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Form 990

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)

Department of the Treasury
Internal Revenue Service (77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

C Name of organization

THE CLASSIC CENTER CULTURAL FOUNDATION, INC.

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

300 NORTH THOMAS STREET

City, town or country

ATHENS

State ZIP code + 4

GA 30603

D Employer identification number

58-2594235

E Telephone number

(706) 357-4417

F Accounting method:

☒ Cash ☐ Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: N/A

J Organization type

(check only one)

☒ 501(c)

3

(insert no.)

☐ 4947(a)(1) or☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 471,797.

I Group Exemption Number

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

122,556.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d)

(cash \$ 122,556. noncash \$ 0.)

1e

122,556.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

142,932.

3 Membership dues and assessments

3

166,020.

4 Interest on savings and temporary cash investments

4

3,767.

5 Dividends and interest from securities

5

13,089.

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

23,213.

8a

b Less: cost or other basis and sales expenses

8,037.

8b

c Gain or (loss) (attach schedule) See L-8 Stmt.

15,176.

8c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d

15,176.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events Subtract line 9b from line 9a

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

220.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

463,760.

13 Program services (from line 44, column (B))

13

326,173.

14 Management and general (from line 44, column (C))

14

26,349.

15 Fundraising (from line 44, column (D))

15

14,340.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17

366,862.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18

96,898.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

386,045.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

482,943.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) (non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ 72,892.) (non-cash \$ 21,563.) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	94,455.	94,455.	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a	49,957.	24,979.	12,489.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	3,675.	1,838.	918.
30 Professional fundraising fees	30			
31 Accounting fees	31	1,050.	0.	1,050.
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	388.	0.	388.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	9,697.	9,697.	0.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a Management fees	43a	3,298.	0.	3,298.
b Retreat Expenses	43b	1,163.	0.	1,163.
c Artwork Purchased	43c	5,280.	5,280.	0.
d Credit Card Fees	43d	5,266.	0.	5,266.
e Director's Expenses	43e	3,728.	1,864.	932.
f Cultural Trip Expenses	43f	118,720.	118,720.	0.
g See Other Expenses Stmt	43g	70,185.	69,340.	845.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	366,862.	326,173.	26,349.
				14,340.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services

\$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated

to Fundraising \$ _____

Part II	Statement of Program Service Accomplishments (See the instructions.)
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ **Support Classic Center & promote cultural awareness**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a Grants & Sponsorships - given to organizations so that they -----
can afford access to the Classic Center stage for performances

(Grants and allocations \$ 13,000.) If this amount includes foreign grants, check here

58,998.

b Scholarships - given to community high school performing arts students

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

4,893.

c Capital purchases made in support of the Classic Center of
Athens, GA

(Grants and allocations \$ 4,200.) If this amount includes foreign grants, check here ▶

30,563.

d Cultural trips to see shows and give input on the operations
of the Classic Center of Athens, GA

(Grants and allocations \$ 119,202.) If this amount includes foreign grants, check here ▶

118,721.

e Other program services See Schedule

(Grants and allocations \$ 23,730.) If this amount includes foreign grants, check here ☐

112,997.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

326,172.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	(A) Beginning of year		(B) End of year
45 Cash – non-interest-bearing	55,119.	45	31,999.
46 Savings and temporary cash investments	330,926.	46	450,944.
47a Accounts receivable	47a		
b Less: allowance for doubtful accounts	47b	47c	
48a Pledges receivable	48a		
b Less: allowance for doubtful accounts	48b	48c	
49 Grants receivable		49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a Other notes and loans receivable (attach schedule)	51a		
b Less: allowance for doubtful accounts	51b	51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments – land, buildings, & equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments – other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets, including program-related investments (describe ▶		58	
59 Total assets (must equal line 74). Add lines 45 through 58	386,045.	59	482,943.
60 Accounts payable and accrued expenses		60	
61 Grants payable		61	
62 Deferred revenue		62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a Tax-exempt bond liabilities (attach schedule)		64a	
b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe ▶		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.
Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67 Unrestricted	386,045.	67	99,176.
68 Temporarily restricted		68	383,767.
69 Permanently restricted		69	
Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
70 Capital stock, trust principal, or current funds		70	
71 Paid-in or capital surplus, or land, building, and equipment fund		71	
72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	386,045.	73	482,943.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	386,045.	74	482,943.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Paul Cramer 431 Greystone Terrace Athens, GA 30605	Ex-Officio Trustee 2.00	0.	0.	0.
Archie Crenshaw 1110 Dick Budd Road Bishop GA 30621	Secretary 5.00	0.	0.	0.
Tal Duvall 100 Indigo Lane Athens GA 30606	Past Member 2.00	0.	0.	0.
Marilyn Farmer 157 Woodhaven Circle Athens GA 30606	Past Member 2.00	0.	0.	0.
Clementi Holder 383 Westview Drive Athens GA 30606	Vice Pres 5.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
-----	----

