

## Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2016

Open to Public

Inspection

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

		ue Service	► Information about Form 990-EZ and its instructions is at www.irs.	gov/ron	megu.					
A F	or the	2016 calend	ar year, or tax year beginning , 2016, and e	nding			, 20			
B Check if applicable:					D Emple	loyer identification number				
	Vddress c	READY SET GO-BACK TO SCHOOL INC					83864254			
$\overline{}$	lame cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	/sulte	E Telep	hone number				
Initial return Final return/terminated			622 EAST 37TH STREET			(912) 233-5395				
=	mended		City or town, state or province, country, and ZIP or foreign postal code	- 4	F Grou	p Exe	mption			
Application pending			SAVANNAH GA 31401	03	Num	mber 🕨				
G A	ccount	ing Method:	✓ Cash Accrual Other (specify) ►	н	Check •		f the organization is not			
I W	/ebsite	:► www.	rsgbacktoschool org			ired to attach Schedule B				
J Ta	nexe-xe	npt status (ch	ock only one) — ✓ 501(c)(3)	27	(Form 99	90, 990	)-EZ, or 990-PF).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other			•	<del></del>			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total	assets					
(Par	t II, coli	umn (B) belo	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$				
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	ee the	instruc	tions	for Part I)			
		Check if	the organization used Schedule O to respond to any question in this	Part I			🗆			
	1		ons, gifts, grants, and similar amounts received			1	18,562.00			
	2		ervice revenue including government fees and contracts		1	2				
	3	_	ip dues and assessments			3				
	4	Investmen	•			4	<del></del>			
	5a	Gross amo	ount from sale of assets other than inventory   5a							
	b		or other basis and sales expenses							
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a	1)		5c	The state of the s			
	6	-	d fundraising events	•						
	а	_	ome from gaming (attach Schedule G if greater than				K 127 21 21 21			
9	_						2 2018			
<u>=</u>	ь		ome from fundraising events (not including \$ of cont	ribution	s		2 111L 09 2010			
Revenue	_	from fundraising events reported on line 1) (attach Schedule G if the					JUL 0 9 2018			
ш			ch gross income and contributions exceeds \$15,000)   6b		i		LANGEN UT			
	c		et expenses from gaming and fundraising events 6c				OCUEN. UT			
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					and the second s			
	_	line 6c)	6d							
	7a	•	s of inventory, less returns and allowances   7a							
	ь.		of goods sold							
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8		nue (describe in Schedule O)			8	<del></del>			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	18,562.00			
	10		d similar amounts paid (list in Schedule O)	<u> </u>		10				
	11			1.45		11				
ø	12		aid to or for members	<b>VED</b>		12				
8	13		al foce and other payments to independent contractors		\$-08C	13	850.00			
듄	14		y, rent, utilities, and maintenance	2018	ΪÕΙ	14	3355 00			
Expenses	15		ublications, postage, and shipping	1 u	. S.	15				
-44	16	• • •		1 1 1 -	<u> </u>	16	11,441.00			
				₹, <b>U</b>	<i>"</i>	17	15,646.00			
	17		enses. Add lines 10 through 16	-		18	2916 00			
ş	18 19			 et aaror		10	2910 00			
28	1.5		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)				2588.00			
Net Assets	-					19 20	2300.00			
2	20	Other changes in net assets or fund balances (explain in Schedule O)					EED 4 00			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		<u>.</u> ▶	21	5504.00			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10842I

Form 990-EZ (2016)

