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Ferm 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 black lung benefit trust or private foundation)

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

For the 2011 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change 100 BLACK MEN OF SAVANNAH, INC 58-2317389 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated P O BOX 14606 (912) 303-8006 City or town state or country ZIP + 4 Amended return F Group Exemption Number ▶ Application pending SAVANNAH 31416 X Cash Accrual H Check ▶ If the organization is Accounting Method Other (specify) Website: ► WWW 100BLACKMENSAV ORG not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — X 501(c)(3) 501(c) () **(**insert no) 4947(a)(1) or Check ▶ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 132,782 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 49,359 2 2 Program service revenue including government fees and contracts 3 19.817 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory Less, cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 63,572 sum of such gross income and contributions exceeds \$15,000) 6b 52.769 Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract , gradij 10,803 6d Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 9 80,013 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members. 12 12 Salaries, other compensation, and employee benefits 25.346 13 Professional fees and other payments to independent contracto 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 59,095 16 16 Other expenses (describe in Schedule O) 84,441 17 Total expenses. Add lines 10 through 16 17 -4,428 18 Excess or (deficit) for the year (Subtract line 17 from/line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line.277 column (A)) (must agree with 19 47,306 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 42,878 21

Form 990-EZ (2011

	Check if the organization used Schedule O to	espond to any question in				X
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			46,230	22	32,034
23	Land and buildings		·		23	
24	Other assets (describe in Schedule O)			1,076		
25	Total assets			47,306	_	32,034
26			· · · <u> </u>		26	<u> </u>
27	Net assets or fund balances (line 27 of column			47,306	27	32,034
Pa	t III Statement of Program Service Accomplise Check if the organization used Schedule O	•	,	🔲		Expenses uired for section
Wha	t is the organization's primary exempt purpose?	o Mentor at-risk African A	American Youth			c)(3) and 501(c)(4) hizations and section
	ribe the organization's program service accomplish			ervices.		(a)(1) trusts, optional
	easured by expenses. In a clear and concise manr				for ot	thers)
	ons benefited, and other relevant information for ea		,			
28	EDUCATIONAL SCHOLARSHIPS FUNDED TO VA	RIOUS POST SECONDA	ARY EDUCATION			
	INSTITUTIONS					
-	(Grants \$) If this amount	includes foreign grants,	check here	▶ □	28a	18,100
29	PROVIDED MENTORING AND EDUCATIONAL SU			INAH		10,100
	ADE A		• • • • • • • • • • • • • • • • • • • •			
•	AKÇA					
•	(Grants \$ 5,700) If this amount	includes foreign grants	chack here		20-	4 777
30					29a	4,777
JU .				-		
•						
-	(Con-A- 0					
-		includes foreign grants,	cneck nere	₽ ⊔	30a	ļ
	Other program services (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·		
-		includes foreign grants,		▶ 📖	31a	<u> </u>
	Total program service expenses. (add lines 28a t			<u>, , </u>	32	22,877
2:1						
	List of Officers, Directors, Trustees, and I	• • •	one even if not compe		nstruct	ions for Part IV)
	Check if the organization used Schedule O t	• • •	one even if not compe		nstruct	ions for Part IV)
		• • •	one even if not compe n in this Part IV (c) Reportable	nsated (see the in . (d) Health benefit	s	
		o respond to any question (b) Title and average hours per week	one even if not compe n in this Part IV	nsated (see the in	s	(e) Estimated amount of other compensation
	Check if the organization used Schedule O t	o respond to any question (b) Title and average	one even if not compe n in this Part IV (c) Reportable compensation	nsated (see the in . (d) Health benefit	s ins,	(e) Estimated amount of
·	Check if the organization used Schedule O t	o respond to any question (b) Title and average hours per week devoted to position	one even if not compe in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit pla	s ins,	(e) Estimated amount of
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Page 3

Form **990-EZ** (2011)

