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Short Form  
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning		October 1	, 2010, and ending	September 30	20	11
<input checked="" type="checkbox"/> 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		<b>C Name of organization</b> <b>KIWANIS CLUB OF SKIDAWAY</b> Number and street (or P O box, if mail is not delivered to street address) <b>600 LANDINGS WAY SOUTH</b> Room/suite City or town, state or country, and ZIP + 4 <b>SAVANNAH, GA 31411-2854</b>		<b>D Employer identification number</b> <b>58 1881459</b> <b>E Telephone number</b> <b>912 598-9960</b> <b>F Group Exemption Number</b> ►		
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual    Other (specify) ► _____				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>		
<b>I Website:</b> ► <a href="http://www.kiwanisofskidaway.com">www.kiwanisofskidaway.com</a>						
<b>J Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 )    ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting 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.       </b>						
<b>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</b>						
► \$ <b>97345</b>						
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I    . . . . . <input checked="" type="checkbox"/>						
2010 Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	77228		
	2	Program service revenue including government fees and contracts . . . . .	2			
	3	Membership dues and assessments . . . . .	3	19635		
	4	Investment income . . . . .	4	65		
	5a	Gross amount from sale of assets other than inventory . . . . .	5a			
	b	Less: cost or other basis and sales expenses . . . . .	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c			
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a			
	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) . . . . .	6b			
	c	Less: direct expenses from gaming and fundraising events . . . . .	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d			
	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 in Schedule O) . . . . .	8	742		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97345		
	Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	47431	
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			
14		Occupancy, rent, utilities, and maintenance . . . . .	14			
15		Printing, publications, postage, and shipping . . . . .	15			
16		Other expenses (describe in Schedule O) . . . . .	16	51583		
17		<b>Total expenses.</b> Add lines 10 through 16	17	99014		
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(1669)	
		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	36879	
	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	35210		

## 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
<b>22 Cash, savings, and investments</b>	<b>36879</b>	<b>22</b> 35210
<b>23 Land and buildings</b>		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25 Total assets</b>	<b>36879</b>	<b>25</b> 35210
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>36879</b>	<b>27</b> 35210

**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

**Help at-risk children in the greater Savannah area**

What is the organization's primary exempt purpose? Help at-risk children in the greater Savannah area  
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, and other relevant information for each program title.

## Expenses

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

28	.....		
	.....		
	.....		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	.....		
	.....		
	.....		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	.....		
	.....		
	.....		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

	<b>Yes</b>	<b>No</b>
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	33	✓
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)	34	✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <input type="text" value="37a"/> 0	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	✓
38a 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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: 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	✓
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	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	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	✓
41 List the states with which a copy of this return is filed. ► <input type="text" value="UT"/>		
42a The organization's books are in care of ► <input type="text" value="Jay D. Ahrens"/> Telephone no. ► <input type="text" value="912 598-9960"/> Located at ► <input type="text" value="3 Shagbark Lane, Savannah, GA"/> ZIP + 4 ► <input type="text" value="31411-2854"/>		
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: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	✓
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	✓
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 ► <input type="text" value="43"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	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)	45a	✓
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	✓

**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 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 VII

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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."

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.

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		Date <u>12/14/11</u>
<p>Signature of officer <u>Jay D. Ahrens</u></p> <p>Jay D. Ahrens, V.P./Treasurer</p> <p>Type or print name and title</p>		

<input checked="" type="checkbox"/> Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

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Form 990-EZ (2010)

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

KIWANIS CLUB OF SKIDAWAY

Employer identification number

58 1881459

**Part I (1) Fund Raising: \$77,228.47. See Attached Supplement to Schedule O for specific event and revenue.**

**PART I (8) Other Revenue: Weekly Club Meetings: \$741.85**

**PART I (10) Grants: \$47,431.00. See Attached Supplement to Schedule O for specific names and amounts.**

**PART I (16) Expenses - Club Operations. \$23,663.43. See Attached Supplement to Schedule O for accounting specifics.**

**PART I (16) Expenses - Service Fund Raising Expenses: \$28,189.88 See Attached Supplement to Schedule O for accounting specifics.**

**PART III Statement of Program Service Accomplishments. See Attached Supplement to Schedule O for services rendered.**

**PART IV List of Officers and Directors. See Attached Supplement to Schedule O for complete listing.**

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year 990-EZ Part I(1)**

**Statement of Functional Revenue (Fund Raising Activity)**

<b><u>Event</u></b>	<b><u>Revenue</u></b>
Chili Cookoff	\$ 18,551.79
Concert on the Green	\$ 22,082.00
Kiwanis Partners	\$ 1,325.80
Kiwanis Sponsors	\$ 18,250.00
Legends Golf	\$ 2,000.00
Other Voluntary	\$ 552.00
Pancake Breakfast	<u>\$ 14,466.88</u>
 Total	 \$ 77,228.47

