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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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) | Room/suite
241 RALPH MCGILL BLVD BIN 10131

City or town, state or country, and ZIP + 4
ATLANTA, GA 30308

D Employer identification number
58-6056698

E Telephone number
(404) 506-3030

G Gross receipts $ 985,614

F Name and address of principal officer
DONICE E WOOD
241 RALPH MCGILL BLVD BIN 10131
ATLANTA, GA 30308

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

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE AN EFFECTIVE MEANS FOR EMPLOYEES/RETIREES TO DONATE TO HEALTH AND HUMAN SERVICES 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

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 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	957,654	985,198
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,997	416
	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)	959,651	985,614
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	957,654	985,198
	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		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	957,654	985,198
	19 Revenue less expenses Subtract line 18 from line 12	1,997	416

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	292,374	237,330
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	292,374	237,330

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

****** | 2013-05-13
Signature of officer | Date

DONICE E WOOD PROJECT MANAGER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ELIZABETH MORRISON		2013-05-13		P00231389

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

Part III **Statement of Program Service Accomplishments**

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

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 ATLANTA AREA (COUNTIES INCLUDE BUTTS, CHEROKEE, CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FULTON, GWINNETT, HENRY, PAULDING AND ROCKDALE) 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

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

4a (Code) (Expenses $ 931,068 including grants of $ 931,068) (Revenue $)

THE CLUB OF HEARTS PROVIDES GRANTS TO CHARITABLE ORGANIZATIONS GRANTS WERE MADE TO 179 AGENCIES

4b (Code) (Expenses $ 54,130 including grants of $ 54,130) (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 18 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** ▶ 985,198

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	2a	0		
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)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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)?	4a			No
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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	**1a** 11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 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?	**2**		No
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? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
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*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DONICE E WOOD 241 RALPH MCGILL BLVD BIN 10131 ATLANTA, GA (404) 506-3030

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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MAGDA GONZALEZ BOARD OF DIRECTORS	1 00	X						0	0	0
(2) DONICE WOOD PROJECT MGR	1 00	X						0	0	0
(3) AL MARTIN BOARD OF DIRECTORS	1 00	X						0	0	0
(4) ERIN GRIFFIN BOARD OF DIRECTORS	1 00	X						0	0	0
(5) ANTHONY KEY BOARD OF DIRECTORS	1 00	X						0	0	0
(6) CHRISTINE LEDOUX BOARD OF DIRECTORS	1 00	X						0	0	0
(7) SANDY LLOYD BOARD OF DIRECTORS	1 00	X						0	0	0
(8) DELIA ABNER SECRETARY	1 00			X				0	0	0
(9) JEANNICE HALL VICE CHAIR - INFORMATION	1 00			X				0	0	0
(10) KATIE AGRESS TREASURER	1 00			X				0	0	0
(11) ROBERT HUDGINS CHAIR	1 00			X				0	0	0
(12) BILLY COLE VICE CHAIR - CAMPAIGN	1 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
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 of 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? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	985,198			
	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 . . . . . ▶		985,198			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		416			416
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	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 . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	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				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		985,614	0	0	416

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	931,068	931,068		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	54,130	54,130		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and 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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	985,198	985,198	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	264,559	2	182,257
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	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	27,815	15	55,073
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	292,374	16	237,330
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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	164,144	27	164,560
	28	Temporarily restricted net assets	128,230	28	72,770
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	292,374	33	237,330
	34	Total liabilities and net assets/fund balances	292,374	34	237,330

Part XI Reconcilliation 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	985,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	985,198
3	Revenue less expenses Subtract line 2 from line 1	3	416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	292,374
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,460
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	237,330

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
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	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

SCHEDULE A (Form 990 or 990EZ)

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

2012

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 - Non-functionally integrated

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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,036,746	903,990	835,553	957,654	985,198	4,719,141
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	1,036,746	903,990	835,553	957,654	985,198	4,719,141
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						4,719,141

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,036,746	903,990	835,553	957,654	985,198	4,719,141
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,522	3,786	2,751	1,996	416	16,471
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)						4,735,612

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	**14**	99 650 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	**15**	99 450 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 ▶☐

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 ▶☐

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 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 XIII, 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 XIII, 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 XIII

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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(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

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		
Other		
Total. *(Column (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
Total. *(Column (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	55,073
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	55,073

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	1,158,265
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	172,651		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	172,651
3	Subtract line **2e** from line **1**			3	985,614
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	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	985,614

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

1	Total expenses and losses per audited financial statements			1	1,157,849
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	172,651		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	172,651
3	Subtract line **2e** from line **1**			3	985,198
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 XIII)	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	985,198

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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 REVENUE 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, 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

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

2012

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 179

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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
(1) EMPLOYEE EMERGENCY FUND DISTRIBUTIONS	18	54,130			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SEE SCHEDULE O
		SEE SCHEDULE O

