

Form **990**

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. 1545-0047

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 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
OLD SAVANNAH CITY MISSION INC.

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2414 BULL STREET

City or town, state or province, country, and ZIP or foreign postal code
SAVANNAH GA 31401

F Name and address of principal officer:
WILLIAM STILES

D Employer identification number
31-1810829

E Telephone number
912-232-1979

G Gross receipts \$ **1,165,981**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.OSCM.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2001** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	836
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,144,744	1,165,981
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,144,744	1,165,981
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	442,627	492,296
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	120,603	183,821
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 183,821		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	630,276	643,641
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,193,506	1,319,758
	19	Revenue less expenses. Subtract line 18 from line 12	-48,762	-153,777
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,981,333	1,924,841
22	Net assets or fund balances. Subtract line 21 from line 20	1,810,815	1,908,100	
		170,518	16,741	

Part II Signature Block

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: **WILLIAM STILES** *William Stiles* Date: _____
Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **RONNIE A. BARNHILL, JR.** Preparer's signature: **RONNIE A. BARNHILL, JR.** Date: **11/15/17** Check if self-employed PTIN: **P00578419**

Firm's name: **HOLLAND, HENRY & BROMLEY, LLP** Firm's EIN: **58-1941470**
Firm's address: **2 E BRYAN ST FL 14 SAVANNAH, GA 31401-2635** Phone no.: **912-235-3410**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.