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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012

Under section 501(c) 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ 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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning **2012**, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C BONS HOMMES INC P O BOX 5022 MACON, GA 31208	D Employer identification number 20-0740088
		E Telephone number (478) 743-4436
		F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990 990 EZ or 990 PF)

I Website ▶ N/A

J Tax exempt status (check only one) – 501(c)(3) 501(c) (7) (insert no) 4947(a)(1) or 527

K 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

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 line 25 column (B) below) are \$500 000 or more file Form 990 instead of Form 990 EZ ▶ \$ 61,800

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

REVENUE	1 Contributions gifts grants and similar amounts received	1	
	Program service revenue including government fees and contracts	2	61,800
	Membership dues and assessments	3	
	Investment income	4	
	a Gross amount from sale of assets other than inventory	5 a	
	b Less cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15 000)	6 a	
	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)	6 b	
c Less direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory less returns and allowances	7 a		
b Less cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	9	61,800	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	2,007
	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	6,500
	14 Occupancy rent utilities and maintenance	14	16,097
	15 Printing publications postage and shipping	15	9,344
	16 Other expenses (describe in Schedule O) See Schedule O	16	47,037
	17 Total expenses Add lines 10 through 16	17	80,985
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,185
	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	44,324
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	25,139

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 EZ (2012)

-94-P

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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 Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any 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
35 a 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
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		
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		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
37 a Enter amount of political expenditures direct or indirect as described in the instructions ▶ 37 a 0		
b Did the organization file Form 1120 POL for this year?		X
38 a 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
b If Yes complete Schedule L Part II and enter the total amount involved	38 b N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39 a 0	
b Gross receipts included on line 9 for public use of club facilities	39 b 0	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A section 4912 ▶ N/A section 4955 ▶ N/A		
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	40 b	
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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	40 e	X
41 List the states with which a copy of this return is filed ▶ GA		

42 a The organization's books are in care of ▶ GEORGE B SMITH IV Telephone no ▶ (478) 743-4436
 Located at ▶ P O BOX 4452 MACON GA ZIP + 4 ▶ 31208

	Yes	No
b 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)? If Yes enter the name of the foreign country ▶ _____	42 b	X
c At any time during the calendar year did the organization maintain an office outside of the U S ? If Yes enter the name of the foreign country ▶ _____	42 c	X

See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts

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 ▶ N/A N/A **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	44 a	X
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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
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	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
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)	45 b	X

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 Schedule C Part II

	Yes	No
47		

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

48		
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49 a Did the organization make any transfers to an exempt non charitable related organization?

49 a		
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b If Yes was the related organization a section 527 organization?

49 b		
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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 paid more than \$100 000	(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

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 address of each independent contractor paid more than \$100 000	(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: [Signature] Date: 8/14/13
 Type or print name and title: Lee Discher

Paid Preparer Use Only
 Print/Type preparer's name: RICHARD A WHITTEN, JR Preparer's signature: [Signature] Date: 8/14/13 Check if self employed PTIN: P00606339
 Firm's name: McNair, McLemore, Middlebrooks Firm's EIN: 58-1094351
 Firm's address: Post Office Box One Phone no: (478) 746-6277
Macon, GA 31202-0001

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

BONS HOMMES INC

Employer identification number

20-0740088

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SOCIAL FELLOWSHIP

Client 8127436

BONS HOMMES INC

20 0740088

8/13/13

04 22PM

**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion	\$	350
BANK CHARGES		123
EVENTS PREPARATION & SETUP		30 765
Insurance		4 394
MEALS AND ENTERTAINMENT		5,722
MEETINGS EXPENSE		896
MISCELLANEOUS		1,827
OTHER RENTALS		2,185
SECURITY		775
Total	\$	<u>47,037</u>

Client 8127436

BONS HOMMES INC

20 0740088

8/13/13

04 22PM

Program Service Revenue
Related or exempt function income
PARTICIPANT DUES

PRESENTATION FEES
DUES

	\$	60,000
		<u>1,800</u>
Total	\$	<u><u>61,800</u></u>