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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 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

HARLEM ATTIC TREASURES, INC

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

320 S FAIRVIEW DRIVE

Room/suite

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

HARLEM, GA 30814

D Employer identification number

27-3443867

E Telephone number

706-556-6656

F Group Exemption
Number ►

G Accounting Method

☒ Cash☐ Accrual

Other (specify) ►

I Website: ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 80,207.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, grants, and similar amounts received	1	19,696.
2	Program service revenue including government fees and contracts	2	60,511.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,207.
10	Grants and similar amounts paid (list in Schedule O)	10	26,487.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	15,943.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	12,994.
17	Total expenses. Add lines 10 through 16	17	55,424.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,783.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4,727.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,510.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED OCT 01 2014

Revenue

Expenses

Net Assets

91-P

YNE

7

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

29.510.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

282

31a	12,730.
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32	26,487.
----	---------

7

(e) Estimated amount of other compensation	
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0.

0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this **Part V**

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ LOREEN REYNOLDS Telephone no ▶ 706-556-6656 Located at ▶ 320 S FAIRVIEW DR, HARLEM, GA ZIP + 4 ▶ 30814		
42b 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)? If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A	0.00	0.	0.	0.

f Total number of other employees paid over \$100,000

0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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

CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JOHN NEAL

05/06/13

P00293842

Firm's name **CHERRY BEKAERT LLP**

Firm's EIN **56-0574444**

Firm's address **1029 GREENE STREET
AUGUSTA, GA 30901**

Phone no **706-724-3557**

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

☒ Yes ☐ No

Form 990-EZ (2012)

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

2012

Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: COLUMBIA COUNTY CARES FOOD BANK

GRANTEE ADDRESS: 1959 APPLING HARLEM RD APPLING, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 3,750.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 3,750.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: FREE BREAD

GRANTEE ADDRESS: 575 W MILLEDGEVILLE ROAD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 180.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 180.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: FISHER HOUSE AT FORT GORDON

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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2012

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Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE ADDRESS: 280 FISHER HOUSE RD FORT GORDON, GA 30905-5650

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 1,250.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: HARLEM UNITED METHODIST CHURCH SOCIAL SERVICES

FUND

GRANTEE ADDRESS: P O BOX 139 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 3,300.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 3,300.

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: AMERICAN CANCER SOCIETY (RELAY FOR LIFE)

GRANTEE ADDRESS: AUGUSTA, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 2,000.

DATE OF GIFT: 04/30/12

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: CSRA WOUNDED WARRIOR PROJECT

GRANTEE ADDRESS: AUGUSTA, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 1,250.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: COLUMBIA COUNTY HUMANE SOCIETY

GRANTEE ADDRESS: 6100 COLUMBIA RD APPLING, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 700.

DATE OF GIFT: VARIOUS

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

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01-04-13

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Department of the Treasury
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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

AMOUNT GIVEN: 700.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: CHRISTMAS FOR KIDS

GRANTEE ADDRESS: 575 W MILLEDGEVILLE ROAD HARLEM, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 6,707.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 6,707.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: CMFA CHAMPIONS MADE FROM ADVERSITY

GRANTEE ADDRESS: P O BOX 980 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 1,250.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: RIVER OF LIFE

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

Schedule O (Form 990 or 990-EZ) (2012)

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01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2012

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE ADDRESS: P O BOX 139 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 500.

DATE OF GIFT: 06/30/12

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: EDUCATIONAL SCHOLARSHIP

GRANTEE NAME: RIVER OF LIFE

GRANTEE ADDRESS: P O BOX 139 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 500.

DATE OF GIFT: 06/30/12

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: SOUTHERN SOULS ANIMAL SHELTER

GRANTEE ADDRESS: 3902 ADAMS CHAPEL RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

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Schedule O (Form 990 or 990-EZ) (2012)

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 850.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 850.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: OLYMPIC MEDAL TRIALS

GRANTEE ADDRESS: 612 FAIRVIEW DR HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 900.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 900.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL ROTC

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 500.

DATE OF GIFT: 05/31/12

AMOUNT GIVEN: 500.

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HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: LYDIA PROJECT

GRANTEE ADDRESS: AUGUSTS, GA

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 600.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: HARLEM WOMENS CLUB

GRANTEE ADDRESS: GORDON HIGHWAY HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 100.

DATE OF GIFT: 05/31/12

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: EDUCATIONAL SCHOLARSHIP

GRANTEE NAME: HARLEM HIGH SCHOOL SOFTBALL BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

SCHEDULE O
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Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 300.

DATE OF GIFT: 07/31/12

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL SCHOOL SUPPLIES

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 100.

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL BAND BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

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Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

BOOK VALUE OF PROPERTY: 150.

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: NORTH HARLEM ELEMENTARY SCHOOL

GRANTEE ADDRESS: FAIRVIEW DR HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 150.

DATE OF GIFT: 12/01/12

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM BAPTIST CHURCH (SCHOOL SUPPLIES)

GRANTEE ADDRESS: LOUISVILLE ST HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 150.

DATE OF GIFT: 07/31/12

AMOUNT GIVEN: 150.

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

2012

Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: QUEEN OF ANGELS CATHOLIC CHURCH

GRANTEE ADDRESS: WASHINGTON ROAD THOMSON, GA 30824

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 200.

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL SOCCER BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 300.

DATE OF GIFT: 12/31/12

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: HARLEM PUBLIC LIBRARY

GRANTEE ADDRESS: LOUISVILLE ST HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 200.

DATE OF GIFT: 09/30/12

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 600.

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 600.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 26,487.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 109.

OTHER EXPENSES 15,834.

TOTAL TO FORM 990-EZ, LINE 14 15,943.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SUPPLIES 6,372.

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

Schedule O (Form 990 or 990-EZ) (2012)

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2012

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Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

SALES TAX COLLECTED AND REMITTED TO STATE 3,858.

MISCELLANEOUS ASSISTANCE TO INDIVIDUALS 2,764.

TOTAL TO FORM 990-EZ, LINE 16 12,994.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZATION WAS FORMED
EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC
PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO
ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY
FUTURE FEDERAL TAX CODE.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
MISCELLANEOUS OTHER SOCIAL AND COMMUNITY SERVICES
GRANTS \$ 0. EXPENSES \$ 12,730.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.