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-6056698
Name: CLUB OF HEARTS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 INC241 PEACHTREE ST NE 300 ATLANTA,GA 30303		501(C)(3)	21,742		AUDITED FINANCIAL STATEMENT		CHARITABLE
21ST CENTURY LEADERS 126 NEW ST STE A DECATUR,GA 30030		501(C)(3)	2,500		AUDITED FINANCIAL STATEMENT		CHARITABLE
247 GATEWAY HOMELESS SERVICE CENTER275 PRYOR ST SW ATLANTA,GA 30303		501(C)(3)	150		AUDITED FINANCIAL STATEMENT		CHARITABLE
A FRIEND'S HOUSE111 HENRY PKWY MCDONOUGH,GA 30253		501(C)(3)	1,884		AUDITED FINANCIAL STATEMENT		CHARITABLE
AFRICA'S CHILDREN'S FUND6815 WYNBROKE CIRCLE STONE MOUNTAIN,GA 30087		501(C)(3)	923		AUDITED FINANCIAL STATEMENT		CHARITABLE
AID ATLANTA INC1605 PEACHTREE ST ATLANTA,GA 30309		501(C)(3)	8,901		AUDITED FINANCIAL STATEMENT		CHARITABLE
ALZHEIMER'S DISEASE & RELATED DISORDERS INC 41 PERIMETER CENTER EAST 550 ATLANTA,GA 30346		501(C)(3)	22,001		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMERICAN CANCER SOCIETY GEORGIA DIVISION250 WILLIAMS ST ATLANTA,GA 30303		501(C)(3)	24,195		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMERICAN DIABETES ASSOCIATION INC225 PEACHTREE ST NE 550 ATLANTA,GA 30303		501(C)(3)	16,683		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMERICAN HEART ASSOCIATION INC1101 NORTHCHASE PKWY MARIETTA,GA 30067		501(C)(3)	35,170		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMERICAN RED CROSS METRO ATLANTA CHAPTER 1955 MONROE DR ATLANTA,GA 30324		501(C)(3)	3,956		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMERICAN SUDDEN INFANT DEATH SYNDROME INSTITUTE528 RAVEN WAY NAPLES,FL 34110		501(C)(3)	17		AUDITED FINANCIAL STATEMENT		CHARITABLE
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION OF GEORGIA INC1955 CLIFF VALLEY WAY 116 ATLANTA,GA 30329		501(C)(3)	6,444		AUDITED FINANCIAL STATEMENT		CHARITABLE
ANGEL FLIGHT OF GEORGIA INC2000 AIRPORT RD 227 ATLANTA,GA 30341		501(C)(3)	9,784		AUDITED FINANCIAL STATEMENT		CHARITABLE
ARTHRITIS FOUNDATION - GEORGIA CHAPTER2970 PEACHTREE RD NW 200 ATLANTA,GA 30305		501(C)(3)	5,263		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA AIDS PARTNERSHIP FUND100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	319		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA ALLIANCE ON DEVELOPMENTAL DISABILITIES125 CLAIREMONT AVE 300 DECATUR,GA 30030		501(C)(3)	784		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA CARE CENTER 1718 PEACHTREE ST 496S ATLANTA,GA 30309		501(C)(3)	3,500		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA CHILDREN'S SHELTER607 PEACHTREE DR ATLANTA,GA 30308		501(C)(3)	822		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA COMMUNITY FOOD BANK732 JOSEPH E LOWERY BLVD NW ATLANTA,GA 30318		501(C)(3)	3,169		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA DAY SHELTER FOR WOMEN AND CHILDREN INC655 ETHEL ST NW ATLANTA,GA 30318		501(C)(3)	9,638		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA HABITAT FOR HUMANITY519 MEMORIAL DR SE ATLANTA,GA 30312		501(C)(3)	5,257		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA LEGAL AID SOCIETY151 SPRING ST NW ATLANTA,GA 30303		501(C)(3)	120		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA UNION MISSION 2353 BOLTON RD ATLANTA,GA 30318		501(C)(3)	8,155		AUDITED FINANCIAL STATEMENT		CHARITABLE
ATLANTA URBAN LEAGUE 100 EDGEWOOD AVE ROOM 600 ATLANTA,GA 30303		501(C)(3)	1,425		AUDITED FINANCIAL STATEMENT		CHARITABLE
AUDITORY VERBAL CENTER OF ATLANTA1901 CENTURY BLVD NE 20 ATLANTA,GA 30345		501(C)(3)	285		AUDITED FINANCIAL STATEMENT		CHARITABLE
BEACON OF HOPE120 RENAISSANCE PKWY NE ATLANTA,GA 30308		501(C)(3)	220		AUDITED FINANCIAL STATEMENT		CHARITABLE
BIG BROTHERS BIG SISTERS OF METRO ATLANTA100 EDGEWOOD AVE 710 ATLANTA,GA 30303		501(C)(3)	1,170		AUDITED FINANCIAL STATEMENT		CHARITABLE
BLACK CHILD DEVELOPMENT INSTITUTE ATLANTA2545 E BENJAMIN MAYS DR SW ATLANTA,GA 30301		501(C)(3)	1,335		AUDITED FINANCIAL STATEMENT		CHARITABLE
BOY SCOUTS ATLANTA COUNCIL1800 CIRCLE 75 PKWY ATLANTA,GA 30339		501(C)(3)	6,262		AUDITED FINANCIAL STATEMENT		CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOY SCOUTS FLINT RIVER COUNCILP O BOX 172 GRIFFIN,GA 30224		501(C)(3)	4,927		AUDITED FINANCIAL STATEMENT		CHARITABLE
BOY SCOUTS NORTHEAST GEORGIA COUNCILP O BOX 399 JEFFERSON,GA 30549		501(C)(3)	3,567		AUDITED FINANCIAL STATEMENT		CHARITABLE
BOYS & GIRLS CLUBS OF METRO ATLANTA100 EDGEWOOD AVE 700 ATLANTA,GA 30303		501(C)(3)	4,315		AUDITED FINANCIAL STATEMENT		CHARITABLE
BRAIN TUMOR FOUNDATION FOR CHILDREN6065 ROSWELL NE 505 ATLANTA,GA 30328		501(C)(3)	3,743		AUDITED FINANCIAL STATEMENT		CHARITABLE
