## SCANNED MAY 18 2017

Form **990-EZ** 

## **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 Internal Revenue Service

▶ 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.

A	For the	2016 calenda	ar year, or tax year beginning , 2016, and ending		, 20				
В	Check if ap	plicable	C Name of organization D Er	nployer ide	ntification number				
	Address cl	hange	46-5395248						
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)  Room/suite  E Te	lephone nu	mber				
$\vdash$	Initial retur		2311 OLD SAVANNAH RD						
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exer	notion				
H	Amended return  Application pending  AUGUSTA, GA 30906			umber >	•				
<u></u>		ing Method	<u> </u>	<b> </b>	the organization is not				
	<b>Website</b>	•			ich Schedule B				
			<del></del>		-EZ, or 990-PF)				
_			, , , , , , , , , , , , , , , , , , ,		-LZ, 01 330-11)				
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other ☐	4-					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	IS .	25400				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	15480				
Ŀ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the insti						
		Check If	the organization used Schedule O to respond to any question in this Part I	<u> </u>	<u> </u>				
	1	Contribution	ons, gifts, grants, and similar amounts received	1	15480				
	2	Program s	ervice revenue including government fees and contracts	2					
	3	Membersh	ıp dues and assessments	3					
	4	Investment	income	4					
	5a	Gross amo	ount from sale of assets other than inventory   5a	4 4 3					
	b		or other basis and sales expenses						
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6		\$755.						
	a	Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than							
<u>o</u>		\$15,000)							
Revenue	_								
Š	b		ome from fundraising events (not including \$of contributionsof contributions						
ď			aising events reported on line 1) (attach Schedule G if the						
			ch gross income and contributions exceeds \$15,000)	<b>—</b> [37]					
	C		et expenses from gaming and fundraising events						
	d		P						
		line 6c)		6d					
	7a	Gross sale	s of inventory, less returns and allowances	_604					
	b		of goods sold	2000					
	С	Gross prof	7c						
	8	Other reve	8						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	15480				
	10		similar amounts paid (list in Schedule O)	10					
	11		aid to or for members	11					
es	1 .	•	ther compensation, and employee benefits	12	<u>-</u>				
ıse		-		13					
Expens	14		al fees and other payments to independent contractors APR .2 .4 .2017	14	1099				
X	15			15					
	16		enses (describe in Schedule O)	16					
	1		17	1099					
	17	Total expe	enses. Add lines 10 through 16	-	14381				
ţ	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	14381				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		03.03				
	1_		ar figure reported on prior year's return)	19	2303				
	20		nges in net assets or fund balances (explain in Schedule O)	20					
_	21	Net assets	21	16684					
			the And Alekian and Alexandra Instructions		Form 990-F7 (2016)				