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . **9**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75b		X
-----	--	---

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

75c	X	
-----	---	--

If 'Yes,' attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d	x
-----	---

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
----------------	---

Yes	No
-----	----

76 Did the organization make a change in its activities or methods of conducting activities?
If "Yes," attach a detailed statement of each change

76	X
----	---

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

77		X
----	--	---

If 'Yes,' attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a		X
-----	--	---

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

78b		
-----	--	--

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

79	X
----	---

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80 a	X
------	---

b If 'Yes,' enter the name of the organization ▶

and check whether it is ☐ exempt or ☐ nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.) **81 a**

81a	0
-----	---

b Did the organization file Form 1120-POL for this year?

81 b	X
------	---

Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	12,000.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, 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?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A

90 a List the states with which a copy of this return is filed

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	1
91 a The books are in care of Julie Walters Telephone number (706) 357-4417 Located at 300 North Thomas Athens GA ZIP + 4 30601		
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	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Cultural Trip Income			3	119,200.	
b Celebration of the Arts			3	12,450.	
c Receptions			3	9,932.	
d Write Around Home			3	1,350.	
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments			3	166,020.	
95 Interest on savings & temporary cash invmnts			14	3,767.	
96 Dividends & interest from securities			14	13,089.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	15,176.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous			3	220.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				341,204.	
105 Total (add line 104, columns (B), (D), and (E))					341,204.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	8			
	8			
	8			
	8			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: ☒ Paul T Martin ☒ 11/12/10
 Signature of officer Date
☒ Paul Martin
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature Frances M. Arnold Date 11/09/10 Check if self-employed ☒ Preparer's SSN or PTIN (See General Instruction X) 00035861
 Firm's name (or yours if self-employed), address, and ZIP + 4 Frances M. Arnold, CPA
1181 Bouldercrest Circle EIN 26 3961269
Watkinsville GA 30677-1915 Phone no. (706) 769-8696

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

2007Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

THE CLASSIC CENTER CULTURAL FOUNDATION, INC.

58-2594235

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000		None		

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		None

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		None

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . \$	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt . . .	3a	X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . .	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . .	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year . . .			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . .			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . .			0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . .			0

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☒ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
The Classic Center Authority	58-2594235	Line 8	X		138,569.
		(Sec 170(b)(1)(A)(v))			
Total					138,569.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

N/A

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, ams rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				

32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				

33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) -	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2007

Form 990
Line 8(A) and 8(B)
Statement

**Schedule of Gains and Losses from
Sale of Assets Other than Inventory**

▶ Attach to return

2007

Name THE CLASSIC CENTER CULTURAL FOUNDATION, INC.	Employer Identification Number 58-2594235
---	---

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	23,213.	Cost	8,037.
		Selling Expenses	
		Basis	8,037.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Total Securities	23,213.		8,037.
Gain or (Loss) from Sale of Securities			15,176.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----
-----	-----	-----	-----	Cost	-----
-----	-----	-----	-----	Depreciation	-----
-----	-----	-----	-----	Basis	-----
-----	-----	-----	-----	Donation FMV	-----

Total Other Assets			
Gain or (Loss) from Sale of Other Assets			

Form 990
 Part II, Line 25a

**Compensation of Current Officers, Directors,
 Key Employees, Etc.**
2007

Name as Shown on Return

THE CLASSIC CENTER CULTURAL FOUNDATION, INC.