CALVARY CHILDREN'S HOME INC1430 LOST MOUNTAIN RD POWDER SPRINGS,GA 30127		501(C)(3)	11,156		AUDITED FINANCIAL STATEMENT		CHARITABLE
CALVARY REFUGE CENTER 4265 THURMOND FOREST PARK,GA 30297		501(C)(3)	163		AUDITED FINANCIAL STATEMENT		CHARITABLE
CAMP SUNSHINE INC1850 CLAIRMONT RD DECATUR,GA 30033		501(C)(3)	14,141		AUDITED FINANCIAL STATEMENT		CHARITABLE
CANINE ASSISTANTS INC 3160 FRANCIS RD ALPHARETTA,GA 30004		501(C)(3)	18,576		AUDITED FINANCIAL STATEMENT		CHARITABLE
CARRIE STEELE-PITTS HOME667 FAIRBURN RD NW ATLANTA,GA 30331		501(C)(3)	1,193		AUDITED FINANCIAL STATEMENT		CHARITABLE
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ATLANTA680 W PEACHTREE ST NW ATLANTA,GA 30308		501(C)(3)	5,705		AUDITED FINANCIAL STATEMENT		CHARITABLE
CENTER FOR FAMILY RESOURCES995 ROSWELL ST NE 100 MARIETTA,GA 30060		501(C)(3)	2,025		AUDITED FINANCIAL STATEMENT		CHARITABLE
CENTER FOR PAN ASIAN COMMUNITY SERVICES INC3510 SHALLOWFORD RD NE ATLANTA,GA 30341		501(C)(3)	10		AUDITED FINANCIAL STATEMENT		CHARITABLE
CENTER FOR THE VISUALLY IMPAIRED739 W PEACHTREE ST NW ATLANTA,GA 30308		501(C)(3)	914		AUDITED FINANCIAL STATEMENT		CHARITABLE
CENTRAL PRESBYTERIAN CHURCH OUTREACH CENTER201 WASHINGTON ST SW ATLANTA,GA 30303		501(C)(3)	540		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHEROKEE CHILD ADVOCACY COUNCIL319 LAMAR HALEY PKWY CANTON,GA 30114		501(C)(3)	388		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHEROKEE DAY TRAINING CENTER133 UNIVERTER CANTON,GA 30114		501(C)(3)	84		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHEROKEE FAMILY VIOLENCE CENTER100 HEARTHSTONE LANDING DR CANTON,GA 30114		501(C)(3)	324		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHILDREN'S HEALTHCARE SYSTEM OF ATLANTA FOUNDATION INC1687 TULLIE CIRCLE NE ATLANTA,GA 30329		501(C)(3)	57,802		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHILDREN'S VILLAGE AT CHRISTIAN CITY THE7345 RED OAK RD UNION CITY,GA 302912338		501(C)(3)	10,114		AUDITED FINANCIAL STATEMENT		CHARITABLE
CHRIS KIDS3111 CLAIRMONT SUITE B ATLANTA,GA 30329		501(C)(3)	1,230		AUDITED FINANCIAL STATEMENT		CHARITABLE
CITY OF REFUGE1300 JOSEPH E BOONE BLVD NW ATLANTA,GA 30314		501(C)(3)	844		AUDITED FINANCIAL STATEMENT		CHARITABLE
CLAYTON COUNTY AGING PROGRAM877 BATTLE CREEK RD JONESBORO,GA 30236		501(C)(3)	56		AUDITED FINANCIAL STATEMENT		CHARITABLE
CLAYTON COUNTY FAMILY CARE1000 MAIN ST FOREST PARK,GA 30297		501(C)(3)	416		AUDITED FINANCIAL STATEMENT		CHARITABLE
COBB COUNTY CENTER FOR CHILDREN & YOUNG ADULTS2221 AUSTELL RD SUITE A MARIETTA,GA 30008		501(C)(3)	937		AUDITED FINANCIAL STATEMENT		CHARITABLE
COMMUNITIES IN SCHOOLS OF ATLANTA600 W PEACHTREE ST NW 1250 ATLANTA,GA 303083627		501(C)(3)	600		AUDITED FINANCIAL STATEMENT		CHARITABLE
COMMUNITIES IN SCHOOLS OF DOUGLAS COUNTYP O BOX 1077 DOUGLASVILLE,GA 30133		501(C)(3)	15		AUDITED FINANCIAL STATEMENT		CHARITABLE
COMMUNITIES IN SCHOOLS OF GEORGIA INC 600 W PEACHTREE ST 1200 ATLANTA,GA 30308		501(C)(3)	7,209		AUDITED FINANCIAL STATEMENT		CHARITABLE
COMMUNITIES IN SCHOOLS OF MARIETTACOBB COUNTY 316 ALEXANDER ST SE 5 MARIETTA,GA 30060		501(C)(3)	60		AUDITED FINANCIAL STATEMENT		CHARITABLE
COMMUNITY WELCOME HOUSE13 AUGUSTA DR NEWNAN,GA 30263		501(C)(3)	1,448		AUDITED FINANCIAL STATEMENT		CHARITABLE
COOL GIRLS621 NORTH AVE NE A220 ATLANTA,GA 30308		501(C)(3)	908		AUDITED FINANCIAL STATEMENT		CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COUNCIL ON AGING THE 215 LAKEWOOD WAY SW ATLANTA,GA 30315		501(C)(3)	14		AUDITED FINANCIAL STATEMENT		CHARITABLE
COWETA COUNCIL ON AGINGP O BOX 73437 NEWNAN,GA 30271		501(C)(3)	817		AUDITED FINANCIAL STATEMENT		CHARITABLE
COWETA COUNTY CERTIFIED LITERACY COUNCIL (CLICK)160 MARTIN LUTHER KING JR BLVD NEWNAN,GA 30263		501(C)(3)	1,020		AUDITED FINANCIAL STATEMENT		CHARITABLE
COWETA COUNTY SPECIAL OLYMPICSP O BOX 280 NEWNAN,GA 30264		501(C)(3)	3,190		AUDITED FINANCIAL STATEMENT		CHARITABLE
COWETA ORGANIZATION FOR RIDING REHAB & LEARNING INC52 OLIVER POTTS RD NEWNAN,GA 30263		501(C)(3)	5,140		AUDITED FINANCIAL STATEMENT		CHARITABLE
CROSSROADS COMMUNITY MINISTRIES420 COURTLAND ST NE ATLANTA,GA 30308		501(C)(3)	60		AUDITED FINANCIAL STATEMENT		CHARITABLE
CURE CHILDHOOD CANCER & LEUKEMIA INC1117 PERIMETER CENTER W N402 ATLANTA,GA 30338		501(C)(3)	9,529		AUDITED FINANCIAL STATEMENT		CHARITABLE
DECATUR COOPERATIVE MINISTRY115 CHURCH ST DECATUR,GA 30030		501(C)(3)	996		AUDITED FINANCIAL STATEMENT		CHARITABLE
DECATUR RECREATION DEPARTMENT231 SYCAMORE ST DECATUR,GA 30031		501(C)(3)	252		AUDITED FINANCIAL STATEMENT		CHARITABLE
