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Short Form  
Return of Organization Exempt From Income Tax

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

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<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, 2009, and ending</b>	
<b>B Check if applicable</b>		<b>C</b>	
Address change Name change Initial return Termination Amended return Application pending		YWCA FOUNDATION OF BRUNSWICK GEORGIA 144 SCRANTON CONNECTOR BRUNSWICK, GA 31525	
		<b>D Employer identification number</b>	
		58-1985120	
		<b>E Telephone number</b>	
		912-265-4100	
		<b>F Group Exemption Number</b>	
		►	
<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>			
<b>I Website:</b> ► N/A		<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H Check ►</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>K Check ►</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally <b>not</b> more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return			
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 54,951.</b>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	2,000.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	7,227.
	5a Gross amount from sale of assets other than inventory	5a	45,724.
	b Less cost or other basis and sales expenses	5b	64,359.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-18,635.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$1,000 of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► )	8		
9 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-9,408.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule)	10	15,531.
	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	4,425.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► See Statement 3 )	16	98.	
17 <b>Total expenses</b> Add lines 10 through 16	17	20,054.	
<b>ASSETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-29,462.
	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	278,645.
	20 Other changes in net assets or fund balances (attach explanation)	20	79,115.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	328,298.
	►		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	281,145.	22 328,298.
23 Land and buildings		23
24 Other assets (describe ► )		24
25 <b>Total assets</b>	281,145.	25 328,298.
26 <b>Total liabilities</b> (describe ► See Statement 5 )	2,500.	26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	278,645.	27 328,298.

PA

**Part III Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 Assists in fundraising events for the YWCA of Brunswick. Promotes community awareness, support for purchases, repairs and maintenance of assets for the YWCA of Brunswick.

(Grants \$  ) If this amount includes foreign grants, check here

► 28a 15, 531.

15,531.

29

(Grants \$  ) If this amount includes foreign grants, check here

29a

30

(Grants \$  ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses (add lines 28a through 31a)**

32

15,531.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Schedule attached	0	0.	0.	0.

## Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 7

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	0.	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ► GA		
42a The organization's books are in care of ► ANN GRANGER Located at ► 144 SCRANTON CONNECTOR BRUNSWICK GA	Telephone no ► 912-265-4100 ZIP + 4 ► 31525	
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. ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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. ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	N/A	
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect 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	
47	X	
48	X	
49a	X	
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

**b** If 'Yes,' was the related organization a section 527 organization?

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
-----				

**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

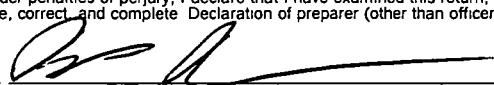
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		

**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

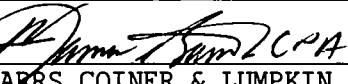
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

►   
Signature of officer

11/11/2010  
Date

► Brad Ford S. Brown  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date 11/11/10	Check if self employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00674511
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► BARRS COINER & LUMPKIN, LLC 3947 Darien Hwy Brunswick, GA 31525	EIN	► 58-2144839	Phone no ► (912) 267-0211

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

►  Yes  No

BAA

Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No. 1545-0047

**2009**

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Name of the organization

YWCA FOUNDATION OF BRUNSWICK GEORGIA

Employer identification number

58-1985120

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

**h** Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II 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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants")	17,155.	9,525.	60,195.	19,585.	2,000.	108,460.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
<b>4 Total.</b> Add lines 1-through 3	<b>17,155.</b>	<b>9,525.</b>	<b>60,195.</b>	<b>19,585.</b>	<b>2,000.</b>	<b>108,460.</b>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						<b>108,460.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	17,155.	9,525.	60,195.	19,585.	2,000.	108,460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,960.	19,044.	14,761.	10,318.	7,227.	68,310.
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 (Explain in Part IV)						0.
<b>11 Total support.</b> Add lines 7 through 10						<b>176,770.</b>
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	<b>0.</b>

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	<b>61.4 %</b>
15 Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	<b>63.9 %</b>

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
<b>19a 33-1/3 support tests – 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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11/11/10

07 47AM

**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 45,724.  
Cost or Other Basis: 64,359.

Total Gain (Loss) Publicly Traded Securities \$ -18,635.

Total Net Gain (Loss) From Noninventory Sales \$ -18,635.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Park maintenance	
Donee's Name:	YWCA of Brunswick, GA Inc	
Donee's Address:	144 Scranton Connector	
	Brunswick, GA 31525	
Relationship of Donee:	Common Management	
Cash Amount Given:		\$ 6,000.
Class of Activity:	Pool maintenance	
Donee's Name:	YWCA of Brunswick, GA Inc	
Donee's Address:	144 Scranton Connector	
	Brunswick, GA 31525	
Relationship of Donee:	Common Management	
Cash Amount Given:		\$ 9,531.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Office Expenses		\$ 98.
	Total	\$ <u>98.</u>

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Unrealized Gain Investments		\$ 79,115.
	Total	\$ <u>79,115.</u>

11/11/10

07 47AM

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 2,500.	\$ 0.
Total	<u>\$ 2,500.</u>	<u>\$ 0.</u>

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Assists in fundraising events for the YWCA of Brunswick. Promotes community awareness, support for purchases, repairs and maintenance of assets for the YWCA of Brunswick.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

