.	0.			
FAMILIES FIRST		501(C)(3)	809.	0.			
FAMILY PROMISE OF GWINNETT COUNTY		501(C)(3)	128.	0.			
FAYETTE SAMARITANS		501(C)(3)	2,108.	0.			
FAYETTE SENIOR SERVICES		501(C)(3)	861.	0.			
FAYETTE YOUTH PROTECTION HOME LHA		501(C)(3)	1,964.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREVER FAMILY		501(C)(3)	340.	0.			
FRIENDS OF DISABLED ADULTS AND CHILDREN		501(C)(3)	1,853.	0.			
GATEWAY 24/7 HOMELESS SERVICE CENTER		501(C)(3)	105.	0.			
GEORGIA BAPTIST CHILDREN'S HOME & FAMILY MINISTRIES, INC. - PALMETTO, GA		501(C)(3)	39,503.	0.			
GEORGIA CENTER FOR CHILD ADVOCACY		501(C)(3)	2,082.	0.			
GEORGIA POWER FAMILY HOUSE, INC.		501(C)(3)	11,616.	0.			
GEORGIA SHERIFFS' YOUTH HOMES, INC. - STOCKBRIDGE, GA		501(C)(3)	5,469.	0.			
GIRL SCOUT COUNCIL OF GREATER ATLANTA - ATLANTA, GA		501(C)(3)	6,934.	0.			
GIRLS INCORPORATED OF GREATER ATLANTA - ATLANTA, GA LHA		501(C)(3)	1,260.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL OF NORTH GEORGIA		501(C)(3)	70.	0.			
GWINNETT CHILDREN'S SHELTER		501(C)(3)	3,950.	0.			
GWINNETT UNITED IN DRUG EDUCATION (GUIDE)		501(C)(3)	1.	0.			
HEALTH		501(C)(3)	30.	0.			
HENRY COUNTY COUNCIL ON CHILD ABUSE		501(C)(3)	415.	0.			
HI-HOPE SERVICE CENTER, INC.		501(C)(3)	5,337.	0.			
HILLSIDE HOSPITAL		501(C)(3)	526.	0.			
HOMELESSNESS		501(C)(3)	221.	0.			
INCOME LHA		501(C)(3)	264.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CAREER SERVICES		501(C)(3)	900.	0.			
JOSEPH SAMS SCHOOL		501(C)(3)	422.	0.			
JUVENILE DIABETES RESEARCH FOUNDATION - GA CHAPTER		501(C)(3)	282.	0.			
JUVENILE JUSTICE FUND		501(C)(3)	4.	0.			
LATIN AMERICAN ASSOCIATION		501(C)(3)	1,112.	0.			
LEUKEMIA & LYMPHOMA SOCIETY, INC., GEORGIA CHAPTER - ATLANTA, GA		501(C)(3)	7,907.	0.			
LINK COUNSELING CENTER		501(C)(3)	454.	0.			
LITERACY ACTION, INC.		501(C)(3)	3,000.	0.			
MARCH OF DIMES-GA CHAPTER LHA		501(C)(3)	5,573.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCUS AUTISM CENTER		501(C)(3)	1,784.	0.			
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA - ATLANTA, GA		501(C)(3)	211.	0.			
MARY HALL FREEDOM HOUSE		501(C)(3)	15.	0.			
MEN STOPPING VIOLENCE		501(C)(3)	6,548.	0.			
MUSCULAR DYSTROPHY ASSOCIATION		501(C)(3)	2,999.	0.			
MUST MINISTRIES		501(C)(3)	4,438.	0.			
NATIONAL KIDNEY FOUNDATION OF GEORGIA		501(C)(3)	4,819.	0.			
NATIONAL MULTIPLE SCLEROSIS SOCIETY-GEORGIA CHAPTER - ATLANTA, GA		501(C)(3)	13,492.	0.			
NEWMAN-COWETA ASSOC FOR RETARDED CITIZENS (NCARC/RUTLEDGE) LHA		501(C)(3)	60.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWMAN-COWETA HABITAT FOR HUMANITY		501(C)(3)	269.	0.			