DEKALB COUNTY CASA 4309 MEMORIAL DR DECATUR,GA 30032		501(C)(3)	182		AUDITED FINANCIAL STATEMENT		CHARITABLE
DIABETES ASSOCIATION OF ATLANTA100 EDGEWOOD AVE 1004 ATLANTA,GA 30303		501(C)(3)	1,844		AUDITED FINANCIAL STATEMENT		CHARITABLE
DOUGLAS COUNTY RETARDATION ASSOCIATIONP O BOX 1318 DOUGLASVILLE,GA 30133		501(C)(3)	341		AUDITED FINANCIAL STATEMENT		CHARITABLE
DOUGLAS SENIOR SERVICES6287 FAIRBURN RD DOUGLASVILLE,GA 30134		501(C)(3)	419		AUDITED FINANCIAL STATEMENT		CHARITABLE
DRAKE HOUSE THE10525 CLARA DR ROSWELL,GA 30075		501(C)(3)	1,372		AUDITED FINANCIAL STATEMENT		CHARITABLE
DREAM HOUSE FOR MEDICALLY FRAGILE CHILDREN INCP O BOX 1562 SNELLVILLE,GA 30078		501(C)(3)	5,657		AUDITED FINANCIAL STATEMENT		CHARITABLE
EAGLE RANCH INCP O BOX 7200 CHESTNUT MOUNTAIN,GA 30502		501(C)(3)	38,102		AUDITED FINANCIAL STATEMENT		CHARITABLE
EDUCATION100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	2,548		AUDITED FINANCIAL STATEMENT		CHARITABLE
ELECTRIC KIDS241 RALPH MCGILL BLVD NE ATLANTA,GA 30308		501(C)(3)	13,669		AUDITED FINANCIAL STATEMENT		CHARITABLE
ELKS AIDMORE INC2394 MORRISON RD SW CONYERS,GA 300943330		501(C)(3)	671		AUDITED FINANCIAL STATEMENT		CHARITABLE
EMORY UNIVERSITY - WINSHIP CANCER INSTITUTE1440 CLIFTON RD 170 ATLANTA,GA 30322		501(C)(3)	3,754		AUDITED FINANCIAL STATEMENT		CHARITABLE
EMPTY STOCKING FUND 1975 CENTURY CENTER BLVD 16 ATLANTA,GA 30345		501(C)(3)	3,605		AUDITED FINANCIAL STATEMENT		CHARITABLE
EXCEPTIONAL OPSP O BOX 2151 PEACHTREE CITY,GA 30269		501(C)(3)	744		AUDITED FINANCIAL STATEMENT		CHARITABLE
FAMILIES FIRST1105 W PEACHTREE ST NE ATLANTA,GA 30309		501(C)(3)	1,562		AUDITED FINANCIAL STATEMENT		CHARITABLE
FAMILY PROMISE OF GWINNETT COUNTY INC 3495 SUGARLOAF PKWY LAWRENCEVILLE,GA 300445402		501(C)(3)	1,020		AUDITED FINANCIAL STATEMENT		CHARITABLE
FAYETTE SAMARITANS126 HICKORY RD FAYETTEVILLE,GA 30214		501(C)(3)	983		AUDITED FINANCIAL STATEMENT		CHARITABLE
FAYETTE SENIOR SERVICES390 LEE ST FAYETTEVILLE,GA 30214		501(C)(3)	733		AUDITED FINANCIAL STATEMENT		CHARITABLE
FAYETTE YOUTH PROTECTION HOME101 DEVANT ST 502 FAYETTEVILLE,GA 30214		501(C)(3)	778		AUDITED FINANCIAL STATEMENT		CHARITABLE
FOREVER FAMILY387 JOSEPH E LOWERY BLVD SW 2 ATLANTA,GA 30310		501(C)(3)	693		AUDITED FINANCIAL STATEMENT		CHARITABLE
FRIENDS OF CLAYTON COUNTY CASA INC121 S MCDONOUGH ST JONESBORO,GA 302363651		501(C)(3)	612		AUDITED FINANCIAL STATEMENT		CHARITABLE
FUTURE FOUNDATION INC 1892 WASHINGTON RD EAST POINT,GA 30344		501(C)(3)	701		AUDITED FINANCIAL STATEMENT		CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GEORGIA BAPTIST CHILDREN'S HOME & FAMILY MINISTRIES INC 505 WATERWORKS RD PALMETTO,GA 30268		501(C)(3)	40,674		AUDITED FINANCIAL STATEMENT		CHARITABLE
GEORGIA CENTER FOR CHILD ADVOCACY1485 B WOODLAND AVE SE ATLANTA,GA 30316		501(C)(3)	1,138		AUDITED FINANCIAL STATEMENT		CHARITABLE
GEORGIA POWER FAMILY HOUSE INC241 RALPH MCGILL BLVD BIN 10230 ATLANTA,GA 303083374		501(C)(3)	13,022		AUDITED FINANCIAL STATEMENT		CHARITABLE
GEORGIA SHERIFFS' YOUTH HOMES INCP O BOX 1000 STOCKBRIDGE,GA 30281		501(C)(3)	4,755		AUDITED FINANCIAL STATEMENT		CHARITABLE
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATIONPO BOX 3963 ATLANTA,GA 30302		501(C)(3)	46		AUDITED FINANCIAL STATEMENT		CHARITABLE
GIRL SCOUT COUNCIL OF GREATER ATLANTA5601 N ALLEN RD MABLETON,GA 30126		501(C)(3)	5,749		AUDITED FINANCIAL STATEMENT		CHARITABLE
GIRLS INCORPORATED OF GREATER ATLANTA1401 PEACHTREE ST NE 500 ATLANTA,GA 30309		501(C)(3)	602		AUDITED FINANCIAL STATEMENT		CHARITABLE
GWINNETT CHILDREN'S SHELTERP O BOX 527 BUFORD,GA 30515		501(C)(3)	2,999		AUDITED FINANCIAL STATEMENT		CHARITABLE
HANDS OF HOPE CLINIC 1010 HOSPITAL DR BLDG B STOCKBRIDGE,GA 30281		501(C)(3)	361		AUDITED FINANCIAL STATEMENT		CHARITABLE
HANDS ON ATLANTA INC 600 MEANS ST NW 100 ATLANTA,GA 303185799		501(C)(3)	329		AUDITED FINANCIAL STATEMENT		CHARITABLE
HARMONY HOUSE492 N MARIETTA PKWY MARIETTA,GA 30060		501(C)(3)	60		AUDITED FINANCIAL STATEMENT		CHARITABLE
HEALTH100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	1,175		AUDITED FINANCIAL STATEMENT		CHARITABLE
HENRY COUNTY COUNCIL ON CHILD ABUSEP O BOX 1525 STOCKBRIDGE,GA 30281		501(C)(3)	519		AUDITED FINANCIAL STATEMENT		CHARITABLE
HENRY COUNTY COUNCIL ON AGING1050 FLORENCE MCGARITY BLVD MCDONOUGH,GA 30252		501(C)(3)	240		AUDITED FINANCIAL STATEMENT		CHARITABLE
HI-HOPE SERVICE CENTER INC882 HI-HOPE RD LAWRENCEVILLE,GA 30043		501(C)(3)	4,991		AUDITED FINANCIAL STATEMENT		CHARITABLE
HOMELESSNESS100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	2,213		AUDITED FINANCIAL STATEMENT		CHARITABLE