Employer Identification No.

58-2594235

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Paul Cramer	<input type="checkbox"/>	0.			
Archie Crenshaw	<input type="checkbox"/>	0.			
Tal Duvall	<input type="checkbox"/>	0.			
Marilyn Farmer	<input type="checkbox"/>	0.			
See Compensation	<input type="checkbox"/>				
Total Compensation Received		49,957.	24,979.	12,489.	12,489.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Paul Cramer	<input type="checkbox"/>	0.			
Archie Crenshaw	<input type="checkbox"/>	0.			
Tal Duvall	<input type="checkbox"/>	0.			
Marilyn Farmer	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Paul Cramer	<input type="checkbox"/>	0.			
Archie Crenshaw	<input type="checkbox"/>	0.			
Tal Duvall	<input type="checkbox"/>	0.			
Marilyn Farmer	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances ...		0.			
Total to Part II, Line 25a ▶		49,957.	24,979.	12,489.	12,489.

Miscellaneous Statement

<u>Other Program Services</u>		
<u>Celebration of the Arts & Show Receptions</u> <u>are member events held to promote the</u> <u>Classic Center of Athens, GA</u> <u>(Grants & Allocations)</u>		<u>56,337.</u>
	<u>22,382.</u>	
<u>"Write Around Home" programs are presented</u> <u>to highlight local writers</u> <u>(Grants & Allocations)</u>		<u>2,991.</u>
	<u>1,348.</u>	
<u>Artwork purchased to be displayed at The</u> <u>Classic Center</u>		<u>5,280.</u>
<u>Program Service expenses not specifically</u> <u>allocated to individual programs</u>		<u>48,389.</u>
<u>Total</u>	<u>23,730.</u>	<u>112,997.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Celebration of the Arts	29,108.	29,108.	0.	0.
Show Receptions	27,229.	27,229.	0.	0.
Write Around Home	2,991.	2,991.	0.	0.
Member Benefits	1,309.	1,309.	0.	0.
Miscellaneous Expenses	8,703.	8,703.	0.	0.
Insurance	845.	0.	845.	0.
Total	70,185.	69,340.	845.	0.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X Tom Hollingsworth 280 Skyline Parkway Athens GA 30606 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X Paul Martin P.O. Box 7966 Athens GA 30604 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X Joe Napoli 495 Belmont Road Athens GA 30605 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X William Prokasy 263 Woodlake Drive Athens GA 30606 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X Linda Schramm 266 Deerhill Drive Bogart GA 30622 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X Julie Walters 1491 Robin Hood Road Watkinsville GA 30677 Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X	Appointee 2.00 President 5.00 Appointee 2.00 Treasurer 5.00 Trustee 2.00 Director 40.00	0. 0. 0. 0. 0. 49,957.	0. 0. 0. 0. 0.	0. 0. 0. 0.

Form 990, Part II, Line 22b

Other Grants and Allocations Approved and Paid

Purpose of Payment To support local Arts

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Grant	Business ... <input checked="" type="checkbox"/> Person ... <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	Oconee Youth Playhouse	None	
	1050 Jamestown Blvd.		
	Watkinsville GA 30677		5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ... Support local film festival

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Grant	Business ... <input checked="" type="checkbox"/> Person ... <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	Robert Osborne Film Festival	None	
	Athens GA 30605		
			10,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ... Support local opera performance

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Grant	Business ... <input checked="" type="checkbox"/> Person ... <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	Athena Grand Opera Company	None	
	300 North Thomas Street		
	Athens GA 30601		5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and Paid

Purpose of Payment Support arts in local Girl Scout organization

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Sponsorship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	<u>Girl Scouts of America</u>	<u>None</u>	
	<u>Athens GA 30601</u>		<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ... Sponsor local artists in Classic Center

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Sponsorship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	<u>The Classic Center Authority</u>	<u>Supported</u>	
	<u>300 North Thomas Street</u>	<u>Organization</u>	
	<u>Athens GA 30601</u>		<u>37,999.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment To assist with remodeling of Administrative Offices