ОПТ						Page 2
Ра	t II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this F	Part II		
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[_	2588.00	22	2916 00
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			2588.00	25	2916.00
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	2588.00	27	2916 00
Par				art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this F	Part III 🔲		Expenses
Wha			s for local school age			quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplis	hments for each o	f its three largest on	ogram services		anizations; optional for
as n	neasured by expenses. In a clear and concise ma	anner, describe the	services provided,	the number of	oth	ers.)
	ons benefited, and other relevant information for ea		,		ŀ	
28	Host annual BACK TO SCHOOL event for the general pu	blic and school suppli	es for socio-economica	illy		
	disadvantaged youth. Hosted over 4000 youth in Chatha	m county and surroun	ding areas.			
		***************************************			1	
	(Grants \$ ) If this amount i	includes foreign gra	ints, check here .	▶ 🗆	288	15,646.00
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🛛	298	а
30	<u> </u>					
•						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	30	a
31	Other program services (describe in Schedule O)	intologo tologu git			-	
٠.	(Grants \$ ) If this amount	318	a			
32					+	
	Total program service expenses (add lines 28a t	hrough 31a)			32	15.646 00
	Total program service expenses (add lines 28a t				32	
	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	ensated-see the i	nstru	uctions for Part IV)
		Employees (list each O to respond to a	n one even if not comp	ensated-see the i	nstru	uctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each	n one even if not comp ny question in this i (c) Reportable compensation	pensated — see the incompart IV	nstru	uctions for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	ree (e	uctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to a (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation	pensated — see the incompart IV	ree (e	uctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  . W. JAMES NELSON PRESIDENT	Employees (list each O to respond to a (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	nstru ree (e	o) Estimated amount of other compensation
Par REV 622	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  W. JAMES NELSON PRESIDENT  EAST 37TH ST. SAVANNAH GA 31401-9260	Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	ree (e	uctions for Part IV)
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X

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	٧	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
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)?			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>√</b>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
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	36		<b>\</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200.000		
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		_
	If "Yes," complete Schedule L, Part II and enter the total amount involved	]		]
39	Section 501(c)(7) organizations. Enter:	l i		
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	}		1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		<b>√</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>J</b>
41	List the states with which a copy of this return is filed ▶ GEORGIA			
42a		912) 2:		95
	Located at N 622 FAST 37TH STREET SAVANNAH GA	314		
þ	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) monexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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)	45b		1

•									
Form 99	00-EZ (2016)					_ F	ege 4		
46	Did the organization engage, directly or to candidates for public office? If "Yes,"					Yes	No		
Part	<u> </u>	s only ns must answer que	estions 47-49b and	52, and complete th		for line	<u> </u>		
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the	tax 47	Yes	No		
48 49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co								
b 50	If "Yes," was the related organization a so Complete this table for the organization's	Did the organization make any transfers to an exempt non-charitable related organization?							
	(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) Estimat	(e) Estimated amount of other compensation			
NONE						_			
		-							
						··			
f	Total number of other employees paid ov	ver \$100,000	• -0-						
51	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest comp anization. If there is n	ensated independent one, enter "None."	contractors who eac	h received	more	∍ tha		
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (e	(c) Compensation				
NONE			-						
			-						
			-						
				1	·	_	<u> </u>		
d 52	Total number of other independent contr			Parations must attac	-0-				
	Did the organization complete Sched completed Schedule A	· · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	.▶□ Ye				

Sign Here W. James
Type or print name and title Date 3-//-PTIN Print/Type preparer's name Check if self-employed Paid TERRI SAMS-SNIPE P00748064 **Preparer** ▶ TITAN FINANCIAL SERVICES 45-4799783 Firm's EIN ▶ **Use Only** Firm's address ▶ PO BOX 61002 SAVANNAH GA 31420 8555117366 Phone no. May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

0MB No. 1545-0047 20**16** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer Identification number READY SET GO-BACK TO SCHOOL INC 38-3864254 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type IIII functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 ted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 16,235 00 16,598.00 16,309.00 14,809,17 18,562.00 82,513 00 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 16,235.00 16,309.00 14,809.00 18,562.00 82,513.00 Total. Add lines 1 through 3 . . . . 16,598.00 The portion of total contributions by person (other than governmental unit or publiciv supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 82,513 00 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2013 (d) 2015 (e) 2016 (a) 2012 (c) 2014 (f) Total Amounts from line 4 . . . . . . 16,309.00 18,562.00 16,598 00 14,809.00 82,513 00 16,235 00 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 82,513 00 11 Total support. Add lines 7 through 10 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . % 16a 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2015. 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.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see