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Form 990-EZ

Department of the Treasury Internal Revenue Service

RWCess as Original 0908

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org. anizations with gross recepts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending	8/31 , 2009
В	Check if applicable: C	D Employer identification number
	Address change use IRS MACON_CIVIC CLUB CHARITABLE ASSOCIATION	58-2087375
	Name change label or D O ROY 1	E Telephone number
	Initial return pre MACON, GA 31202	478-746-6277
	Termination Specific	470-740-0277
	Amended return toons.	F Group Exemption
┸	Application pending	Number
	- Section Solicity Organizations and -S-/(a) is noticed in the transfer and is	counting method: Cash X Accrual
_		er (specify) >
		eck ► X if the organization is not juired to attach Schedule B (Form 990,
'.	100	DIFECT OF STREET OF THE STREET OF THE STREET OF STREET O
1	Urganization type (check only one) - [A] 501(c) [5] - (insert lib) [4397(a)(1) 01] [527]	
K	Check I if the organization is not a section 509(a)(3) supporting organization and its gross reco \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a co	omplete return
_		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.	►\$ 324,436.
F	art 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (S	
<u>[F</u>	1 Contributions eith grants and similar amounts received	1 124 500
	2 Program service revenue including government fees and contracts. I.R. 5. RC. C.	2
	3 Membership dues and assessments If // (// A F./ A)	3
	4 Investment income.	861.
	5a Gross amount from sale of assets other than inventory	
	b Less: cost or other basis and sales expenses	
	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch).	
R E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	▶ □
		199,075.
,	reported on line 1)	173,848.
-	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	25, 227.
7	7a Gross sales of inventory, less returns and allowances	
J	b Less cost of goods sold	
,	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	76
=	8 Other revenue (describe >). 8
II 0.7	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 150,588
 1		11 11 134,038.
	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits	168
	INFULIVE TO THE PROPERTY OF TH	13
ڪ لا	13 Professional fees and other payments to independent contractors.	14
1 S		15
יצי פֿ	15 Printing, publications, postage, and shipping.	16
*	16 Other expenses (describe > OPSTUENT BB	154,898.
∵ —	1.7	18 -4,310.
; 5	The Excess of (deficity for the year (odditact line 1) from the op.	17208.2
H	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)	
L L L		
4 (7 20 Other changes in net assets or fund balances (attach explanation)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	
1		leginning of year (B) End of year
	(See the instructions for Part II.) 2 Cash, savings, and investments	26, 479. 22 10, 669.
		23
		24
	4 Other assets (describe >)	26,479. 25 10,669.
	5 Total assets	20,000.26 8,500.
	7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,479.27 2,169.