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year 990-EZ**

**Part I (10) Grants**

Georgia District:

Auditory Verbal Center	\$ 715.00
Tomorrow's Leaders	\$ 286.00
Key Leader	\$ 286.00
GA District Foundation	\$ 429.00
Kiwanis International Foundation	\$ 715.00
TOTAL:	\$ 2,431.00

Savannah Local Charities:

CASA	\$ 2,500.00
Coastal Child Advocacy	\$ 3,000.00
Greenbriar Children's Center	\$ 4,000.00
Horizons at Sav. Country Day	\$ 1,500.00
Horse'n Around	\$ 2,500.00
Interfaith Hospitality Center	\$ 3,500.00
Junior Achievement	\$ 2,000.00
Kid's Café	\$ 4,000.00
Kid's Miracle Design	\$ 1,500.00
L.O.V.E.	\$ 1,500.00
Mediation Center	\$ 1,500.00
Music Medicine Institute	\$ 1,000.00
Park Place Outreach	\$ 4,000.00
ROCK Group, Inc.	\$ 1,000.00
Savannah Friends of Music	\$ 1,500.00
Salvation Army	\$ 200.00
Telfair Museum	\$ 1,000.00
Youth Challenge Academy	\$ 5,000.00
Westley Community Center	\$ 1,000.00
Cubs at Hesse School	\$ 300.00
Coastal Conservation Association	\$ 300.00
Garrison Elementary	\$ 300.00
Horse'n Around	\$ 300.00
Jail & Prison Ministry	\$ 300.00
Navy Sea Cadets	\$ 300.00
Notre Dame Club	\$ 100.00
Salvation Army	\$ 300.00
Skidaway Island Pre-School	\$ 300.00
USO - United Services Organization	\$ 300.00
TOTAL:	\$ 45,000.00

TOTAL: **\$ 47,431.00**

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year - Form 990-EZ Part I(16)**

Statement of Functional Expenses - Club Operations

Kiwanis Club Operations	
Weekly Meetings	\$ 2,094.15
Corporate Registration	50.00
District Meetings	683.98
International Meetings	4,929.91
Liability Ins. (D/O)	250.00
Lt. Governor Expenses	-
Pins & Awards	385.06
Web Site/ Tele. Alert Service	1,107.80
Storage	90.49
New Member Recruiting	451.51
Bank Service Charge	14.00
Miscellaneous	277.10
<b>Total</b>	<b>\$ 10,334.00</b>
Kiwanis Dues	
Georgia District	\$ 4,486.20
Kiwani International	<u>\$ 7,943.60</u>
<b>Total</b>	<b>\$ 12,429.80</b>
Kiwanis Club Supplies	
Computing	\$ 222.56
Printing	185.60
Administration/Support	<u>491.47</u>
<b>Total</b>	<b>\$ 899.63</b>
<b>TOTAL EXPENSES</b>	<b>\$ 23,663.43</b>

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year - IRS Form 990-EZ Part I(16)****Statement of Functional Expenses - Service Fund Raising**

<u>Event</u>	<u>Supplies</u>	<u>Postage</u>	<u>Rental/Staging</u>	<u>Printing</u>	<u>Insurance</u>	<u>Entertainment</u>	<u>Misc./Adv.</u>	<u>TOTAL</u>
Chili Cook-Off	\$ 390.25	\$ 35.20	\$ 2,100.71	\$ 377.15	\$ -	\$ 1,429.19	\$ 1,455.40	\$ 5,787.90
Concert	\$ 1,837.50	\$ -	\$ 2,173.45	\$ 495.63	\$ -	\$ 7,500.00	\$ 1,495.00	\$ 13,501.58
Kiwanis Partners	\$ -	\$ 16.72	\$ -	\$ 337.05	\$ -	\$ -	\$ -	\$ 353.77
Kiwanis Sponsors	\$ -	\$ -	\$ -	\$ 1,270.34	\$ -	\$ -	\$ -	\$ 1,270.34
Pancake Breakfast	\$ 2,066.91	\$ 96.40	\$ -	\$ 436.88	\$ -	\$ 175.00	\$ 960.00	\$ 3,735.19
Other Exp.	\$ 90.49	\$ -	\$ -	\$ 1,064.72	\$ 2,068.20	\$ -	\$ 317.69	\$ 3,541.10
<b>Total</b>	<b>\$ 4,385.15</b>	<b>\$ 148.32</b>	<b>\$ 4,274.16</b>	<b>\$ 3,981.77</b>	<b>\$ 2,068.20</b>	<b>\$ 9,104.19</b>	<b>\$ 4,228.09</b>	<b>\$ 28,189.88</b>