	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	irt V	Ļ
_			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			l
0.4	detailed description of each activity in Schedule O.	33	<u> </u>	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	1		
25.0	change on Schedule O (see instructions)	34		X
30 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	├	X
	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		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X
30	during the year? If "Yes," complete applicable parts of Schedule N	36	'	"
37 a		36		X
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	 		 ^
39	Section 501(c)(7) organizations Enter:	┥		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1 !		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1 !		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	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.	40b		Х
C	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1 1		
	reimbursed by the organization			
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. ► GA			
42 a	The organization's books are in care of ► LLOYD JOHNSON Telephone no ►	(912) 2	33-100	05
	Located at ► 204 WEDGEFIELD CROSSINC City SAVANNAH ST GA ZIP + 4 ► 314	05		
b	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		Х
	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.			**************************************
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			- arriva in
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d	∤	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 -	X
45 D	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	~ [. y .!
	TOTH 000°⊑⊆ (500 H3H40H0H3) , , , , , , , , , , , , , , , , , ,	I TUU I		^

Form 99	0-EZ (201	11), 100	BLACK MEN	OF SA	/ANNAH. INC	·.				!	58-23173	89	Page 4
					<u> </u>							Yes	No
46'	Did the	organization enga	age, directly or	ındirect	ly, in political	campaign a	activities on be	ehalf of	or in oppo	osition	75		
1	to can	didates for public of	office? If "Yes,"	comple	te Schedule (C, Part I	· · <u>·</u> · · ·			<u> </u>			X
Part '	VI S	didates for public of the didates for the dida) organizatio	ns and	section 49	47(a)(1) n	onexempt of	charital	ble trust	s only. All	section		
	5	i01(c)(3) organiz	ations and se	ction 4	947(a)(1) no	nexempt of	charitable tru	ists mu	st answe	er questions	47–49t)	
	a	and 52, and comp	plete the table	es for li	nes 50 and 5	51 cond to an	v augstion is	thic D	net \/!				
		Check if the orga	mization used	Sched	nie O to test	John to an	y question ii	i unis Fa	ait vi .	· · · · ·	<u> </u>		
												Yes	No
		organization enga							uring the	tax			
		f "Yes," complete S							· · · · ·		. 47		X
		rganization a scho										L	X
		organization make	•		•		•				. 49a		<u>X</u>
		was the related of									49b		
	•	ete this table for the	•		•	•	•					ey	
	employ	ees) who each red	selved more that	an \$100	,000 of comp	ensation fro	om the organiz	zation. I		<u> </u>	None.		
	(a)	Name and address of ea	sch emplovee	1	(b) Title and		(c) Report			alth benefits, Ins to employee	(e) Estima	ated amo	ount of
	1,	paid more than \$10		l	hours per devoted to		compensa (Forms W-2/10)		benefit plan	ns, and deferred	1-7	mpensa	
							(101113 10-2101		com	pensation			
	NONE	Str			Title	- -			}				
City		ST	ZIP		Hr/WK	.00			ļ				
Name _		Str_			Title	00	l						
City		\$T	ZIP	- +	Hr/WK	.00	- 		 _				
Name		Str_			Title	20							
City		ST_	ZIP		Hr/WK	.00	 						
Name		Str_			Title	00			ł				
City		ST	ZIP		Hr/WK Title	.00							
Name Citv		Str ST	ZIP		⊓me Hr⁄WK	.00.							
	Total ni	umber of other em							L				
		te this table for the						ractore v	who each	received mo	re then		
		00 of compensation	-		-		•	aciois	WIIO GACII	received inc	i C tildii		
										T			
	(a) Nan	ne and address of each	independent contri	actor paid	more than \$100,0	000	(b) Typ	oe of service	ce	(c)	Compensa	tion	
Name 1	Vone		Str										
City			ST		ZIP		· 						
Name			Str										
City			ST		ZIP								
Name			Str										
City			ST		ZIP					<u> </u>			
Name			Str										
City			ST		ZIP								
Name			Str										
City			ST		ZIP					<u> </u>			
		mber of other inde							, 				
52 C	onexer	organization comp npt charitable trus	ts must attach	a comp	e: All section a leted Schedul	501(c)(3) o le A	rganizations a	and 4947	7(a)(1)	•	X Ye	s 🔲	No
Inder per	naitles of	perjury, I declare that I i	nave examined this	return, inc	cluding accompan	ying schedule:	s and statements,	and to the	best of my	knowledge and t	elief, ıt ıs		
rue, corre	ect, and c	omplete. Declaration of	preparer (other tha	n officer)	s based on all info	ormation of wh	ich preparer has a	ny knowle	dge				
					1								
Sign	}	Signature of office	ert DIA IVI	12/		POT.	+-		Dat	e _ / 1	0000		
lere	}	\	Gilfel	C^{\sim}		PRESID	est			5/2/	2012		
		Type or print name											
Paid		Print/Type preparer's	name		Preparer's	signature _	2///	Date		Check X if	PTIN		
orepa	rer	Warren F Mitche			-M	m	FULL T	4/2		self-employed	P01554	1663	
_			Varren F Mitch				7	·	Fin	m's EIN ▶58-2			
Jse C		Firm's address > S							Pho	one no (912	<u>2) 596-68</u>	35	
lay the	IRS di	iscuss this return v	vith the prepar	er show	n above? See	instruction	ıs				Ye:	s 🔲	No
											Form 99	0-EZ	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