NORTH FULTON COMMUNITY CHARITIES		501(C)(3)	376.	0.			
NORTH GEORGIA ANGEL HOUSE		501(C)(3)	3,844.	0.			
OUR HOUSE		501(C)(3)	60.	0.			
PARENT TO PARENT OF GEORGIA		501(C)(3)	360.	0.			
PARTNERSHIP AGAINST DOMESTIC VIOLENCE		501(C)(3)	687.	0.			
PAUL ANDERSON YOUTH HOME		501(C)(3)	5,755.	0.			
PAULDING COLLABORATIVE FOR CHILDREN AND FAMILIES		501(C)(3)	130.	0.			
PLANNED PARENTHOOD OF GEORGIA LHA		501(C)(3)	645.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CHILD ABUSE ROCKDALE		501(C)(3)	59.	0.			
PROJECT OPEN HAND - ATLANTA		501(C)(3)	2,858.	0.			
QUALITY CARE FOR CHILDREN		501(C)(3)	1.	0.			
RAINBOW HOUSE		501(C)(3)	5,891.	0.			
REECE CENTER FOR HANDICAPPED HORSEMANSHIP		501(C)(3)	4,193.	0.			
RIGHT IN THE COMMUNITY		501(C)(3)	1,598.	0.			
ROCKDALE EMERGENCY RELIEF FUND		501(C)(3)	1,347.	0.			
SAFEPATH CHILDREN'S ADVOCACY CENTER		501(C)(3)	1,951.	0.			
SAINT JOSEPH'S MERCY CARE SERVICES LHA		501(C)(3)	299.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY		501(C)(3)	10,132.	0.			
SAMARITAN HOUSE OF ATLANTA		501(C)(3)	336.	0.			
SCOTTDALÉ CHILD DEVELOPMENT CENTER		501(C)(3)	1,020.	0.			
SENIOR CITIZEN SERVICES OF METROPOLITAN ATLANTA - ATLANTA, GA		501(C)(3)	410.	0.			
SHELTERING ARMS EARLY EDUCATION AND FAMILY CENTERS		501(C)(3)	1,297.	0.			
SHEPHERD CENTER, INC.		501(C)(3)	8,773.	0.			
SICKLE CELL FOUNDATION OF GEORGIA, INC. ATLANTA, GA		501(C)(3)	10,064.	0.			
SOUTHWEST FOUNDATION HOSPICE & HOPE CENTER - UNION CITY, GA		501(C)(3)	4,567.	0.			
ST. JUDE CHILDREN'S RESEARCH HOSPITAL LHA		501(C)(3)	13,287.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE'S RECOVERY CENTER		501(C)(3)	685.	0.			
STEPPING STONES EDUCATIONAL THERAPY CENTER, INC. - GRIFFIN, GA		501(C)(3)	7,643.	0.			
SWEETWATER VALLEY CAMP		501(C)(3)	600.	0.			
TEENS AT WORK		501(C)(3)	5.	0.			
THE EDGE CONNECTION INC/COLES COLLEGE OF BUSINESS		501(C)(3)	563.	0.			
U S O COUNCIL OF GEORGIA		501(C)(3)	959.	0.			
UNITED CEREBRAL PALSY OF GEORGIA		501(C)(3)	1,964.	0.			
UNITED METHODIST CHILDREN'S HOME		501(C)(3)	15,406.	0.			
UNITED WAY 2-1-1 LHA		501(C)(3)	742.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY COMMUNITY IMPACT FUND		501(C)(3)	129,496.	0.			
VISION REHABILITATION SERVICES		501(C)(3)	425.	0.			
WELLSTAR FOUNDATION		501(C)(3)	4,190.	0.			
WINSHIP CANCER INSTITUTE		501(C)(3)	2,840.	0.			
YMCA OF METROPOLITAN ATLANTA		501(C)(3)	11,412.	0.			
YMCA - BUTLER STREET		501(C)(3)	954.	0.			
YMCA OF GREATER ATLANTA		501(C)(3)	3,622.	0.			
YMCA OF NORTHWEST GEORGIA		501(C)(3)	905.	0.			
YOUTH PRIDE LHA		501(C)(3)	233.	0.			