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

QNA

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Form 990							Page 2
Part	Ш	Balance Sheets (see the instructions f			<b></b>		-
		Check if the organization used Schedule	O to respond to ar			<u>· ·</u>	(B) End of year
00	0	annuar and investments		-	(A) Beginning of year 2003	00	· · · · · · · · · · · · · · · · · · ·
		, savings, and investments		· · · · · ·		23	660
		r assets (describe in Schedule O)				24	
		l assets			2303		660
		I liabilities (describe in Schedule O)				26	
		assets or fund balances (line 27 of column		<u> </u>	2303	27	660
Part I	_	Statement of Program Service Accom			Part III)		
		Check if the organization used Schedule				<b>(5.</b>	Expenses
What is	s the	organization's primary exempt purpose?	FEEDING EDU	CATIONG THE U	NDERSERVIC		quired for section (c)(3) and 501(c)(4)
		e organization's program service accompli- d by expenses. In a clear and concise m					inizations, optional for
		efited, and other relevant information for ea		s services provided	, the number of		•
28		<del></del>		<del></del>	<del></del>		T
(0	Grants	s\$ ) If this amount	includes foreign gra	nts, check here .	<b>▶</b> 🗍	28a	1
29							
							1
<u>.</u>	Grants	) If this amount	ıncludes foreign gra	ints, check here .	<u> 🕨 🔲</u>	<b>29</b> a	<u> </u>
30						İ	
		Δ M Ab					
<u> </u>	Grants	orogram services (describe in Schedule O)	includes foreign gra			30a	<del> </del>
	Grants		includes foreign gra	nto chook horo		31a	.
<u> </u>		program service expenses (add lines 28a				32	+
Part	_	List of Officers, Directors, Trustees, and Key					
		Check if the organization used Schedule		•			
		<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,		
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)			
YOLA	ND A	ALLEN					
RA				0			
DOSY	E AI	LLEN	-				
CFO				0	<u> </u>		<del></del>
	E SI	CINNER	1				
CEO				0	<b>_</b>		
ROSE			-	1	1	Į	
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Part						
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait				
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		Yes	No X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33				
	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	!	х		
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)?	35a		Х		
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	35b				
С	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				
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				
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b				
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?	38a	-	X		
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	٠, <u>*</u>	_			
a	Initiation fees and capital contributions included on line 9	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	,	,		
b 40a	Gross receipts, included on line 9, for public use of club facilities					
	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		en			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u></u>			
С	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					
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	15 W.		****		
е	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				
41	List the states with which a copy of this return is filed ▶					
42a						
b	Located at ▶ _, ZIP + 4 ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b				
	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).			12.4		
С	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				
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		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	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	<u> </u>	<u>                                     </u>		
С	Did the organization receive any payments for indoor tanning services during the year?	44c				
d	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				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+			
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	<u></u>	<u> </u>		

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		· ·· =·					Yes	No
46	Did the organization engage, directly or in					tion 🎇	24	4
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 4	16	
art	VI Section 501(c)(3) organizations	s only						
	All section 501(c)(3) organization		estions 47-49b and	52, and co	mplete th	e table	s for lir	nes
	50 and 51.	•		•	•			
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				Г
	Officer if the organization used co	incudic O to respond	to any question in a	ino i ait vi	<del></del>	• • •	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501/h) electio	n in effect (	during the	tav [	103	+ 140
71	year? If "Yes," complete Schedule C, Pai				adming the			
						<u> </u>	17	
48	Is the organization a school as described in						18	<del></del>
49a	Did the organization make any transfers t	•				_	9a	<del></del>
b	If "Yes," was the related organization a s						9b	
50	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of compe	nsation from the organ	nization. If th	ere is non	e, enter	"None	"
		(b) Average	(c) Reportable	(d) Health		(a) Catu		
	(a) Name and title of each employee	hours per week	compensation	contributions to employed benefit plans, and deferred			nated amo	
		devoted to position	(Forms W-2/1099-MISC)	comper			,	
NO	NE							
		1						
		-						
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			<u> </u>	1				
		-						
		_						
	Total number of other employees paid ov			<u> </u>		L		
51	Complete this table for the organization \$100,000 of compensation from the organization	anization. If there is no	one, enter "None."					
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	vice.		) Comper	Sallon	
NO	NE							
			1					
			1					
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d	· • · • · · · · · · · · · · · · · · · ·	-	•	▶				
52	Did the organization complete Sched	ule A? Note: All se	ection 501(c)(3) orga	nızatıons m	iust attac	- —	_	
	completed Schedule A					.▶□ \	∕es 🗵	No
Under	penalties of perjury, I declare that I have examined this	return, including accompar	nying schedules and stateme	ents, and to the	best of my k	nowledge	and belie	f, it is
true, co	prrect, and complete Declaration of preparer (other tha	an officer) is based on all inf	ormation of which preparer h	nas any knowle	dge			
	VII) Allk-				,			
Sign	Signature of officer Date / / Date / /							-
Here	OLANDA ALLEN - REGISTERE	ED AGENT			41181	11		
	Type or print name and title				V - ( - (			
	D-4/7	Preparer's signature	Da	ate		ı PT	IN	
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Use	Only Firm's name			Fim	n's EIN ▶	,		
	Only Firm's name ► Firm's address ► .			Fim	<u> </u>	)		
	Only Firm's name	er shown above? See		Fim	n's EIN ▶	)	- /es 🛚 🛣	No