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Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

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 2014 calendar year, or tax year beginning 1.1.2014, 2014, and ending 12.31.2014, 20

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: BG Tutoring Services, INC
Number and street (or P.O. box, if mail is not delivered to street address): 415 Burns Dr #5405
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: Detroit Michigan 48214

D Employer identification number: 38-3918314
E Telephone number: 313 878-2427
F Group Exemption Number: 501C-3

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:

J Tax-exempt status (check only one) - 501(c)(3) 501(c) 4947(a)(1) or 527

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.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for line number, description, and amount. Revenue total is 9. Expenses total is 17. Net assets total is 21.

SCANNED DEC 11 2015

RECEIVED 12/11/15

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<input type="checkbox"/>	22 <input type="checkbox"/>
23 Land and buildings	<input type="checkbox"/>	23 <input type="checkbox"/>
24 Other assets (describe in Schedule O)	<input type="checkbox"/>	24 <input type="checkbox"/>
25 Total assets	<input type="checkbox"/>	25 <input type="checkbox"/>
26 Total liabilities (describe in Schedule O)	<input type="checkbox"/>	26 <input type="checkbox"/>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<input type="checkbox"/>	27 <input type="checkbox"/>

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <input type="checkbox"/>
29	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <input type="checkbox"/>
30	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <input type="checkbox"/>
31 Other program services (describe in Schedule O)	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <input type="checkbox"/>
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James Butler	1hr./2mon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brittany Mosely	1hr./2mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lanita Mos Tillis	1hr./2mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wade Briggs	1hr./2mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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 **46** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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

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 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: Carol Gardner Date: 11.4.15
 Type or print name and title: Carol Gardner 11.4.15

Paid Preparer Use Only
 Print/Type preparer's name: Carol Gardner Preparer's signature: Carol Gardner Date: 11.4.15 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No