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE EMERGENCY FUND DISTRIBUTIONS	17	54,693.	0.		

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information
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SCHEDULE I, PART I, LINE 2: SEE SCHEDULE O

SEE SCHEDULE O

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLUB OF HEARTS, INC

Employer identification number

58-6056698

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELATED, NONDISCRIMINATORY CHARITABLE ORGANIZATIONS AS WELL AS TO AN
EMERGENCY FUND FOR CURRENT AND RETIRED GEORGIA POWER AND SCS- GEORGIA
EMPLOYEES AND THEIR DEPENDENT FAMILY MEMBERS WHO ARE EXPERIENCING A
FINANCIAL HARDSHIP DUE TO A CATASTROPHIC EVENT OR ILLNESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ATLANTA AREA AND PROVIDES THEM A MEANS TO DONATE TO HEALTH AND HUMAN
SERVICES-RELATED ORGANIZATIONS AS WELL AS MEET EMERGENCY NEEDS OF
CURRENT AND RETIRED EMPLOYEES OF THE COMPANIES. ALL OF THE
CONTRIBUTIONS AND DONATIONS RECEIVED BY COH ARE GIVEN TO CHARITIES,
EMPLOYEES, AND RETIREES IN NEED.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE RETURN WAS
DISTRIBUTED TO THE 11 BOARD MEMBERS THRU E-MAIL. A BOARD MEETING WAS
CONDUCTED ON MAY , 2011 FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: CLUB OF HEARTS, INC FOLLOWS
GEORGIA POWER COMPANY'S CONFLICT OF INTEREST AND WHISTLEBLOWER'S POLICY.
EACH YEAR ALL SOUTHERN COMPANY EMPLOYEES ARE REQUIRED TO PARTICIPATE IN AN
ANNUAL COMPLIANCE SURVEY THAT IS ADMINISTERED BY E-MAIL. ALL EMPLOYEES MUST
ADHERE TO THE SOUTHERN COMPANY CODE OF ETHICS AND COMPLETE THE COMPANY'S
ANNUAL CODE OF ETHICS TRAINING BY INTERNET. THE COMPLIANCE AND ETHICS
DEPARTMENT MONITORS AND ENFORCES THE POLICY BY REVIEWING SURVEY RESULTS AND
INVESTIGATING ANY POSSIBLE WRONGDOINGS.

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FORM 990, PART VI, SECTION C, LINE 18: CLUB OF HEARTS, INC POSTS ITS 990 RETURN ON ANOTHER'S WEBSITE AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 26,186.

FORM 990, PAGE 12, PART XI, LINE 1

MODIFIED CASH METHOD

ORGANIZATION USES THE CASH METHOD TO RECORD THE ACTIVITIES, EXCEPT ACCRUAL METHOD TO RECORD GRANT PAYABLES, AND GRANT RECEIVABLES.

FORM 990, PAGE 12, PART XI, LINE 2B AND 2C

THE ORGANIZATION'S FINANCIAL STATEMENT AUDITED BY AN INDEPENDENT ACCOUNTANT
THE ORGANIZATION HAS A WORKING AUDIT COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, OF ITS FINANCIAL STATEMENTS,
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, SCHEDULE I

GUIDELINE FOR CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND
ELIGIBILITY:

ELIGIBLE INDIVIDUALS INCLUDE GEORGIA POWER AND SOUTHERN COMPANY
SERVICES-GEORGIA EMPLOYEES, RETIREES, AND DEPENDENT FAMILY MEMBERS OF
ALL THE FOREGOING WHO ARE EXPERIENCING A FINANCIAL HARDSHIP, RESULTING

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FROM A CATASTROPHIC EVENT OR SERIOUS ILLNESS AS DEMONSTRATED BY DATA SET FORTH IN THE APPLICATION.

- EMPLOYEES MUST BE REGULAR, FULL-TIME OR PART-TIME EMPLOYEES.
- RETIREES MUST HAVE ATTAINED AGE 50 (AGE 55 PRIOR TO 1/1/96) AND HAVE A MINIMUM OF 10 YEARS OF SERVICE UNDER THE SOUTHERN COMPANY PENSION PLAN AT THE TIME OF RETIREMENT FROM GEORGIA POWER OF SCS-GEORGIA. IN ADDITION, ELIGIBLE INDIVIDUALS MUST HAVE TERMINATED EMPLOYMENT IN GOOD STANDING AS DETERMINED BY THE COMPANY AND BE IN PENSION-PAYMENT STATUS WHEN THE EEF REQUEST IS FILED.

