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Form **990-EZ****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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning **October 1**, 2011, and ending **September 30**, 20 **12**

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

C Name of organization
KIWANIS CLUB OF SKIDAWAY
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
600 LANDINGS WAY SOUTH 600A
City or town, state or country, and ZIP + 4
SAVANNAH, GA 31411-2854

D Employer identification number
58 1881459

E Telephone number
912 598-9960

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: ► **www.kiwanisofskidaway.com**

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. **\$ 111907**

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 ☒

| Revenue | |
|---|---------------|
| 1 Contributions, gifts, grants, and similar amounts received | 91777 |
| 2 Program service revenue including government fees and contracts | |
| 3 Membership dues and assessments | 18553 |
| 4 Investment income | 64 |
| 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) | 1513 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 111907 |
| Expenses | |
| 10 Grants and similar amounts paid (list in Schedule O) | 66247 |
| 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 | |
| 15 Printing, publications, postage, and shipping | |
| 16 Other expenses (describe in Schedule O) | 47788 |
| 17 Total expenses. Add lines 10 through 16 | 114035 |
| Net Assets | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | (2128) |
| 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) | 35210 |
| 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 | 33082 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED JAN 14 2013

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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 |
|---|--------------------------|-------------------------------------|
| 33 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 | | <input checked="" type="checkbox"/> |
| 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) | | <input checked="" type="checkbox"/> |
| 35a 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)? | | <input checked="" type="checkbox"/> |
| 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 | | |
| c 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 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 ▶ | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | | |
| 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 | | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed. ▶ UT | | |
| 42a The organization's books are in care of ▶ Jay D Ahrens, V.P./Treasurer Telephone no ▶ 912 598-9960 Located at ▶ 3 Shagbark Lane, Savannah, GA ZIP + 4 ▶ 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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? | | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> |
| 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 | | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 45b 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) | | <input checked="" type="checkbox"/> |

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

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."

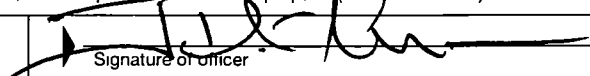
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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. 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 Date 12/19/2012

Signature of officer 

Jay D. Ahrens, V.P./Treasurer

Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no ▶ | |
| Firm's address ▶ | | | | |

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

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

2011

**Open to Public
Inspection**

Name of the organization

KIWANIS CLUB OF SKIDAWAY

Employer identification number

58 1881459

Part I Fund Raising. \$91777. See attached supplement to Schedule O for specific event and revenue

Part I(8) Other Revenue: Weekly Club Meetings: \$1513.

Part I(10) Grants: \$66247. See attached supplement to Schedule O for specific names and amounts.

Part I(16) Expenses - Service Fund Raising Expenses: \$29009. See attached supplement to Schedule O for specific amounts.

Part I(16) Expenses - Club Operations: \$18779. See attached supplement to Schedule O for specific amounts

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: 2011 Tax Year 990-EZ Part I(1)

Statement of Functional Revenue (Fund Raising Activity)

| <u>Event</u> | <u>Revenue</u> |
|----------------------|-----------------------|
| Chili Cookoff | \$ 18,367.00 |
| Concert on the Green | \$ 28,571.00 |
| Flag Program | \$ 6,408.00 |
| Kiwanis Partners | \$ 1,231.00 |
| Kiwanis Sponsors | \$ 23,250.00 |
| Legends Golf | \$ - |
| Other Voluntary | \$ - |
| Pancake Breakfast | <u>\$ 13,950.00</u> |
| Total | \$ 91,777.00 |

KIWANIS CLUB OF SKIDAWAY: 2011 Tax Year 990-EZ Part I(8)

Statement of Other Income & Expense - Club Operations

| <u>Function</u> | <u>Revenue</u> | <u>Expense</u> | <u>Net Revenue</u> |
|---------------------|--------------------|--------------------|--------------------|
| Breakfast Meetings: | | | |
| Breakfasts | \$ 907.00 | \$ 2,140.00 | \$ (1,233 00) |
| Fifty/Fifty | <u>\$ 5,631.00</u> | <u>\$ 2,885.00</u> | <u>\$ 2,746.00</u> |
| | \$ 6,538.00 | \$ 5,025 00 | \$ 1,513.00 |

KIWANIS CLUB OF SKIDAWAY: 2011 Tax Year 990-EZ

Part I (10) Grants

Georgia District:

| | |
|----------------------------------|-----------|
| Auditory Verbal Center | \$ 705 00 |
| Tomorrow's Leaders | \$ 282.00 |
| Key Leader | \$ 282.00 |
| GA District Foundation | \$ 423 00 |
| Kiwanis International Foundation | \$ 705.00 |

