



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**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.

OMB No 1545-1150

**2011****Open to Public  
Inspection**

**A** For the 2011 calendar year, or tax year beginning **October 1, 2010**, and ending **September 30, 2011**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**KIWANIS INTERNATIONAL KO1264 BRUNSWICK**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 2094**

City or town, state or country, and ZIP + 4  
**BRUNSWICK, GEORGIA 31521-2094**

**D** Employer identification number  
**58-6049671**

**E** Telephone number  
**912/265-8648**

**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: ►

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) ◀ (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 . . . . . ► \$

**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 . . . . . ☐

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																																
	2	Program service revenue including government fees and contracts . . . . .																																
	3	Membership dues and assessments . . . . .																																
	4	Investment income . . . . .																																
	5a	Gross amount from sale of assets other than inventory . . . . .																																
	5b	Less: cost or other basis and sales expenses . . . . .																																
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																																
	6	Gaming and fundraising events																																
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																																
	6b	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) . . . . .																																
6c	Less: direct expenses from gaming and fundraising events . . . . .																																	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																																	
Expenses	7a	Gross sales of inventory, less returns and allowances . . . . .																																
	7b	Less: cost of goods sold . . . . .																																
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																
	8	Other revenue (describe in Schedule O) . . . . .																																
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .																																
	10	Grants and similar amounts paid (list in Schedule O) . . . . .																																
	11	Benefits paid to or for members . . . . .																																
	12	Salaries, other compensation, and employee benefits . . . . .																																
	13	Professional fees and other payments to independent contractors . . . . .																																
	14	Occupancy, rent, utilities, and maintenance . . . . .																																
Net Assets	15	Printing, publications, postage, and shipping . . . . .																																
	16	Other expenses (describe in Schedule O) . . . . .																																
	17	Total expenses. Add lines 10 through 16 . . . . .																																
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																																
	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) . . . . .																																
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .																																

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2011)

17P

**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</b> Cash, savings, and investments	27,118	19,989
<b>23</b> Land and buildings		23
<b>24</b> Other assets (describe in Schedule O)		24
<b>25</b> Total assets	27,118	19,989
<b>26</b> Total liabilities (describe in Schedule O)		26
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,118	19,989

**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 and section 4947(a)(1) trusts, optional for others.)
<b>28</b> SEE ATTACHED SCHEDULE OF FUND RAISING ACTIVITIES AND DONATIONS TO CHARITABLE ORGANIZATIONS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>

**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 address	(b) Title and 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
Kimm Antic 120 S. Creek Trail, Brunswick, GA 31523	President 10 Hours	-0-	-0-	-0-
Christopher Hill 161 Brooksdale Road, Brunswick, GA 31523	President Elect 6 hours	-0-	-0-	-0-
Cate Gooch Coolidge 106 Lantana Court, Brunswick, GA 31520	Vice President 6 hours	-0-	-0-	-0-
Faye Farabee P. O. Box 341, Brunswick, GA 31521	Secretary 10 hours	-0-	-0-	-0-
Frank L. Stevens P. O. Box 2351, Brunswick, GA 31521	Treasurer 10 Hours	-0-	-0-	-0-
Marie Bauer 114 Mariners Walk, Brunswick, GA 31523	Director 5 hours	-0-	-0-	-0-
Doris Davis 1303 Sycamore, Brunswick, GA 31520	Director	-0-	-0-	-0-
Rex Stalvey 1191 West Shore Drive, Brunswick, GA 31523	Director	-0-	-0-	-0-
Ron Adams 252 Satilla Drive, Brunswick, GA 31523	Director	-0-	-0-	-0-
Haley Dawson 1112 Union Street, Brunswick, Ga 31520	Director	-0-	-0-	-0-
Ben Holcomb 304 Mulberry Way, St. Simons Is, GA 31522	Director	-0-	-0-	-0-
Doug Walker 103 Shore Rush Trail, St. Simons Is, GA 31522	Director	-0-	-0-	-0-

**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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35a</b> 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)? . . . . .	<b>35a</b>	✓
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	✓
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . ., section 4912 ▶ . . . . .; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>Frank L. Stevens</b> Telephone no. ▶ <b>912/265-8648</b> Located at ▶ <b>1 Towers Plaza, Brunswick, Georgia</b> ZIP + 4 ▶ <b>31520-4456</b>		
<b>b</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> . . . . .	<b>42b</b>	✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ . . . . .	<b>42c</b>	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	✓
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</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) . . . . .	<b>45b</b>	✓

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 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 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 address of each employee paid more than \$100,000	(b) Title and 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
None				

f Total number of other employees paid over \$100,000 . . . . . **0**

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 . . . . . **0**

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 Frank L. Stevens Date 2/7/12  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date 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

BRUNSWICK KIWANIS CLUB 58-6049671  
FORM 990 EZ 2010-2011

Part III - Schedule of Fund Raising Projects:

	Christmas Trees	Vidalia Onions	Stewbilee	Golf Tourn	Total
Gross Receipts	\$31,827	\$22,832	\$13,904	\$15,443	\$84,006
Less Contributions	0	0	0	0	0
Gross Revenue	\$31,827	\$22,832	\$13,904	\$15,443	\$84,006
Less: Direct Expense	\$17,707	\$11,678	\$ 6,947	\$ 6,951	\$43,283
Net Income	\$14,120	\$11,154	\$ 6,957	\$ 8,492	\$40,723

No tabulations are made of the numerous man hours that have been devoted to these projects. The purpose of the organization is for fellowship and fund raising to support other non-profit organizations and charities and to support Kiwanis International in its "Children First" projects.

List of organizations receiving funds are on the following page.

Charities who receive donations from the Brunswick Kiwanis Club:

Boys and Girls Club of Glynn	\$ 10,000
Boy Scouts of America	\$ 1,500
Brunswick High School Production Co	\$ 500
Girl Scouts of America	\$ 1,500
Carolina Honduras Foundation	\$ 600
CASA	\$ 500
Ferst Foundation Childhood Literacy Program	\$ 10,000
High School Scholarships	\$ 6,000
Habitat for Humanity	\$ 500
Key Club, Circle K, K-Kids sponsorship	\$ 3,120
Kiwanis Georgia Projects	\$ 3,343
Kiwanis International Foundation	\$ 3,000
Liability Insurance	\$ 750
Manna House	\$ 609
Navy League	\$ 100
Golden Isles Swim Team	\$ 1,000
Glynn County Recreation Dept.	\$ 1,025
Student of the Month	\$ 175
14 Black Men	\$ 1,000
Glynn Co Library	\$ 500
Marty Lyons Foundation	\$ 500
Four H Clubs of Glynn	\$ 1,000
Miranda Faith Foundation	\$ 500
Coastal Youth Symphony	\$ 500
Coastal Outreach Soccer Club	\$ 500
Special Olympics	\$ 500

Total Charitable Contributions	\$ 49,222
--------------------------------	-----------