- DEPENDENT FAMILY MEMBERS INCLUDE ONLY THOSE AS DEFINED BY SOUTHERN COMPANY'S MEDICAL GUIDELINES. THESE INDIVIDUALS INCLUDE:

- SPOUSE (INCLUDES SURVIVING SPOUSE OF ACTIVE OR RETIRED EMPLOYEES AND PROVISIONAL PAYEES).

- UNMARRIED CHILDREN- WHO ARE DEPENDENT UPON YOU FOR FINANCIAL SUPPORT -ARE ELIGIBLE UNTIL THE END OF THE MONTH THEY REACH AGE 23. DEPENDENT CHILDREN INCLUDE YOUR NATURAL CHILDREN, LEGALLY ADOPTED CHILDREN FROM THE DATE OF ADOPTION, CHILDREN FOR WHOM YOU HAVE PRIMARY LEGAL RESPONSIBILITY, AND STEPCHILDREN.

- UNMARRIED CHILDREN WHO ARE MENTALLY OR PHYSICALLY HANDICAPPED AND TOTALLY DEPENDENT ON EMPLOYEE/RETIREE FOR SUPPORT, REGARDLESS OF AGE.

APPLICATION PROCESS FOR EMPLOYEES:

- ELIGIBLE INDIVIDUALS MUST COMPLETE, SIGN, AND RETURN ONE OF THE TWO APPLICABLE APPLICATION FORMS AND SUBMIT COPIES OF ALL APPROPRIATE DOCUMENTATION LISTED BELOW.

- APPLICATION DUE TO HOUSE FIRE/NATURAL DISASTER

- APPLICATION FOR ALL OTHER EMERGENCY FUND REQUESTS

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- INCOMPLETE APPLICATIONS OR APPLICATIONS NOT CONTAINING REQUESTED DOCUMENTATION WILL NOT BE CONSIDERED FOR APPROVAL.

- REQUESTS MAY BE HANDWRITTEN OR TYPED AND CAN BE FAXED TO CLUB OF HEARTS AT 404-506-1917; MAILED TO CLUB OF HEARTS, 241 RALPH MCGILL BLVD. NE, BIN 10240, ATLANTA, GA 30308; OR SCANNED AND EMAILED TO CLUBHEAR@SOUTHERNCO.CO.

- AN APPLICANT CANNOT SUBMIT MORE THAN ONE APPLICATION PER CATASTROPHIC EVENT IN A 12-MONTH PERIOD.

- ONLY ONE APPLICATION PER YEAR PER FAMILY UNIT (I.E. TWO MARRIED GPC OR SCS EMPLOYEES OR THEIR DEPENDENTS) IS PERMITTED.

- SEPARATE APPLICATION FORMS ARE AVAILABLE FOR RETIREES.

FOR FIRES AND OTHER NATURAL DISASTERS:

COMPLETELY FILL OUT AND SIGN THE EMERGENCY FUND APPLICATION FOR "FIRES AND OTHER NATURAL DISASTERS" AND SUBMIT COPIES OF ALL APPROPRIATE DOCUMENTATION LISTED BELOW:

- DOCUMENTATION REGARDING YOUR EMERGENCY SITUATION (I.E. LOCAL FIRE DEPARTMENT REPORT SHOWING PROOF OF DAMAGE) AND WHAT CAUSED IT.

FOR ALL OTHER EMERGENCY FUND REQUESTS:

COMPLETELY FILL OUT THE APPLICATION, INCLUDING ALL INFORMATION REGARDING FAMILY MEMBERS LIVING WITH YOU, ALL INCOMES IN THE HOUSEHOLD, ETC., AND SUBMIT THE COMPLETED AND SIGNED APPLICATION ALONG WITH COPIES (NOT ORIGINALS) OF THE FOLLOWING:- DOCUMENTATION REGARDING YOUR EMERGENCY SITUATION (I.E. COPY OF LOCAL FIRE DEPARTMENT REPORT SHOWING PROOF OF FIRE, ETC.) AND WHAT CAUSED IT.