TOTAL: \$ 2,397 00

Savannah Local Charities:

| | |
|---|-------------|
| Bethesda Home for Boys | \$ 5,000.00 |
| CASA | \$ 1,000.00 |
| Coastal Child Advocacy | \$ 3,000.00 |
| Greenbriar Children's Center | \$ 3,000.00 |
| Horizons at Sav. Country Day | \$ 3,000.00 |
| Horse'n Around | \$ 2,500.00 |
| Interfaith Hospitality Center | \$ 4,000.00 |
| Junior Achievement | \$ 2,500.00 |
| Kid's Café | \$ 5,000.00 |
| Kid's Miracle Design(Celebration of Hope) | \$ 1,500.00 |
| L O.V.E | \$ 1,000 00 |
| Mighty Eighth A.F. Museum | \$ 1,500.00 |
| Music Medicine Institute | \$ 1,000.00 |
| Park Place Outreach | \$ 4,500.00 |
| Pathway Counseling Center | \$ 1,500.00 |
| Savannah Friends of Music | \$ 1,000.00 |
| Social Apostolate | \$ 4,000.00 |
| Sav. Early Childhood Development | \$ 2,000.00 |
| Special Olympics | \$ 8,000.00 |
| Westley Community Center | \$ 1,000.00 |
| Youth Challenge Academy | \$ 5,500.00 |
| Hesse School | \$ 900.00 |
| Coastal Conservation Association | \$ 300.00 |
| The Leukemia Cup | \$ 300.00 |
| Savannah Friends of Music | \$ 250.00 |
| Salvation Army | \$ 300.00 |
| USO - United Services Organization | \$ 300.00 |

TOTAL: \$ 63,850.00

TOTAL: \$ 66,247.00

KIWANIS CLUB OF SKIDAWAY: 2011 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 | \$ 465.00 | \$ - | \$ 2,191.00 | \$ 1,477.00 | \$ - | \$ 988.00 | \$ 959.00 | \$ 6,080.00 |
| Concert | \$ 3,890.00 | \$ - | \$ 3,598.00 | \$ 844.00 | \$ - | \$ 4,350.00 | \$ 1,505.00 | \$ 14,187.00 |
| Flag Program | \$ 1,189.00 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,189.00 |
| Kiwanis Partners | \$ - | \$ 30.00 | \$ - | \$ 57.20 | \$ - | \$ - | \$ - | \$ 87.20 |
| Kiwanis Sponsors | \$ - | \$ - | \$ - | \$ 582.00 | \$ - | \$ - | \$ 127.00 | \$ 709.00 |
| Pancake Breakfast | \$ 1,517.00 | \$ - | \$ - | \$ 711.00 | \$ - | \$ 288.00 | \$ 1,529.00 | \$ 4,045.00 |
| Other Exp. | \$ - | \$ 178.00 | \$ - | \$ 94.00 | \$ 1,942.00 | \$ - | \$ 498.00 | \$ 2,712.00 |
| Total | \$ 7,061.00 | \$ 208.00 | \$ 5,789.00 | \$ 3,765.20 | \$ 1,942.00 | \$ 5,626.00 | \$ 4,618.00 | \$ 29,009.20 |

KIWANIS CLUB OF SKIDAWAY: 2011 Tax Year - Form 990-EZ Part I(16)

Statement of Functional Expenses - Club Operations

| | |
|-------------------------------|--------------------|
| Kiwanis Club Operations | |
| Weekly Meetings | \$ 2,140.00 |
| Corporate Registration | 50.00 |
| District Meetings | 156.00 |
| International Meetings | 1,723.00 |
| Liability Ins. (D/O) | 250.00 |
| Lt. Governor Expenses | 141.00 |
| Pins & Awards | 159.00 |
| Web Site/ Tele. Alert Service | 1,210.00 |
| Storage | - |
| New Member Recruiting | 368.00 |
| Bank Service Charge | 75.00 |
| Miscellaneous | 321.00 |
| Total | \$ 6,593.00 |

| | |
|-----------------------|---------------------|
| Kiwanis Dues | |
| Georgia District | \$ 4,358.00 |
| Kiwanis International | \$ 6,180.00 |
| Total | \$ 10,538.00 |

| | |
|------------------------|--------------------|
| Kiwanis Club Supplies | |
| Computing | \$ 299.00 |
| Printing | 450.00 |
| Administration/Support | 899.00 |
| Total | \$ 1,648.00 |

TOTAL EXPENSES \$ 18,779.00

KIWANIS CLUB OF SKIDAWAY: 2011 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: 2011 Tax Year - Form 990-EZ**Part IV**

| <u>Name and Address</u> | <u>Title and Avg. Hrs/Wk</u> | <u>Compensation</u> | <u>Contr. To Emp. Benefits Plan & Def. Comp.</u> | <u>Exp. Acct. & Other Allowance</u> |
|--|----------------------------------|---------------------|--|---|
| Gregory T Stinson 23 Wiley Bottom Road Savannah, GA 31411 | President 4 Hrs. | 0 | 0 | |
| Gene P McDonald 4 Lanyard Court Savannah, GA 31411 | Past President 4 Hrs. | 0 | 0 | 0 |
| Daniel C Umbel 89 Franklin Creek Rd Savannah, GA 31411 | President Elect 4 Hrs. | 0 | 0 | 0 |
| Todd M Martin 5 Pelham 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 |
| Jeffrey Heeder 3 Priber Lane 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 & Def. Comp.</u> | <u>Exp. Acct. & Other Allowance</u> |
|--|----------------------------------|---------------------|--|---|
| Gary Hughes 19 Little Comfort Rd Savannah, GA 31411 | Director 2 Hrs. | 0 | 0 | 0 |
| W James Overton 7 Heatherstone 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 |