INCOME100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	1,292		AUDITED FINANCIAL STATEMENT		CHARITABLE
INTERNATIONAL WOMEN'S HOUSEP O BOX 1327 DECATUR,GA 30031		501(C)(3)	120		AUDITED FINANCIAL STATEMENT		CHARITABLE
JEWISH FAMILY & CAREER SERVICES4549 CHAMBLEE DUNWOODY RD ATLANTA,GA 30338		501(C)(3)	894		AUDITED FINANCIAL STATEMENT		CHARITABLE
JOSEPH SAMS SCHOOL280 BRANDYWINE BLVD FAYETTEVILLE,GA 30214		501(C)(3)	920		AUDITED FINANCIAL STATEMENT		CHARITABLE
KATE'S CLUB1330 W PEACHTREE ST 520 ATLANTA,GA 30309		501(C)(3)	965		AUDITED FINANCIAL STATEMENT		CHARITABLE
LAKEVIEW COMMUNITY ACTION COMMITTEE INC 2340 MAGNOLIA DR NW CONYERS,GA 30012		501(C)(3)	13		AUDITED FINANCIAL STATEMENT		CHARITABLE
LATIN AMERICAN ASSOCIATION2750 BUFORD HWY ATLANTA,GA 30324		501(C)(3)	523		AUDITED FINANCIAL STATEMENT		CHARITABLE
LAWRENCEVILLE COOPERATIVE MINISTRYP O BOX 1328 LAWRENCEVILLE,GA 30046		501(C)(3)	97		AUDITED FINANCIAL STATEMENT		CHARITABLE
LEUKEMIA & LYMPHOMA SOCIETY INC GEORGIA CHAPTER3715 NORTHSIDE PKWY ATLANTA,GA 30327		501(C)(3)	9,789		AUDITED FINANCIAL STATEMENT		CHARITABLE
LIGHTHOUSE FAMILY RETREAT INC45 TECHNOLOGY PKWY S 225 NORCROSS,GA 300923456		501(C)(3)	992		AUDITED FINANCIAL STATEMENT		CHARITABLE
LILBURN ELEMENTARY SCHOOL531 LILBURN SCHOOL ROAD LILBURN,GA 30047		501(C)(3)	120		AUDITED FINANCIAL STATEMENT		CHARITABLE
LINK COUNSELING CENTER 348 MT VERNON HWY SE ATLANTA,GA 30328		501(C)(3)	5,600		AUDITED FINANCIAL STATEMENT		CHARITABLE
LITERACY ACTION INC100 EDGEWOOD AVE 650 ATLANTA,GA 30303		501(C)(3)	3,387		AUDITED FINANCIAL STATEMENT		CHARITABLE
MARCH OF DIMES-GA CHAPTER1776 PEACHTREE ST 100 ATLANTA,GA 30309		501(C)(3)	4,227		AUDITED FINANCIAL STATEMENT		CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 JEWISH COMMUNITY CENTER OF ATLANTA5342 TILLY MILL RD DUNWOODY,GA 30338		501(C)(3)	351		AUDITED FINANCIAL STATEMENT		CHARITABLE
MARY HALL FREEDOM HOUSEP O BOX 501205 ATLANTA,GA 31150		501(C)(3)	181		AUDITED FINANCIAL STATEMENT		CHARITABLE
MUSCULAR DYSTROPHY ASSOCIATION2189 NORTHLAKE PKWY TUCKER,GA 33084		501(C)(3)	2,504		AUDITED FINANCIAL STATEMENT		CHARITABLE
MUST MINISTRIES1407 COBB PKWY N MARIETTA,GA 30061		501(C)(3)	4,890		AUDITED FINANCIAL STATEMENT		CHARITABLE
NATIONAL KIDNEY FOUNDATION OF GEORGIA 2951 FLOWERS RD S 211 ATLANTA,GA 30341		501(C)(3)	1,253		AUDITED FINANCIAL STATEMENT		CHARITABLE
NATIONAL MULTIPLE SCLEROSIS SOCIETY-GEORGIA CHAPTER1117 PERIMETER CENTER W E101 ATLANTA,GA 30338		501(C)(3)	13,388		AUDITED FINANCIAL STATEMENT		CHARITABLE
NEWMAN-COWETA HABITAT FOR HUMANITYP O BOX 2607 NEWNAN,GA 30264		501(C)(3)	285		AUDITED FINANCIAL STATEMENT		CHARITABLE
NICHOLAS HOUSE - BOULEVARD HOUSE830 BOULEVARD SE ATLANTA,GA 30312		501(C)(3)	120		AUDITED FINANCIAL STATEMENT		CHARITABLE
NORCROSS COOPERATIVE MINISTRYP O BOX 1489 NORCROSS,GA 30091		501(C)(3)	251		AUDITED FINANCIAL STATEMENT		CHARITABLE
NORTH FULTON COMMUNITY CHARITIES 11270 ELKINS RD ROSWELL,GA 30076		501(C)(3)	1,054		AUDITED FINANCIAL STATEMENT		CHARITABLE
NORTH GEORGIA ANGEL HOUSE2260 SAM NELSON RD CANTON,GA 30114		501(C)(3)	3,675		AUDITED FINANCIAL STATEMENT		CHARITABLE
ODYSSEY FAMILY COUNSELING CENTER1919 JOHN WESLEY AVE COLLEGE PARK,GA 30337		501(C)(3)	300		AUDITED FINANCIAL STATEMENT		CHARITABLE
PARENT TO PARENT OF GEORGIA3805 PRESIDENTIAL PKWY 207 ATLANTA,GA 30340		501(C)(3)	227		AUDITED FINANCIAL STATEMENT		CHARITABLE
PARTNERSHIP AGAINST DOMESTIC VIOLENCEP O BOX 170225 ATLANTA,GA 30317		501(C)(3)	705		AUDITED FINANCIAL STATEMENT		CHARITABLE
PAUL ANDERSON YOUTH HOME - VIDALIA INCP O BOX 525 VIDALIA,GA 30475		501(C)(3)	6,354		AUDITED FINANCIAL STATEMENT		CHARITABLE
PAULDING COLLABORATIVE FOR CHILDREN AND FAMILIES 335 ACADEMY DR DALLAS,GA 30132		501(C)(3)	483		AUDITED FINANCIAL STATEMENT		CHARITABLE
PLANNED PARENTHOOD OF GEORGIA75 PIEDMONT AVE 800 ATLANTA,GA 30303		501(C)(3)	3,187		AUDITED FINANCIAL STATEMENT		CHARITABLE
PREMIER ACADEMY444 ANGIER AVE NE ATLANTA,GA 30308		501(C)(3)	441		AUDITED FINANCIAL STATEMENT		CHARITABLE
PROJECT OPEN HAND - ATLANTA176 OTTLEY AVE NE ATLANTA,GA 30324		501(C)(3)	1,858		AUDITED FINANCIAL STATEMENT		CHARITABLE
PROJECT RENEWAL DOMESTIC VIOLENCE INTERVENTION PROGRAM INCPO BOX 1205 CONYERS,GA 30012		501(C)(3)	13		AUDITED FINANCIAL STATEMENT		CHARITABLE
RECONNECTING FAMILIES 1738 COUNTY SERVICES PKWY SW MARIETTA,GA 30008		501(C)(3)	1,556		AUDITED FINANCIAL STATEMENT		CHARITABLE
REECE CENTER FOR HANDICAPPED HORSEMANSHIPP O BOX 730 SHARPSBURG,GA 30277		501(C)(3)	3,249		AUDITED FINANCIAL STATEMENT		CHARITABLE
REFUGE FAMILY SERVICES 5561-H MEMORIAL DR STONE MOUNTAIN,GA 30083		501(C)(3)	141		AUDITED FINANCIAL STATEMENT		CHARITABLE