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year 990-EZ**

**Part III. Statement of Program Service Accomplishments**

**SERVICES RENDERED BY THE CLUB**

<u>Community Service</u>	<u>Service Hours</u>	<u>Kiwanians Involved</u>	<u>Children Served Directly</u>
1. CHILDRENS MIRACLE DESIGN	48	1	200
2. HABITAT FOR HUMANITY	600	4	20
3. INTERFAITH HOSPITAL	360	4	50
4. KID'S CAFÉ	500	4	150
5. L.O.V.E.	55	1	11
6. MUSIC MEDICINE INSTITUTE	150	2	10
7. MEDIATION CENTER	250	12	130
8. RED CROSS BLOOD DRIVE	120	5	50
9. SAVANNAH FRIENDS OF MUSIC	120	1	50
10. SALVATION ARMY	144	6	600
11. TELFAIR MUSEUM	132	1	50
12. VILLAGE LIBRARY	1300	10	100

**Youth Services**

1. BETHESDA BOYS HOME	900	7	130
2. CASA	600	5	30
3. CHILDREN'S ADVOCACY CTR.	60	1	200
4. EARLY CHILDHOOD EDUC.	180	2	100
5. CHILDREN'S FISHING TOURN.	65	8	30
6. FIRST TEE OF SAVANNAH	48	2	15
7. GREENBRIAR	50	1	10
8. HORSE'N AROUND	48	1	35
9. JUNIOR ACHIEVEMENT	100	4	300
10. MIGHTY EIGHTH MUSEUM	144	2	1000
11. NOTRE ACADEMY	140	1	150
12. PARK PLACE OUTREACH	720	4	90
13. ROCK GROUP	24	2	900
14. SOCIAL APOSTOLATE	650	5	415
15. SPECIAL OLYMPICS	396	10	110
16. YOUTH CHALLENGE ACDMY.	216	4	1200

**KIWANIS CLUB OF SKIDAWAY: 2010 Tax Year - Form 990-EZ**

**Part IV**

<b><u>Name and Address</u></b>	<b><u>Title and Avg. Hrs/Wk</u></b>	<b><u>Compensation</u></b>	<b><u>Contr. To Emp. Benefits Plan &amp; Def. Comp.</u></b>	<b><u>Exp. Acct. &amp; Other Allowance</u></b>
Eugene P. McDonald 4 Lanyard Court Savannah, GA 31411	President 4 Hrs.	0	0	0
William H. Wright 12 Stargrass Retreat Savannah, GA 31411	Past President 4 Hrs.	0	0	0
Gregory T. Stinson 23 Wiley Bottom Road Savannah, GA 31411	President Elect 4 Hrs.	0	0	0
Daniel C. Umbel 89 Franklin Creek Rd. Savannah, GA 31411	V.P./Fund Raising 4 Hrs.	0	0	0
Melissa M. Emery 43 Cotton Crossing West Savannah, GA 31411	V.P./Marketing 4 Hrs.	0	0	0
Ronald R. Weber 9 Heartwood Court Savannah, GA 31411	V.P./ Secretary 6 Hrs.	0	0	0
Jay D. Ahrens 3 Shagbark Lane Savannah, GA 31411	V.P./Treasurer 6 Hrs.	0	0	0
Marianne Schutz 8 Pelham Road Savannah, GA 31411	Director 2 Hrs.	0	0	0
James R. O'Malley 4 Shearwater Court Savannah, GA 31411	Director 2 Hrs.	0	0	0
Frank C. McCarthy 39 Southerland Rd. Savannah, GA 31411	Director 2 Hrs.	0	0	0
James G. Beurle 30 Magnolia Crossing Savannah, GA 31411	Director 2 Hrs.	0	0	0

<u>Name and Address</u>	<u>Title and Avg. Hrs/Wk</u>	<u>Compensation</u>	<u>Contr. To Emp. Benefits Plan &amp; Def. Comp.</u>	<u>Exp. Acct. &amp; Other Allowance</u>
Gary Hughes 19 Little Comfort Rd. Savannah, GA 31411	Director 2 Hrs.	0	0	0
Terry S. Overton 9 Marsh Tower Lane Savannah, GA 31411	Director 2 Hrs.	0	0	0
Thomas M. Sharp 6 Sedgewater Lane Savannah, GA 31411	Board Advisor 4 Hrs.	0	0	0