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	<u>The Classic Center Authority</u>	<u>Supported</u>	
	<u>300 N. Thomas Street</u>	<u>Organization</u>	
	<u>Athens, GA 30601</u>		<u>9,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and PaidPurpose of Payment Assets for Classic Center

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>Asset Purchase</u>	Business... <input checked="" type="checkbox"/> Person... <input type="checkbox"/>		Cash Pmt? <input type="checkbox"/>
	<u>The Classic Center Authority</u>	<u>Supported</u>	
	<u>300 North Thomas Street</u>	<u>Organization</u>	
	<u>Athens GA 30601</u>		<u>11,604.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: Lighting BoardDate of Gift: 04/17/08

Book Value	How Book Value Determined
<u>11,604.</u>	<u>Purchase Price</u>
FMV	How FMV Determined
<u>11,604.</u>	<u>New - purchase price</u>

Purpose of Payment Assets for Classic Center

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>Asset Purchase</u>	Business... <input checked="" type="checkbox"/> Person... <input type="checkbox"/>		Cash Pmt? <input type="checkbox"/>
	<u>The Classic Center Authority</u>	<u>Supported</u>	
	<u>300 North Thomas Street</u>	<u>Organization</u>	
	<u>Athens GA 30601</u>		<u>9,959.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: Sound SystemDate of Gift: 07/18/07

Book Value	How Book Value Determined
<u>9,959.</u>	<u>Purchase price</u>
FMV	How FMV Determined
<u>9,959.</u>	<u>New - purchase price</u>

Purpose of Payment ... Scholarships Given to local High School art students

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>Scholarship</u>	Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/>		Cash Pmt? <input checked="" type="checkbox"/>
	<u>Various Individuals</u>	<u>None</u>	
	<u>30601</u>		<u>4,893.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property:

Date of Gift:

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 25a
Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Clementi Holder	<input type="checkbox"/>	0.			
Tom Hollingsworth	<input type="checkbox"/>	0.			
Paul Martin	<input type="checkbox"/>	0.			
Joe Napoli	<input type="checkbox"/>	0.			
William Prokasy	<input type="checkbox"/>	0.			
Linda Schramm	<input type="checkbox"/>	0.			
Julie Walters	<input type="checkbox"/>	49,957.	24,979.	12,489.	12,489.
Total		<u>49,957.</u>	<u>24,979.</u>	<u>12,489.</u>	<u>12,489.</u>

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Clementi Holder	<input type="checkbox"/>	0.			
Tom Hollingsworth	<input type="checkbox"/>	0.			
Paul Martin	<input type="checkbox"/>	0.			
Joe Napoli	<input type="checkbox"/>	0.			
William Prokasy	<input type="checkbox"/>	0.			
Linda Schramm	<input type="checkbox"/>	0.			
Julie Walters	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Clementi Holder	<input type="checkbox"/>	0.			
Tom Hollingsworth	<input type="checkbox"/>	0.			
Paul Martin	<input type="checkbox"/>	0.			
Joe Napoli	<input type="checkbox"/>	0.			
William Prokasy	<input type="checkbox"/>	0.			
Linda Schramm	<input type="checkbox"/>	0.			
Julie Walters	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Explanation Statement

Form/Line: Form 990, Part V-A

line 75c

Explanation of: Receipt of Compensation from Other Companies

Paul Cramer serves as an Ex-Oficio Trustee on the board of this organization (the supporting organization) and is the Director of The Classic Center Authority (58-2594235), which is the supported organization.

He received no compensation for his role as trustee of this organization and received the following compensation as Director of the Classic Center Authority:

- Compensation	-	\$160,118
- Benefits	-	\$16,012
- Allowances	-	\$15,102

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 3a

Explanation of: How We Determine Which Recipients Qualify to Receive Payments

One of the goals of the organization is to support the youth in our community. This is achieved by awarding scholarships to local high school performing art students. The Foundation awards \$1,000 scholarships annually in the areas of vocal performance, music and dance. \$500 is also awarded to each of their school music programs.