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Short Form
Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

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.

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C GOLDEN ISLES YMCA FOUNDATION, INC
144 SCRANTON CONNECTOR
BRUNSWICK, GA 31525

D Employer identification number

58-1985120

E Telephone number

912-265-4100

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 78,499.

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	1 10,000.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 7,939.
	5a Gross amount from sale of assets other than inventory	5a 60,560.
	b Less cost or other basis and sales expenses	5b 59,149.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 1,411.
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
EXPENSES	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions
	c Less direct expenses from gaming and fundraising events	6b
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	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 in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 19,350.
	10 Grants and similar amounts paid (list in Schedule O)	10 61,000.
ASSETS	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 6,563.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 30.
	17 Total expenses. Add lines 10 through 16	17 67,593.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -48,243.
	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)	19 353,275.
ASSETS	20 Other changes in net assets or fund balances (explain in Schedule O)	20 29,203.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 334,235.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

g1 B

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
22 Cash, savings, and investments	353,275.	22 334,235.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	353,275.	25 334,235.
26 Total liabilities (describe in Schedule O)		0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	353,275.	27 334,235.

Part III Statement of Program Service Accomplishments (see the instrs 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? See Schedule O

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)

28	<u>Foster, encourage and promote the positive growth and development of the Golden Isles YMCA, a branch of the YMCA of Coastal Georgia Inc.</u> (Grants \$-----) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	61,000.
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	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	61,000.

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 Title	(b) 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
<u>Schedule attached</u>	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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 X

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) **See Schedule O** 34 X

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)? 35a X

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 35b

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 35c X

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. 37b X

b Did the organization file **Form 1120-POL** for this year? 38a X

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? 38b N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations Enter 39b N/A

a Initiation fees and capital contributions included on line 9

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 ► **40a** 0. , section 4912 ► **40b** 0. ; section 4955 ► **40c** 0. 40d 0. 40e X

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 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 40c 0. 40d 0. 40e X

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0. 40e X

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 ► **SUSAN SHIPMAN** Telephone no. ► **912-265-4100**
Located at ► **144 SCRANTON CONNECTOR BRUNSWICK GA** ZIP + 4 ► **31525** 42b X

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 ► 42c X

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 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 **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A N/A Yes No

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 X

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 X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

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) 45b X

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
46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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-charita

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key

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

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	► <u>Anita L. Timmons</u> Signature of officer	<u>1/31/14</u> Date			
	► Anita Timmons Type or print name and title	President			
Paid Preparer Use Only	Print/Type preparer's name W. James Barrs, Jr., CPA	Preparer's signature <u>W. James Barrs, Jr., CPA</u>	Date <u>1/27/14</u>	Check <input type="checkbox"/> if self-employed	PTIN P00674511
	Firm's name ► BARRS COINER & LUMPKIN, LLC	Firm's EIN ► 58-2144839			
	Firm's address ► 3947 Darien Hwy Brunswick, GA 31525				

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

► Yes No

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.

2012**Open to Public Inspection**

Name of the organization

GOLDEN ISLES YMCA FOUNDATION, INC

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 a 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 – Non-functionally integrated
 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?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
YMCA of Coastal (A)	Georgia Inc 58-0603160	501(c)(3)	X		X		X		61,000.
(B)									
(C)									
(D)									
(E)									
Total									61,000.

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

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. 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	►	<input type="checkbox"/>
b 33-1/3% support test – 2011. 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	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2012. 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	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2011. 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add Ins 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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2012. 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 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 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"/>		
20 Private foundation. 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. Also complete this part for any additional information. (See instructions).

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

2012**Open to Public
Inspection**

Name of the organization

GOLDEN ISLES YMCA FOUNDATION, INC

Employer identification number

58-1985120

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

Foster, encourage and promote the positive growth and development of the Golden Isles YMCA, a branch of the YMCA of Coastal Georgia Inc.