► See separate instructions.

Open to Public Inspection

		organization							Employe	r identifica			
			SAVANNAH, INC					AL:	1 0 :		<u>317389</u>		_
	ill Organ			narity Status (All organics to the All organics because it is a CE						nstructio	ns.		
1	Oigai		•	lation because it is (F irches, or association		_		-		i).			
2	片			on 170(b)(1)(A)(ii). (A					(~)(·)(·)(.,.			
3	Ħ			hospital service organ		-		170(b)(1)	(A)(iii)				
4	Ħ	· ·	·	ation operated in conju						η(Ь)(4)(Δ'	Wiii\ Fr	ter the	
•		hospital's na	ame, city, and st	ate [.]								-	,
5		-	•	r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nit desc	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ental unit d	described	in sectio	n 170(b)(1)(A)(v).				
7		_		ly receives a substant (1)(A)(vi). (Complete	•	its suppo	ort from a	governme	ntal unit	or from th	ie genei	ral pub	lic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II)						
9	\overline{X}	An organiza	tion that normal	ly receives. (1) more to	han 33 1/	3% of its	support fr	om contri	butions, r	nembersi	nip fees	, and g	jross
		•		ed to its exempt functi		-		•					s
			•	ent income and unrela n after June 30, 1975.				•		tax) from	busine	sses	
10	\Box		-	ind operated exclusive				•	-	'A\			
11	님	•	•	•	•	•	•		• •			ho	
"	ш			ind operated exclusive blicly supported organ									on
		• •	•	at describes the type of					-				
		a Type	: I b 🗀	Type II c	□ Туре	e III–Func	tionally in	tegrated		d 🔲 1	Type III-	-Other	
е		By checking	this box, I certif	y that the organization	n is not co	ntrolled d	lirectly or	indirectly	by one o	more dis	qualifie	d	
		•		on managers and other	er than on	e or more	publicly:	supported	organiza	itions des	cribed i	n sect	ion
			section 509(a)(2	•									
f		-		a written determinatioi	n from the	RS that	it is a Typ	oe I, Type	II, or Typ	e III supp	orting		_
g		-	, check this box st 17, 2006, has	the organization acce	nted anv	 aift or cor	htribution 1	rom anv	of the		•	•	· L.
9		following per		and organization about	ptou uy	g o. oo.							
		(i) A pers	on who directly	or indirectly controls,		_		persons o	described	l in (ıi)		Yes	No
				verning body of the su			on?		•		11g(i)		
		• •	•	person described in (i y of a person describe	•				٠	•	11g(ii)		
h				ation about the suppor							11g(iii)		
	Name	of supported	(ii) EIN	(III) Type of organization		organization		rou notify	(vi)	ls the	(vii)	Amoun	t of
	orga	anization		(described on lines 1~9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the		support	
				(see instructions))	governing			port?		S ?	1		
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)	_									<u> </u>			0
(B)						1							0
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(D)													0
(E)						-		-		 -	-		
					1.8 pt - et	4. 3 Y .6.424		^ ~ ~	~ . *	ļ			0
			San San Ja							13.	ł		^