REFUGE PREGNANCY CENTER INC1307 MILSTEAD AVE CONYERS,GA 30012		501(C)(3)	600		AUDITED FINANCIAL STATEMENT		CHARITABLE
ROCKDALE COALITION FOR CHILDREN & FAMILIES INC 1430 STARCREST DR CONYERS,GA 300120658		501(C)(3)	13		AUDITED FINANCIAL STATEMENT		CHARITABLE
ROCKDALE EMERGENCY RELIEF FUNDP O BOX 80369 CONYERS,GA 30012		501(C)(3)	704		AUDITED FINANCIAL STATEMENT		CHARITABLE
RUTLEDGE CENTER INC61 HOSPITAL RD NEWNANCOWETTA,GA 30263		501(C)(3)	180		AUDITED FINANCIAL STATEMENT		CHARITABLE
SAFEPATH CHILDREN'S ADVOCACY CENTER736 WHITLOCK AVE 600 MARIETTA,GA 30064		501(C)(3)	1,794		AUDITED FINANCIAL STATEMENT		CHARITABLE
SAINT JOSEPH'S MERCY CARE SERVICES5673 PEACHTREE DUNWOODY 700 ATLANTA,GA 30342		501(C)(3)	240		AUDITED FINANCIAL STATEMENT		CHARITABLE
SALVATION ARMY1190 W DRUID HILLS DR 150 ATLANTA,GA 30329		501(C)(3)	25,028		AUDITED FINANCIAL STATEMENT		CHARITABLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAMARITANS TOGETHER OF HENRY COUNTY INC85 BELLAMY PLACE STOCKBRIDGE,GA 30281		501(C)(3)	363		AUDITED FINANCIAL STATEMENT		CHARITABLE
SCOTTDALE CHILD DEVELOPMENT CENTER479 WARREN AVE SCOTTDALE,GA 30079		501(C)(3)	1,020		AUDITED FINANCIAL STATEMENT		CHARITABLE
SENIOR CITIZEN SERVICES OF METROPOLITAN ATLANTA1705 COMMERCE DR ATLANTA,GA 30318		501(C)(3)	442		AUDITED FINANCIAL STATEMENT		CHARITABLE
SENIOR CONNECTIONS INC5238 PEACHTREE RD CHAMBLEE,GA 303412718		501(C)(3)	1,200		AUDITED FINANCIAL STATEMENT		CHARITABLE
SHARE HOUSE8460 COURT HOUSE SQUARE EAST DOUGLASVILLE,GA 30134		501(C)(3)	856		AUDITED FINANCIAL STATEMENT		CHARITABLE
SHELTERING ARMS EARLY EDUCATION AND FAMILY CENTERS385 CENTENNIAL OLYMPIC PARK DR NW ATLANTA,GA 30313		501(C)(3)	1,310		AUDITED FINANCIAL STATEMENT		CHARITABLE
SHEPHERD CENTER INC 2020 PEACHTREE RD ATLANTA,GA 30309		501(C)(3)	8,818		AUDITED FINANCIAL STATEMENT		CHARITABLE
SHEPHERD'S REST MINISTRIESP O BOX 737 DALLAS,GA 30132		501(C)(3)	523		AUDITED FINANCIAL STATEMENT		CHARITABLE
SICKLE CELL FOUNDATION OF GEORGIA INC2391 BENJAMIN E MAYS DR SW ATLANTA,GA 30311		501(C)(3)	6,875		AUDITED FINANCIAL STATEMENT		CHARITABLE
SOUTHWEST FOUNDATION HOSPICE & HOPE CENTER 7225 LESTER RD UNION CITY,GA 30291		501(C)(3)	4,733		AUDITED FINANCIAL STATEMENT		CHARITABLE
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105		501(C)(3)	16,649		AUDITED FINANCIAL STATEMENT		CHARITABLE
ST JUDE'S RECOVERY CENTER139 RENAISSANCE PKWY ATLANTA,GA 30308		501(C)(3)	997		AUDITED FINANCIAL STATEMENT		CHARITABLE
STEPPING STONES EDUCATIONAL THERAPY CENTER INC141 FUTRAL RD GRIFFIN,GA 30224		501(C)(3)	6,170		AUDITED FINANCIAL STATEMENT		CHARITABLE
THE CENTER FOR BLACK WOMENS WELLNESS477 WINDSOR ST SW ATLANTA,GA 30312		501(C)(3)	189		AUDITED FINANCIAL STATEMENT		CHARITABLE
THE EDGE CONNECTION 1000 CHASTAIN RD 3305 KENNESAW,GA 30144		501(C)(3)	1,726		AUDITED FINANCIAL STATEMENT		CHARITABLE
THE STUDY HALL INC1010 CREW ST SW ATLANTA,GA 30315		501(C)(3)	292		AUDITED FINANCIAL STATEMENT		CHARITABLE
UNITED METHODIST CHILDREN'S HOME500 S COLUMBIA DR DECATUR,GA 30030		501(C)(3)	13,688		AUDITED FINANCIAL STATEMENT		CHARITABLE
UNITED WAY 2-1-1100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	1,143		AUDITED FINANCIAL STATEMENT		CHARITABLE
UNITED WAY COMMUNITY IMPACT FUND100 EDGEWOOD AVE NE ATLANTA,GA 30303		501(C)(3)	197,865		AUDITED FINANCIAL STATEMENT		CHARITABLE
USO COUNCIL OF GEORGIA 600 N TERM PKWY 320 ATLANTA,GA 30320		501(C)(3)	1,821		AUDITED FINANCIAL STATEMENT		CHARITABLE
VISION REHABILITATION SERVICES3830 S COBB DR SE 125 SMYRNA,GA 30080		501(C)(3)	570		AUDITED FINANCIAL STATEMENT		CHARITABLE
WELLSTAR FOUNDATION 2000 S PARK PL 202 ATLANTA,GA 30339		501(C)(3)	181		AUDITED FINANCIAL STATEMENT		CHARITABLE
YMCA - BUTLER STREET22 JESSE HILL JR DR SE ATLANTA,GA 30303		501(C)(3)	657		AUDITED FINANCIAL STATEMENT		CHARITABLE
YMCA OF METROPOLITAN ATLANTA100 EDGEWOOD AVE NE 1100 ATLANTA,GA 30303		501(C)(3)	13,129		AUDITED FINANCIAL STATEMENT		CHARITABLE
YOUTH PRIDE1017 EDGEWOOD AVE ATLANTA,GA 30307		501(C)(3)	207		AUDITED FINANCIAL STATEMENT		CHARITABLE
YOUTH VIBE5240 SNAPFINGER PARK DR 125 DECATUR,GA 30035		501(C)(3)	14		AUDITED FINANCIAL STATEMENT		CHARITABLE
YWCA OF GREATER ATLANTA957 N HIGHLAND AVE NE ATLANTA,GA 30306		501(C)(3)	7,623		AUDITED FINANCIAL STATEMENT		CHARITABLE
YWCA OF NORTHWEST GEORGIA48 HENDERSON ST MARIETTA,GA 30064		501(C)(3)	2,423		AUDITED FINANCIAL STATEMENT		CHARITABLE
ZION HILL COMMUNITY DEVELOPMENT CORPORATION2741 BAYARD ST EAST POINT,GA 30344		501(C)(3)	255		AUDITED FINANCIAL STATEMENT		CHARITABLE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