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**

GOLDEN ISLES YMCA FOUNDATION, INC

58-1985120

**Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales**Publicly Traded Securities

Gross Sales Price: 60,560.
Cost or Other Basis: 59,149.

Total Gain (Loss) Publicly Traded Securities \$ 1,411.Total Net Gain (Loss) From Noninventory Sales \$ 1,411.**Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000**

Class of Activity: Park maintenance
Donee's Name: YMCA of Coastal Georgia Inc
Donee's Address: 144 Scranton Connector
Brunswick, GA 31525
Relationship of Donee: Functionally Integrated
Cash Amount Given: \$ 6,000.

Class of Activity: Pool maintenance
Donee's Name: YMCA of Coastal Georgia Inc
Donee's Address: 144 Scranton Connector
Brunswick, GA 31525
Relationship of Donee: Functionally Integrated
Cash Amount Given: \$ 55,000.

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

Bank charges \$ 30.
Total \$ 30.

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

Net Unrealized Gains and Losses on Investments \$ 29,203.
Total \$ 29,203.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

GOLDEN ISLES YMCA FOUNDATION, INC a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 04/16/2012 and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on April 16, 2012



A handwritten signature in black ink that reads "B. P. Kemp".

Brian P. Kemp
Secretary of State

125PR 16 PH 12:46
ARTICLES OF AMENDMENT

TO THE

RECEIVED
SECRETARY OF STATE
SOUTH GA OFFICE

ARTICLES OF ORGANIZATION

OF

YWCA FOUNDATION OF BRUNSWICK, GEORGIA, INC.

I.

The name of the organization is **YWCA Foundation of Brunswick, Georgia, Inc.**

II.

Effective the date hereof, Article I of the Articles of Organization of YWCA Foundation of Brunswick, Georgia, Inc., is amended to read as follows:

"I.

"The name of the corporation is **GOLDEN ISLES YMCA FOUNDATION, INC.** It is referred to in these Articles of Organization as the "Corporation." The Corporation is organized under §14-9-202 of the Official Code of Georgia."

III.

The undersigned does hereby certify that a notice to publish the filing of Articles of Amendment to change the corporation's name along with the publication fee of \$40.00 has been forwarded to the legal organ of the county of the registered office as required by O.C.G.A. §14-3-1005.1.

All other provisions of the Articles of Organization shall remain in full force and effect.

IN WITNESS WHEREOF, the Corporation through the Attorney for the Corporation has executed these Amended Articles of Organization on April 13, 2012, at Brunswick, Georgia.



Hillary S. Stringfellow
Attorney for Corporation

State of Georgia
Name Change 1 Page(s)