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- COPIES OF YOUR LAST TWO PAYCHECKS (COPIES CAN BE OBTAINED FROM HR DIRECT).

- COPIES OF APPROVED FMLA DOCUMENTATION, SUPPLEMENTAL SECURITY DISABILITY INSURANCE (SSDI) AND WORKERS' COMPENSATION DOCUMENTATION, IF APPLICABLE.

- COPIES OF ALL INVOICES FOR WHICH YOU ARE REQUESTING PAYMENT, WHERE APPLICABLE, REQUESTS WILL NOT BE CONSIDERED WITHOUT THE INVOICE. ENSURE INVOICES CONTAIN YOUR NAME OR DEPENDENT'S NAME ON ACCOUNT AND PAYMENT ADDRESS IF REQUEST IS APPROVED.

- COPY OF YOUR MOST RECENTLY FILED 1040, 1040A OR 1040EZ INCOME TAX RETURN TO VERIFY DEPENDENTS AND INCOME (DO NOT INCLUDE SCHEDULES).

REVIEW PROCESS:

- IN AN EFFORT TO BE FAIR AND OBJECTIVE, THE BOARD WILL CONSIDER EACH REQUEST ON A "BLIND BASIS." NO PERSONAL INFORMATION IDENTIFYING THE APPLICANT OR HIS/HER WORKPLACE WILL BE SHARED WITH THE BOARD.

- THE BOARD WILL REVIEW APPLICATIONS THROUGH EMAIL OR AT BOARD MEETINGS.

- WHILE REVIEWING ANY REQUESTS, THE CLUB OF HEARTS' ADMINISTRATOR AND THE BOARD HAVE THE RIGHT TO OBTAIN ADDITIONAL INFORMATION FROM THE APPLICANT OR OTHER SOURCES, INCLUDING SOUTHERN COMPANY HR DIRECT SERVICE CENTER OR THE APPLICANT'S SUPERVISOR, TO VERIFY THE CLAIM.

- EMERGENCY CASH REQUESTS UP TO \$1,000 FOR THE SPECIFIC PURPOSE OF COVERING IMMEDIATE EXPENSES SUCH AS A DEATH IN THE FAMILY, FIRES, TORNADOES OR OTHER ACTS OF NATURE MAY BE APPROVED BY TWO OFFICERS OF THE BOARD. ALL OTHER EXPENSES ASSOCIATED WITH THE EVENT MUST BE

SUBMITTED VIA AN AMENDED APPLICATION (SEE APPLICATION FOR OTHER

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EMERGENCY FUND REQUESTS) WITHIN 60 DAYS OF THE INITIAL APPLICATION AND BE APPROVED BY A MAJORITY OF THE BOARD.

- FOR ALL OTHER REQUESTS, APPROVAL OF FUNDS MUST BE APPROVED BY A MAJORITY OF THE BOARD.

NOTIFICATION PROCESS:

- FOLLOWING RECEIPT OF THE APPLICATION AND ALL OTHER REQUESTED INFORMATION BY CLUB OF HEARTS, APPLICANTS WILL BE NOTIFIED IN WRITING WITHIN FIVE BUSINESS DAYS OF THE BOARD'S DECISION.

PAYMENT PROCESS:

ANY RECIPIENT OF AN EMERGENCY CASH CONTRIBUTION UP TO \$1,000 SHALL BE REQUIRED TO PROVIDE A SUMMARY OF THOSE EXPENDITURES AND SUPPORTING RECEIPTS TO CLUB OF HEARTS WITHIN 30 DAYS FOLLOWING THE DATE OF DISBURSEMENT. RECIPIENTS ARE REQUIRED TO RETURN ANY FUNDS THAT HAVE NOT BEEN USED FOR THE PURPOSES FOR WHICH THEY WERE GRANTED.

- FOR ANY REQUESTS THE BOARD APPROVES OUTSIDE IMMEDIATE EXPENSES, THE APPLICANT MUST SUBMIT COPIES OF BILLS TO BE PAID AND APPROPRIATE SUPPORTING DOCUMENTATION WITH HIS/HER APPLICATION. IF APPROVED, THESE EXPENSES ARE PAID DIRECTLY TO THE VENDOR (I.E. MORTGAGE COMPANY OR MEDICAL PROVIDER). THE MAXIMUM THAT CAN BE AWARDED TO AN APPLICANT IS \$5,000 IN A 12-MONTH PERIOD.