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 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
CLUB OF HEARTS INC

Employer identification number
58-6056698

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS WERE AMENDED TO DEFINE THE ATTENDANCE POLICY FOR THE BOARD OF TRUSTEES SECTION 6 ATTENDANCE IF A MEMBER OF THE BOARD OF TRUSTEES MISSES TWO (2) CONSECUTIVE MEETINGS OF THE BOARD OF TRUSTEES OR THREE (3) MEETINGS IN ANY TWELVE-MONTH PERIOD, SUCH MEMBER SHALL BE AUTOMATICALLY REMOVED AS A MEMBER OF THE BOARD OF TRUSTEES AND SHALL NO LONGER BE A MEMBER OF THE BOARD OF TRUSTEES, PROVIDED, HOWEVER, THAT THE BOARD OF TRUSTEES SHALL HAVE THE OPTION OF ALLOWING SUCH MEMBER TO APPEAL HIS OR HER AUTOMATIC REMOVAL THE BOARD OF 4 TRUSTEES MAY ALLOW AN APPEAL BY MAJORITY VOTE IN THE EVENT THE BOARD OF TRUSTEES ALLOWS AN APPEAL AND THEREAFTER AGREES TO REINSTATE THE MEMBER, THE MEMBER SHALL BE PERMITTED TO SERVE THE REMAINDER OF HIS OR HER TERM, PROVIDED THAT SUCH MEMBER DOES NOT MISS ANY FURTHER MEETINGS FOR THE REMAINDER OF THE CALENDAR YEAR IN WHICH SUCH MEMBER WAS REINSTATED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF THE RETURN WAS DISTRIBUTED TO THE 11 BOARD MEMBERS THRU E-MAIL ON MAY 9,2013

Identifier	Return Reference	Explanation
	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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CURRENTLY, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	DECREASE IN TEMPORARILY RESTRICTED NET ASSETS - 55,460

Identifier	Return Reference	Explanation
ORGANIZATION'S FINANCIAL STATEMENT AUDITED BY AN INDEPENDENT ACCOUNTANT	FORM 990, PAGE 12, PART XI, LINE 1	ORGANIZATION USES THE CASH METHOD TO RECORD THE ACTIVITIES THE ACCRUAL METHOD IS USED TO RECORD GRANT PAYABLES AND GRANT RECEIVABLES

Identifier	Return Reference	Explanation
ORGANIZATION'S FINANCIAL STATEMENT AUDITED BY AN INDEPENDENT ACCOUNTANT	FORM 990, PAGE 12, PART XI, LINE 2B AND 2C	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