# 2009 YWCA Foundation Board

**Brad Brown ~ Chairman**  
**Susan Shipman ~ Treasurer**

**Kevin Lokey ~ Vice Chair**  
**Dawn Hart~ Secretary**

<b>COMMUNITY AT-LARGE</b>						
<b>Class of 2011</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home</b>	<b>Work</b>
Brad Brown	800 Glynn Isles	Brunswick	GA	31523	261-0858	261-4410 (mobile)
Brian Parks	510 Gloucester St.	Brunswick	GA	31520	634-3843	262-2204
John Tuten	4704 US 17 North	Brunswick	GA	31525	264-5604	
<b>Class of 2010</b>						
Minor S. Harris, Jr.	21 Boundary Lane	St. Simons Island	GA	31522	634-1122	harry349@bellsouth.net
John Laws	255 Pine Island Dr.	Brunswick	GA	31525	264-4120	jlaws@firstglyn.com
Jerry Rose	103 McCaskill Lane	St. Simons Island	GA	31522		hjcardiology@hotmail.com
<b>Class of 2009</b>						
Rev. Herman Pride	40 Hardwood Forest Circle	Brunswick	GA	31525	261-8464	ppoppride@aol.com
Kevin Lokey	110 Office Park Lane Ste 101	St. Simons Island	GA	31522	638-9716 / 223-6437	
Dusty Lewis	103 Worthing Road	St. Simons Island	GA	31522	634-0146	638-0237
					634-8330	kevin.lokey@wachoviasec.com
						rsi@bellsouth.net
<b>ASSOCIATION APPOINTED</b>						
<b>Class of 2009</b>						
Sue Sayer	P.O. Box 30351	Sea Island	GA	31561	638-8384	suesayer@seaside.com
Ann Granger	144 Scranton Connector	Brunswick	GA	31525	275-7247	agranger@ywocabrunswick.org
Susan Shipman	920 Rose Cottage Road	St. Simons Island	GA	31522	638-1349	sshupman@dnr.state.ga.us
<b>Class of 2010</b>						
Elizabeth Daniels	2601 Demere Rd. Ste. B	St. Simons Island	GA	31522	634-9945	diplus1@comcast.net
Margie Harris	3504 Darien Hwy	Brunswick	GA	31525	267-0552	citymng@bellsouth.net
Dawn E. Hart	106 Talahi Island Lane	Brunswick	GA	31520	265-7075	hhhart@adelphia.net
<b>Class of 2011</b>						
Carolyn Hall	203 Hampton Ave.	St. Simons Island	GA	31522	638-7776 / 399-0176	carolynhall@bellsouth.net
Orah Reed	36 Autumn's Wood Dr.	Brunswick	GA	31525	262-6847 / 399-2874	orahreed@gmail.com
Susan Thornton	141 Paradise Marsh Cir.	Brunswick	GA	31525	554-7172 / 996-5015	susanthornton5@hotmail.com

Attachment

YWCA Foundation of Brunswick  
EN 58-1985120

Attachment

YWCA Foundation of Brunswick

EIN 58-1985120

<u>DIRECTOR MEMBERS</u>					
J. Dewey Benefield, Jr	257 St James Ave.	St. Simons Island	GA	31522	638-2347
Kenneth R. Farrell	1607 Frederica Road, Suite 102	St. Simons Island	GA	31522	270-7201
C. Duane Harris	105 Demere Retreat Lane	St. Simons Island	GA	31522	638-9430
Dr. Bill Laws	212 Pine Island	Brunswick	GA	31525	267-1775
Jeanne K. Manning	P.O. Box 30765	Sea Island	GA	31561	634-6293
Terrill Thomas	P.O. Box 30651 SSI (22)	St. Simons Island	GA	31522	638-8258
Anita Timmons	P.O. Box 31067 SSI (22)	St. Simons Island	GA	31522	638-5757

**YWCA of Brunswick**

**144 Scranton Connector**  
**Brunswick, GA 31525**

**(912) 265-4100**  
[www.ywcabrunswickga.org](http://www.ywcabrunswickga.org)



A United Way Agency

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>YWCA FOUNDATION OF BRUNSWICK GEORGIA</b>	Employer Identification number <b>58-1985120</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>144 SCRANTON CONNECTOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BRUNSWICK, GA 31525</b>	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

' The books are in the care of ► **ANN GRANGER** -----

Telephone No ► **912-265-4100** FAX No. ►

• If the organization does not have an office or place of business in the United States, check this box ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

►  calendar year 20 09 or  
►  tax year beginning                   , 20           , and ending                   , 20           .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <input type="text"/> 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <input type="text"/> 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <input type="text"/> 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>YWCA FOUNDATION OF BRUNSWICK GEORGIA</b>	Employer identification number  <b>58-1985120</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>BARRS COINER &amp; LUMPKIN, LLC 3947 Darien Hwy</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>Brunswick, GA 31525</b>	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► ANN GRANGER  
Telephone No ► 912-265-4100 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 10.

5 For calendar year 2009, or other tax year beginning 20, and ending 20

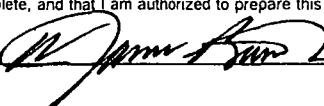
6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► CPO

Date ► 8/4/10

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)