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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the		}				
	organization without charge .						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	* ** · · · · · · · · · · · · · · · · ·		, **	× , ^		
	person (other than a governmental unit	` ` ` '	The man of the man	` . ~~/	* , %		
	or publicly supported organization)		,	26:	\$e		
	included on line 1 that exceeds 2%	· .		, 200	\$ ^> 1 [*]		
	of the amount shown on line 11,	Marin Sign	Maris - 1820	e, gladeson	, 551 & . 79	*	
	column (f)	"‰ ș. ¾	Saraan 40 4/4	* ^ .m \	But the		
6	Public support. Subtract line 5 from line 4.		` ` ;	,			0
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets		i				
	(Explain in Part IV.)	<u>.</u>					0
11	Total support. Add lines 7 through 10.	` ` ` ` .	, x,				0
12	Gross receipts from related activities, etc. (s				[12	\ <u>\</u>
13	First five years. If the Form 990 is for the or	_		ra, tourtn, or tit	tn tax year as a	section 501(c	·)(3)
	organization, check this box and stop here			<u> </u>	·	<u> </u>	· · · · •
_	ion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6, o					14	0.00%
15	Public support percentage from 2010 Sched					15	0 00%
16a	33 1/3% support test—2011. If the organization						eck this box
	and stop here. The organization qualifies as						
b	33 1/3% support test—2010. If the organization				and line 15 is 3	3 1/3% 01 11101	e, check this
	box and stop here. The organization qualified						▶∟
17a	10%-facts-and-circumstances test—2011.						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact			-	n qualities as a	publicly suppo	пеа
					: 40 40- 40	 h 47	▶∐
b	10%-facts-and-circumstances test—2010.	. if the organiza	ation did not cr	eck a box on l	ine 13, 168, 16	u, or 1/a, and	IIII C Evolaia ia
	15 is 10% or more, and if the organization m	eets the Tacts	topoos" toot T	ances lest, cne	na xou eilio ee e	u stop nere. t	-Apiaili III
	Part IV how the organization meets the "fact	s-and-circums	lances lest. H	ne organization	ı qualilles as a	publicly	
	supported organization					, , , , , , , , , , , , , , , , , , ,	· · 🟲 🗀
18	Private foundation. If the organization did r	not check a box	x on line 13, 16	oa, 160, 1/a, 01	TI/D, CHECK the	is box and see	<u>, </u>
	instructions		· · · _ ·	· · · <u>·</u>	· · · · ·		<u>· · ▶</u> ∟

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.)

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support			<u> </u>			
Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross received (Do not include any "unusual grants") Gross receips from admissions, memorandes sold or services performed, or facilities flumished in any activity that is raisted to the organization's tax-ewent purpose Gross receips from activets that are not an unrelated trade or business under section 513 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities flumished by a governmental unit to the organization without charge Total. Add lines 1 through 5 The value of services or facilities flumished or an analysis of the services or facilities flumished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Total. Add lines 1 through 5 Total. Add lines 1 through 5 Anounts included on lines 2 and 3 received from discher flumished persons that exceed the greater of \$5,000 or 1% of the annount on line 13 for the year of the previous fluming			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Foreign Part Par			_(0) = 0.	(1) 2000	(3/200	(-) -3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(7 . 5 . 5
2 Gross receipts from admissions, merchandise sold or sevents performed, or frachites furnished in any activity that is related to the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and either paid to or expended on its behalf benefit and expended on its behalf benefit a	1		07.00	74.004	05 700	00.045	00.470	070 400
sold or services performed, or fischites furnished in any activity that is reliable to the organization's tax-exempt purpose of Gross recognition and visible that are not an unrelated trade or business under section 513 and unrelated trade or business under section 513 benefit and either paid to or expended on its behalf of the value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 Price 1 and 1	•		97,627	74,024	65,720	69,915	69,176	3/6,462
an any activity that are related to the organization stare-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf or organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the organization of or the organization of the organization of organization of the organization of organization of organization of the organization of organization of the organization of o	2	- · · · · · · · · · · · · · · · · · · ·					ĺ	
organization's tax-exempt purpose 3 Gross recorpts from activeties that are not an unrelated trade or business under section 513 4 Tax revenues level 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 7 A Amounts mulcided on inses 2 and 3 received from other than disqualified persons that exceed the greater of \$3,000 or 1% of the amount on line 13 for the year 6 Add lines 1 for the year 7 A Amounts from inse 2 and 7 received from other than disqualified persons that exceed the greater of \$3,000 or 1% of the amount on line 13 for the year 8 Public support (Subtract line 7c from ine 6) 8 Cection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royales and income from similar sources 5 Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 6 Add lines 10 and 10b 10 O O O 35 22 17 74 11 Net income from unrelated business sectives not included in ine 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV) 10 Other income Do not included gain or loss from the sale of capital assets (Explain in Part IV) 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Net income precentage for 2011 (line 5 column (f) divided by line 13, column (f)) 12 Investment income percentage for 2011 (line 5 column (f) divided by line 13, column (f) in 15 is more than 33 17%, and line 11 is not not more than 33 17%, short his box and stop here. The organization of united has a publicly supported organization of line 15 is not more than 33 17%, and line 11 is not not more than 33 17%, short his box and stop here. The organization of line 16		•					İ	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levels 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 6 Total, Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from other than disgualified persons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the years of the organization of the form other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount on line 13 for the years of \$6,000 or 1% of the amount of line 10 for the years of \$6,000 or 1% of					[Ì	n
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							- (1)
								▶ □
	20		-					▶□

