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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization

HARLEM ATTIC TREASURES, INC

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

320 S FAIRVIEW DRIVE

City or town, state or province, country, and ZIP or foreign postal code

HARLEM, GA 30814

D Employer identification number

27-3443867

E Telephone number

706-556-6656

F Group Exemption
NumberG Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

I Website: _____

J Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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

\$ 129,977.

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

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

☒

1	Contributions, gifts, grants, and similar amounts received	1	11,191.
2	Program service revenue including government fees and contracts	2	118,786.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,977.
10	Grants and similar amounts paid (list in Schedule O)	10	43,132.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	63,434.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	13,199.
17	Total expenses. Add lines 10 through 16	17	119,765.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,212.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29,510.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<8,000.>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	31,722.

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

Form 990-EZ (2013)

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

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

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

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

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

☐

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

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer

CEO

Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JOHN NEAL

08/19/14

P00293842

Firm's name ▶ CHERRY BEKAERT LLP

Firm's EIN ▶ 56-0574444

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

Phone no. 706-724-3557

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2013

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

27-3443867

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).

[illegible]**Schedule A (Form 990 or 990-EZ) 2013**

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

(Complete only if you checked the box on 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		2,110.	1,802.	19,696.	11,191.	34,799.
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		37,422.	51,102.	60,511.	118,786.	267,821.
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		39,532.	52,904.	80,207.	129,977.	302,620.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						302,620.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		39,532.	52,904.	80,207.	129,977.	302,620.
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.)		39,532.	52,904.	80,207.	129,977.	302,620.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

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

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: COLUMBIA COUNTY CARES FOOD BANK

GRANTEE ADDRESS: 1959 APPLING HARLEM RD APPLING, GA 30802

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 4,500.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: FREE BREAD

GRANTEE ADDRESS: 575 W MILLEDGEVILLE ROAD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 468.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: FISHER HOUSE AT FORT GORDON

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

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

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

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: **2,350.**

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: HARLEM UNITED METHODIST CHURCH SOCIAL SERVICES

FUND

GRANTEE ADDRESS: P O BOX 139 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: **5,800.**

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: AMERICAN CANCER SOCIETY (RELAY FOR LIFE)

GRANTEE ADDRESS: 2607 COMMONS BLVD AUGUSTA, GA 30909

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: **2,000.**

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: AUGUSTA WARRIOR PROJECT

GRANTEE ADDRESS: 4115 COLUMBIA ROAD, STE 5-333 MARTINEZ, GA 30907-0410

GRANTEE RELATIONSHIP: NONE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 2,950.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: COLUMBIA COUNTY HUMANE SOCIETY

GRANTEE ADDRESS: 6100 COLUMBIA RD APPLING, GA 30802

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: CHRISTMAS FOR KIDS

GRANTEE ADDRESS: 575 W MILLEDGEVILLE ROAD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 7,668.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: CMFA CHAMPIONS MADE FROM ADVERSITY

GRANTEE ADDRESS: P O BOX 980 HARLEM, GA 30814

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: JULIE'S HOUSE

GRANTEE ADDRESS: 3850 WASHINGTON ROAD MARTINEZ, GA 30907

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 1,671.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: BREWER COMMUNITY SERVICE COUNCIL

GRANTEE ADDRESS: 40 S MAIN ST BREWER, ME 04412

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: SOUTHERN SOULS ANIMAL SHELTER

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

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE ADDRESS: 3902 ADAMS CHAPEL RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 400.

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: ALZHEIMER'S DISEASE ASSOCIATION

GRANTEE ADDRESS: 106 SRP DR, STE A EVANS, GA 30809

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 50.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL SENIOR SCHOLARSHIP

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

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

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE NAME: LYDIA PROJECT

GRANTEE ADDRESS: 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 4,500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: CITY OF HARLEM

GRANTEE ADDRESS: HWY 221 HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 50.