T1210818009

2011 YWCA Foundation Board & 2012

Kevin Lokey - Chairman
John Tuten - Treasurer

Jerry Rose - Vice Chair
Susan Thornton - Secretary

Address	City	State	Zip	Home	Work	Fax	Mobile	Email
COMMUNITY AT LARGE								
Class of 2011								
Brad Brown	800 Glynn Isles	Brunswick	GA 31523	262-0958	261-4410	266-0782	BRAD.BROWN@BBandT.com	
Brian Parks	510 Gloucester St	Brunswick	GA 31520	634-3843	262-2204	262-5340	brian.parks@suntrust.com	
John Tuten	4704 US 17 North	Brunswick	GA 31525	264-5604			John@johnuten.com	
Class of 2012								
Kevin Lokey	110 Office Park Lane Site 101	St. Simons Island	GA 31522	638-9116	638-0737	638-9574	223-6437	kevin.lokey@wachoviasec.com
Dusty Lewis	103 Worthing Road	St. Simons Island	GA 31522	634-0140	634-8330		dlapdrsl@bellsouth.net	
Wayne Johnson	1500 Newcastle St.	Brunswick	GA 31520	222-1805	262-5220		waynejohnson@coastalbankofga.com	
Class of 2013								
Chad Kidwell	1709 Frederica Rd.	St. Simons Island	GA 31522	634-0992	638-1150	266-3267	ckidwell@bbbandl.com	
William Gauthier	139 Harbor Pointe Dr.	Brunswick	GA 31523	770-301-0009			bgauthier@bellsouth.net	
Jerry Rose	103 McCaskill Lane	St. Simons Island	GA 31522				hrcardiology@hotmail.com	
ASSOCIATION/APPOINTED								
Class of 2011								
Carolyn Hall	203 Hampton Ave.	St. Simons Island	GA 31522	638-7776		399-0176	carolynnhall@bellsouth.net	
Felicity Littles	P.B. 182	Darien	GA 31305	437-6226	259-0661	265-6700	flittles@oliberharrellaw.com	
Susan Thornton	183 Drakes Landing	Brunswick	GA 31523	261-2103		996-5016	susanthornton65@hotmail.com	
Class of 2012								
Ann Granger	144 Scranton Connector	Brunswick	GA 31525	275-7247	265-4100	265-8059	agranger@ywcaabrunswickga.org	
Class of 2013								
Elizabeth Daniel	2601 Demere Rd. Ste B	St. Simons Island	GA 31522		634-9945		ptplus1@comcast.net	
Margie Harris	3504 Darien Hwy	Brunswick	GA 31525	267-0552			clymnra@bellsouth.net	
Christine Pierce	98 Marsh Ct.	Brunswick	GA 31525	270-4000-c	264-4952	265-3266	cpierce@hotmail.com	
DIRECTORS/EMERITUS								
J. Dewey Benfield, Jr	257 St. James Ave.	St. Simons Island	GA 31522	638-2247	638-5157	638-5808	deweybenfield@seasland.com	
Kenneth R. Farrell	1607 Frederica Road, Suite 102	St. Simons Island	GA 31522	270-7701	634-2121		kfarrell@firstglyn.com	
C. Duane Harris	105 Demere Retreat Lane	St. Simons Island	GA 31522	638-9330			seagordq@bellsouth.net	
Dawn E. Hart	106 Talah Island Lane	Brunswick	GA 31520	265-7075	634-0523	638-4373	acegorden@comcast.net	
Dr. Bill Laws	212 Pine Island	Brunswick	GA 31525	267-1775	267-1026	265-5415 /	w_laws@msn.com	
John Laws	255 Pine Island Dr.	Brunswick	GA 31525	264-4120	580-4101		jlaws@firstglyn.com	
Jeanne K. Manning	P.O. Box 30765	Sea Island	GA 31561	634-6293		634-1857	jeanne@manningdbiz.com	
Susan Shipman	920 Rose Cottage Rd.	St. Simons Island	GA 31522	638-1349	222-9206		susanshipman@att.net	
Terrill Thomas	P.O. Box 30651	St. Simons Island	GA 31522	638-8258				
Anita Timmons	P.O. Box 31067	St. Simons Island	GA 31522	638-5757			aat@lookoutlane.org	

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 extention on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions GOLDEN ISLES YMCA FOUNDATION, INC	Employer identification number (EIN) or 58-1985120
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 144 SCRANTON CONNECTOR	Social security number (SSN) 01
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BRUNSWICK, GA 31525	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **SUSAN SHIPMAN**

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

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 **13**, to file the exempt organization return for the organization named above

The extension is for the organization's return for

► calendar year 20 **12** or► tax year beginning _____, 20 ___, and ending _____, 20 ___. - - -

2 If the tax year entered in line 1 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 \$	0.
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	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	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

- 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).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions GOLDEN ISLES YMCA FOUNDATION, INC	Employer identification number (EIN) or 58-1985120
File by the extended due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions BARRS COINER & LUMPKIN, LLC 3947 Darien Hwy	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Brunswick, GA 31525	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

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

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, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification must be completed for Part II only.

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 ► President

Date ►

BAA

FIFZ0502L 01/21/13

Form 8868 (Rev 1-2013)