Schedule A (Form	990 or 990-EZ) 2011	100 BLACK ME	N OF SAVA	NNAH, INC		58-2317389	Page 4
Part IV		Information, Co	mplete this	part to provide the exp	planations required	by Part II, line 1	0.
				Also complete this pai			
	instructions)	i or i i b, and i an	, 12	7 100 complete tino pai	t for any additional	mormation: (o	,0
	instructions)					· · · · · · · · · · · · · · · · · · ·	
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Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE G . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Employer Identification number Name of the organization 100 BLACK MEN OF SAVANNAH, INC. 58-2317389 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants Internet and email solicitations X | Solicitation of government grants b Phone solicitations X Special fundraising events C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (I) Name and address of individual (Iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No n 0 0 0 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **NUAL MEMBER GA** (add col (a) through NONE col (c)) (event type) (event type) (total number) Revenue Gross receipts . . . 63,572 63,572 Less: Charitable contributions Gross income (line 1 minus line 2). 63.572 Cash prizes . . . 0 0 0 O Noncash prizes . 0 Direct Expenses Rent/facility costs 1,500 0 0 1,500 0 0 Food and beverages 33.903 33,903 0 0 Entertainment. Other direct expenses . . 17,366 17,366 Direct expense summary Add lines 4 through 9 in column (d) 52,769) Net income summary. Combine line 3, column (d), and line 10 10,803 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses Cash prizes 0 Noncash prizes . 0 Rent/facility costs 0 Other direct expenses Yes Yes Yes Volunteer labor . . No No Direct expense summary Add lines 2 through 5 in column (d) . . . Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

schea	ule G (Form 990 or 990-EZ) 2011 100 BLACK MEN OF SAVANNAH, INC.	58-2317389 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	. Yes No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	i
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
_	revenue?	Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$0 and the amount of gaming revenue retained by the third party ▶ \$0	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Name Compared to the first of	
	Gaming manager compensation \$0	
	Description of services provided	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	. Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	_
Doet.	or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Pa	ort L line 2b. columns
Part	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete	
	provide any additional information (see instructions)	ste tina part to
	provide any additional information (ode included	
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2011

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Employer Identification number

100 BLACK	00 BLACK MEN OF SAVANNAH, INC.			58-2317389							
Part I	Excess Benefit Transaction	s (section	n 501(c)(3) and section 501	(c)(4) organizations						
	Complete if the organization	answered	"Yes" or	Form 990, Part IV	, line 25a or 25b, c	r Forn	n_990-l	EZ, Pa	irt V, li	ne 40b).
1	(a) Name of disqualified per	eon		-	(b) Description of trans	eaction				(c) Cor	rected?
·	(a) Name of disqualified per				(b) Description of trans	Sacion				Yes	No
(1)				ļ							<u> </u>
(2)											
(3)							_				
(4)											
(5)											
											<u> </u>
	er the amount of tax imposed or der section 4958	n the orga	inization 	managers or disqu	alified persons dur	ing the	year	. ▶	\$		
3 Ent	er the amount of tax, if any, on l	line 2, abo	ove, reim	bursed by the orga	nization			. ▶	\$		
Part II	Loans to and/or From Interes	ested Per	sons.							-	
	Complete if the organization	answered	"Yes" or	Form 990, Part IV	, line 26, or Form 9	90-EZ	, Part	V, line	38a.		
(a) Name of interested person and purpose		(b) Loan to or from the organization?		(c) Onginal principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?			Vritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)				0	0						
(2)		1		0	0						
(3)		1		0	0						
(4)				0	0						
(5)				0	0						
(6)				0	0						
(7)				0	0						
(8)				0	0						
(9)		_		0	0						
(10)				0	0						
Total	<u> </u>	<u> </u>			0		1.50	100		1. A	<u></u> %
Part III	Grants or Assistance Benef										
	Complete if the organization a	answered	"Yes" on	Form 990, Part IV	, line 27						
(8	a) Name of interested person	(b) F	Relationship	between interested pers organization	on and the	(c) A	mount a	nd type	of assist	tance	
(1)											
(2)											
(3)		ļ					_				
(4)		<u> </u>									
(5)				<u> </u>							
(6)		<u> </u>									
(8)											
(9)		1			Į.						