ACTIVITY CLASSIFICATION: EDUCATIONAL SCHOLARSHIP

GRANTEE NAME: HARLEM HIGH SCHOOL BASKETBALL BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 300.

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HHHS, HMS, NHE, NCE, ECE, DES-SCHOOL SUPPLIES

GRANTEE ADDRESS: VARIOUS HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 1,200.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL VOLLEYBALL BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: NORTH HARLEM ELEMENTARY SCHOOL

GRANTEE ADDRESS: FAIRVIEW DR HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 75.

SCHEDULE O
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OMB No. 1545-0047

2013

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL DRAMA BOOSTERS

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: QUEEN OF ANGELS CATHOLIC CHURCH

GRANTEE ADDRESS: WASHINGTON ROAD THOMSON, GA 30824

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: HARLEM HIGH SCHOOL (SIGN)

GRANTEE ADDRESS: 1070 APPLING HARLEM RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

AMOUNT GIVEN:

750.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: OLD UNION BAPTIST CHURCH YOUTH CAMP

GRANTEE ADDRESS: OLD UNION ROAD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: MEMORIALS TO VARIOUS NON-PROFITS

GRANTEE ADDRESS: VARIOUS HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: AMERICAN HEART ASSOCIATION

GRANTEE ADDRESS: 7272 GREENVILLE AVE DALLAS, TX 75231

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: COLUMBIA COUNTY RECREATION DEPT-SOFTBALL WORLD

SERIES TRIP

GRANTEE ADDRESS: 5445 COLUMBIA RD GROVETOWN, GA 30813

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: LUKEMIA AND LYPHOMPY SOCIETY-LIGHT THE NIGHT

GRANTEE ADDRESS: 7616 EVANS TOWN CENTER BLVD EVANS, GA 30809

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: SCIENTIFIC RESEARCH

GRANTEE NAME: SUSAN G KOMEN BREAST CANCER FOUNDATION

GRANTEE ADDRESS: 5005 LBJ FREEWAY DALLAS, TX 75244-6125

GRANTEE RELATIONSHIP: NONE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: SOCIAL SERVICES

GRANTEE NAME: BENEFIT FOR TREY MILLS

GRANTEE ADDRESS: 575 WEST MILLEDGEVILLE RD HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: COLUMBIA COUNTY RECREATION DEPT-YOUTH TRAVEL

FOOTBALL

GRANTEE ADDRESS: 5445 COLUMBIA RD GROVETOWN, GA 30813

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: COLUMBIA COUNTY HEADSTART

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2013

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

GRANTEE ADDRESS: 405 W CHURCH ST HARLEM, GA 30814

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: SAFE HOMES OF AUGUSTA-GROW WITH GRITS AND GRINS

GRANTEE ADDRESS: 904 MERRY ST AUGUSTA, GA 30904

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

AMOUNT GIVEN: 200.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 43,132.

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

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 590.

OTHER EXPENSES 62,844.

TOTAL TO FORM 990-EZ, LINE 14 63,434.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SUPPLIES 5,374.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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2013

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Name of the organization

HARLEM ATTIC TREASURES, INC

Employer identification number
27-3443867

INSURANCE	412.
OTHER OVERHEAD COSTS	2,899.
ADVERTISING	2,614.
CLEANING SERVICES	1,900.
TOTAL TO FORM 990-EZ, LINE 16	13,199.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PURCHASE OF HVAC SYSTEM	-8,000.

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

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

MISCELLANEOUS OTHER SOCIAL AND COMMUNITY SERVICES

GRANTS \$ 25,164. EXPENSES \$ 0.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	HARLEM ATTIC TREASURES, INC	Employer identification number (EIN) or 27-3443867
	Number, street, and room or suite no. If a P.O. box, see instructions. 320 S FAIRVIEW DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARLEM, GA 30814	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LOREEN REYNOLDS

- The books are in the care of ► **320 S FAIRVIEW DR - HARLEM, GA 30814**

Telephone No. ► **706-556-6656**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2013** or
► ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.