Identifier	Return Reference	Explanation
GUIDELINE FOR CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND	FORM 990, SCHEDULE I	ELIGIBILITY ELIGIBLE INDIVIDUALS INCLUDE GEORGIA POWER AND SOUTHERN COMPANY SERVICES-GEOR GIA EMPLOYEES, RETIREES, AND DEPENDENT FAMILY MEMBERS OF ALL THE FOREGOING WHO ARE EXPERIE NCING A FINANCIAL HARDSHIP, RESULTING FROM A CATASTROPHIC EVENT OR SERIOUS ILLNESS AS DEMO NSTRATED BY DATA SET FORTH IN THE APPLICATION - EMPLOYEES MUST BE REGULAR, FULL-TIME OR P ART-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 R ETIREMENT FROM GEORGIA POWER OR SCS-GEORGIA IN ADDITION, ELIGIBLE INDIVIDUALS MUST HAVE T ERMINATED EMPLOYMENT IN GOOD STANDING AS DETERMINED BY THE COMPANY AND BE IN PENSION-PAYME NT 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 (INC LUDES 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 26 DEPENDENT CHILDREN INCLUDE YOUR NATURAL CHILDREN, LEGALLY AD OPTED CHILDREN FROM THE DATE OF ADOPTION, CHILDREN FOR WHOM YOU HAVE PRIMARY LEGAL RESPONS IBILITY, AND STEPCHILDREN - UNMARRIED CHILDREN WHO ARE MENTALLY OR PHYSICALLY HANDICAPPED AND TOTALLY DEPENDENT ON EMPLOYEE/RETIREE FOR SUPPORT, REGARDLESS OF AGE APPLICATION PRO CESS FOR EMPLOYEES - ELIGIBLE INDIVIDUALS MUST COMPLETE, SIGN, AND RETURN ONE OF THE TWO APPLICABLE APPLICATION FORMS AND SUBMIT COPIES OF ALL APPROPRIATE DOCUMENTATION LISTED BEL OW - APPLICATION DUE TO HOUSE FIRE/NATURAL DISASTER - APPLICATION FOR ALL OTHER EMERGENCY FUND REQUESTS - INCOMPLETE APPLICATIONS OR APPLICATIONS NOT CONTAINING REQUESTED DOCUMENT ATION 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 BLV D NE, BIN 10131, ATLANTA, GA 30308, OR SCANNED AND EMAILED TO CLUBHEAR@SOUTHERNCO COM - 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 EMPLO YEES OR THEIR DEPENDENTS) IS PERMITTED - SEPARATE APPLICATION FORMS ARE AVAILABLE FOR RET IREES FOR FIRES AND OTHER NATURAL DISASTERS COMPLETELY FILL OUT AND SIGN THE EMERGENCY F UND APPLICATION FOR "FIRES AND OTHER NATURAL DISASTERS" AND SUBMIT COPIES OF ALL APPROPRIA TE DOCUMENTATION LISTED BELOW - DOCUMENTATION REGARDING YOUR EMERGENCY SITUATION (I E LO CAL FIRE DEPARTMENT REPORT SHOWING PROOF OF DAMAGE) AND WHAT CAUSED IT FOR ALL OTHER EMER GENCY FUND REQUESTS COMPLETELY FILL OUT THE APPLICATION, INCLUDING ALL INFORMATION REGARD ING FAMILY MEMBERS LIVING WITH YOU, ALL INCOMES IN THE HOUSEHOLD, ETC , AND SUBMIT THE COM PLETED AND SIGNED APPLICATION ALONG WITH COPIES (NOT ORIGINALS) OF THE FOLLOWING - DOCUMEN TATION REGARDING YOUR EMERGENCY SITUATION (I E COPY OF LOCAL FIRE DEPARTMENT REPORT SHOWI NG PROOF OF FIRE, ETC) AND WHAT CAUSED IT - COPIES OF YOUR LAST TWO PAYCHECKS (COPIES CA N BE OBTAINED FROM HR DIRECT) - COPIES OF APPROVED FMLA DOCUMENTATION, SUPPLEMENTAL SECUR ITY DISABILITY INSURANCE (SSDI) AND WORKERS' COMPENSATION DOCUMENTATION, IF APPLICABLE - COPIES OF ALL INVOICES FOR WHICH YOU ARE REQUESTING PAYMENT, WHERE APPLICABLE, REQUESTS WI LL 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 INCL UDE SCHEDULES) REVIEW PROCESS - IN AN EFFORT TO BE FAIR AND OBJECTIVE, THE BOARD WILL CO NSIDER 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 T HROUGH EMAIL OR AT BOARD MEETINGS - WHILE REVIEWING ANY REQUESTS, THE CLUB OF HEARTS' ADM INISTRATOR AND THE BOARD HAVE THE RIGHT TO OBTAIN ADDITIONAL INFORMATION FROM THE APPLICAN T 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 ASSO CIATED WITH THE EVENT MUST BE SUBMITTED VIA AN AMENDED APPLICATION (SEE APPLICATION FOR OT HER 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 A LL OTHER REQUESTED INFORMATION BY CLUB OF HEARTS, APPLICANTS WILL BE NOTIFIED IN WRITING W ITHIN FIVE BUSINESS DAYS OF THE BOARD'S DECISION

Identifier	Return Reference	Explanation
GUIDELINE FOR CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND	FORM 990, SCHEDULE I	PAYMENT PROCESS ANY RECIPIENT OF AN EMERGECY CASH CONTRIBUTION UP TO $1,000 SHALL BE REQU IRED 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 F UNDS THAT HAVE NOT BEEN USED FOR THE PURPOSES FOR WHICH THEY WERE GRANTED - FOR ANY REQUE STS THE BOARD APPROVES OUTSIDE IMMEDIATE EXPENSES, THE APPLICANT MUST SUBMIT COPIES OF BIL LS TO BE PAID AND APPROPRIATE SUPPORTING DOCUMENTATION WITH HIS/HER APPLICATION IF APPROV ED, THESE EXPENSES ARE PAID DIRECTLY TO THE VENDOR (I E MORTGAGE COMPANY OR MEDICAL PROVI DER) THE MAXIMUM THAT CAN BE AWARDED TO AN APPLICANT IS $5,000 IN A 12-MONTH PERIOD - AN APPLICANT CANNNOT BE APPROVED FOR MORE THAN ONE APPLICATION IN A 12-MONTH PERIOD IF AN A PPLICATION IS APPROVED, NO FUTURE APPLICATION MAY BE FILED THAT RELATES TO A PREVIOUSLY-AP PROVED FUNDING FOR A CATASTROPHIC EVENT OR ILLNESS AFTER A 12-MONTH PERIOD HAS RUN OUT RE LATED TO AN APPROVED APPLICATION, THE APPLICANT MUST INCUR AN ADDITIONAL OR DIFFERENT CATA STROPHIC EVENT OR ILLNESS IN ORDER TO BE CONSIDERED FOR FUNDING THROUGH THE EMPLOYEE EMERG ENCY 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 FU NDS 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)

Identifier	Return Reference	Explanation
BACKUP WITHHOLDING, FEDERAL EMPLOYMENT TAX RETURNS, FORM 8899 AND 1098-C	FORM 990, PART V, LINES 1C, 2B, 7G AND 7H	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 APPLY THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES AND THEREFORE THE FEDERAL EMPLOYMENT TAX RETURNS WERE NOT FILED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134078203

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CLUB OF HEARTS INC

Employer identification number
58-6056698

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) GEORGIA POWER COMPANY 241 RALPH MCGILL BLVD BIN 10131 ATLANTA, GA 30308 58-0257110	PROVIDE ELECTRICITY TO THE CUSTOMERS	GA	N/A	C					No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGIA POWERSOUTHERN COMPANY SERVICES	C	985,198	AUDITED FINANCIAL STATEMENT

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-6056698
Name: CLUB OF HEARTS INC

-->