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	
				Yes	No
(1)		0			
(2)		0			
(3)		0		-	<u> </u>
(4)		0			<u> </u>
(5) (6)		0			
(7)		0			
(8)		0	· · · · · · · · · · · · · · · · · · ·		
(9)		0			
(10)		0			
Part V Supplemental Information					
Complete this part to provide	e additional information for res	sponses to questions of	on Schedule L (see instruction	ons).	
	•••••••••••				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2011

Open to Public

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization **Employer Identification number** 58-2317389 100 BLACK MEN OF SAVANNAH, INC Form 990-EZ, Part I, Line 8, Other Revenue. MISCELLANEOUS INCOME: 17 Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 5,204 Form 990-EZ, Part I, Line 16, Other Expenses. Supplies. 5,031 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 702 Form 990-EZ, Part I, Line 16, Other Expenses: Dues & membership: 3,420 Form 990-EZ, Part I, Line 16, Other Expenses. Bank Charges: 934 Form 990-EZ, Part I, Line 16, Other Expenses: Publicity & Advertising, 1,073 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 2,708 Form 990-EZ, Part I, Line 16, Other Expenses: Other Program Cost: 9,621 Form 990-EZ, Part I, Line 16, Other Expenses. Other Expenses: 4,802 Form 990-EZ, Part I, Line 16, Other Expenses: Payments to Affiliates: 7,500 Form 990-EZ, Part I, Line 16, Other Expenses. Scholarships. 18,100 Form 990-EZ, Part II, Line 24, Other Assets: OTHER CURRENT ASSETS: Beginning of year. 840, End of year. 0 Form 990-EZ, Part II, Line 24, Other Assets: OTHER DEPRECIABLE ASSETS. Beginning of year. 236, Form 990-EZ Part I Line 16 Payment to affiliates- 100 Black Men of America, Inc -141 Auburn Avenue-Atlanta, GA30303-Membership Dues 7,500 Form 990-EZ Part I Line 4 Investment Income-Interest income on organization saving account

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
100 BLACK MEN OF SAVANNAH, INC.	58-2317389
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P	Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received							
1	Contributions	34,891						
٠2	Noncash contributions							
3	Membership dues and assessments (contributions from the public)							
4	Government contributions (grants)	5,700						
5	Commercial co-venture							
6	Special events contributions (Line 6 - Special Events)	0						
7	Associated organization contributions							
8	AFFILIATE ORG CONTRIBUTIONS 8	8,768						
9	9							
10	10							
11		49,359						
Pá	art I, Line 4 (990-EZ) - Investment Income							
1	Interest on savings and temporary cash investments	17						
2	Dividends and interest from securities							
3	Gross rents							
4	Other investment income							
5	Total	17						

Part	Part II (Sch G (990/990EZ)) - Events	63,572	0	63,572	0	0	1,500	33,903	0	17,366
		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
_			(Chantable	(line 1 minus		Noncash	Rent/facility	Food and		Other direct
	Event type	Gross receipts	contributions)	line 2)	Cash pnzes	buzes	costs	beverages	Entertainment	expenses
F	ANNUAL MEMBER GALA	63,572		63,572			1,500	33,903		17,366
2				0						
3				0						
4				0						
S				0						
9				0						
7				0						
80				0						
6				0						
10				0						
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