- AN APPLICANT CANNOT BE APPROVED FOR MORE THAN ONE APPLICATION IN A 12-MONTH PERIOD. IF AN APPLICATION IS APPROVED, NO FUTURE APPLICATION MAY BE FILED THAT RELATES TO A PREVIOUSLY-APPROVED FUNDING FOR A CATASTROPHIC EVENT OR ILLNESS. AFTER A 12-MONTH PERIOD HAS RUN OUT

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RELATED TO AN APPROVED APPLICATION, THE APPLICANT MUST INCUR AN
ADDITIONAL OR DIFFERENT CATASTROPHIC EVENT OR ILLNESS IN ORDER TO BE
CONSIDERED FOR FUNDING THROUGH THE EMPLOYEE EMERGENCY FUND.

GRANTS FROM THE EMPLOYEE EMERGENCY FUND ARE MADE POSSIBLE THROUGH THE
GENEROUS FINANCIAL SUPPORT OF METRO ATLANTA EMPLOYEES AND RETIREES WHO
SUPPORT THIS FUND, PRO RATA CONTRIBUTIONS FROM CLUB OF HEART'S GENERAL
FUND, CITIZENS OF GEORGIA POWER, AND INDIVIDUAL CONTRIBUTIONS FROM CGP
MEMBERS STATEWIDE. WHEN ALL FUNDS DESIGNATED TO THE EEF HAVE BEEN
EXHAUSTED, FUNDS FROM THE GENERAL FUND (IF APPLICABLE) MAY BE USED TO
SUPPLEMENT THIS FUND. IF FUNDS ARE NOT AVAILABLE, THE APPLICATION
PROCESS MAY BE SUSPENDED UNTIL ADDITIONAL FUNDS BECOME AVAILABLE.

FOR MORE INFORMATION, PLEASE CONTACT ANY CLUB OF HEARTS BOARD MEMBER OR
THE CLUB OF HEARTS ADMINISTRATOR AT CLUBHEAR@SOUTHERNCO.COM OR
404-506-3030.

REVISED (OCTOBER 2008)

FORM 990, PART V, LINES 1C, 2B, 7G AND 7H

BACKUP WITHHOLDING, FEDERAL EMPLOYMENT TAX RETURNS, FORM 8899 AND 1098-C
THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED
INTELLECTUAL PROPERTY AND WAS THEREFORE NOT REQUIRED TO FILE FORM 8899.
LIKEWISE, THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR
OTHER VEHICLES, AND FORM 1098-C WAS NOT REQUIRED.

THE ORGANIZATION DID NOT HAVE ANY REPORTABLE GAMING (GAMBLING) WINNINGS
TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHHOLDING RULES DID NOT

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APPLY.

THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES AND THEREFORE THE FEDERAL
EMPLOYMENT TAX RETURNS WERE NOT FILED.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Part II Identification of Related Tax-Exempt Organizations (Complete if 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)

[illegible]

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

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

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 or (iv) rent from a controlled entity		1a	X
b Gift, grant, or capital contribution to other organization(s)		1b	X
c Gift, grant, or capital contribution from other organization(s)		1c	X
d Loans or loan guarantees to or for other organization(s)		1d	X
e Loans or loan guarantees by other organization(s)		1e	X
f Sale of assets to other organization(s)		1f	X
g Purchase of assets from other organization(s)		1g	X
h Exchange of assets		1h	X
i Lease of facilities, equipment, or other assets to other organization(s)		1i	X
j Lease of facilities, equipment, or other assets from other organization(s)		1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l	X
m Sharing of facilities, equipment, mailing lists, or other assets		1m	X
n Sharing of paid employees		1n	X
o Reimbursement paid to other organization for expenses		1o	X
p Reimbursement paid by other organization for expenses		1p	X
q Other transfer of cash or property to other organization(s)		1q	X
r Other transfer of cash or property from other organization(s)		1r	X

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.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