Form 990-EZ (2008)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

	1 990-EZ (2008) MACON CIVIC CLU				2087375	Page 2
	till Statement of Program Se			ons.)	Expen	1568
What	is the organization's primary exempt purpose? TO	SUPPORT LOCAL CHA	RITIES		Required for 5	01(c)(3)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	oses. In a clear and cor	cise manner,	nd (4) organiz 947(a)(1) trust	
prog	ribe the services provided, the number of ram title.	persons belieffed, or other r	elevani information for (each 14:	or others.)	s, optional
28	DONATIONS TO VARIOUS CHAP	RITIES IN AND AROUN	ND MACON, GEORG	IA		
	2202222-0-4-1-4]	
					1	
	(Grants \$) if th	is amount includes foreign gr	ante chack have		28a	
20	(Ciralità 4	as amount includes foreign gr	and, theth here	````	<u> </u>	
29					}	
		, -		. اهم		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	··· ····· -	<u> </u>	
30					1	
					1	
	~				i	
		is amount includes foreign gr	ants, check here	····· <u>- </u>	30a	
31	Other program services (attach schedule			· ····· ···		
~		is amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add lin				22	40 - 1 - 4 - 5
- 3	t IV: List of Officers, Directors	(b) Title and average hours				
	(a) Name and address	per week devoted	not paid, enter -0)	(d) Contributions to employee benefit plans :	and land other	nse account r allowances
		to position		deferred compensation		
:	BERT_EDGE	DIRECTOR	1		0.	0.
	BOX 1	1.00				
	CON, GA 31202				T-y- * #9/5	
MAT	T JERLES	DIRECTOR	0.	\	0. ' "`	9-11 0. .
PO	BOX 1	1.00			1	
MAC	CON, GA 31202			L		
HAI	GREER	DIRECTOR	0.		0.	0.7
PO	BOX 1	1.00			i i	•
MAC	ON, GA 31202				_	_
GAI	RY MEADORS	DIRECTOR	0.		0.	0.
	NEW STREET	1.00	ļ	ļ	1	
	ON, GA 31201					
JIN	ADAMS	DIRECTOR	0.		0.	0.
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	ON, GA 31202				l	
	WOODCOCK	DIRECTOR	0.		0.	0.
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	ON, GA 31202	1.55	ļ		ļ	
	C HEFNER	DIRECTOR	Ō.		0.	0.
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	ON, GA 31202	1.00	 	ļ	- }	
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		1.00	}	}	1	
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	IN KENNEDY	DIRECTOR		1	0.	0.
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	L HENDERSON	DIRECTOR		1	٥.١	0.
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MAC	ON, GA 31202		<u> </u>	<u></u> _		
			(Į		
			1	1	1	•
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BAA		TEEA0812L (01/14/09		Form 9	90-EZ (2008)

	990-EZ (2008) MACON CIVIC CLUB CHARITABLE ASSOCIATION 58-208737	5	P	age 3
Pai	Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34		34		$\frac{x}{x}$
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x_</u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
t	Old the organization file Form 1120-POL for this year?	37Ь	161 AV	X
38 a	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 unpaid at the start of the period covered by this return?	38a		<u>X</u>
t	o if 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	501(c)(7) organizations. Enter:			wickie
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	1 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 • 0., section 4912 • 0.; section 4955 • 0.	### T		
t	9501(c)(3) and (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,' complete Schedule L, Part I	40 ь		<u>x</u>
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T			
		40e_	لــــا	<u>X</u>
41	List the states with which a copy of this return is filed GA			· ·
42 a	Telephone no. ► 478-7		277_	-
	Located at > PO BOX 1 MACON GA ZIP + 4 > 31202			<u> </u>
	At any time during the releader was all the assessments have an interest in as a constitute as other authority over a	ſ	Yes	No
	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)?	42b		Χ .
	If 'Yes,' enter the name of the foreign country:			
				6 348 SZ-75
	Con the restrictions for any other and files against the fact TO F 00 22.1 Based of a Eastern Bank and Empirical Associate			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	agina	Y
•	If Yes,' enter the name of the foreign country •			<u> </u>
				î î
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	_	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	- :	·	N/A
			Yes	No
ΔA	Did the organization maintain any donor advised hinds? If 'Yes' Form 990 must be completed instead			
	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

TEEA0812L 01/14/09

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Form 990-EZ (2008) (1)

orm 990-E	Z (2008) MACON CIVIC CLUB CH				58-208			age 4
Rart VI	Section 501(c)(3) organization and complete the tables for lin		501(c)(3) org	anization		•		49
	and complete the tables for in	es ou and or.			SEE S	TATEME		
46 Did th	ne organization engage in direct or indirection indirection of indirection of the complete Schedule Complete Co	t political campaign acti					Yes	No X
•	ne organization engage in lobbying activiti	•						$\frac{\Lambda}{X}$
	e organization operating a school as descri-	•	· ·					$\frac{\lambda}{X}$
	ne organization make any transfers to an					49a		X
	s,' was the related organization(s) a secti	•				49b		
	plete this table for the five highest compet	•	r lhan officers d	rectors true	class and key emn	du (saaval	o each	
	ved more than \$100,000 of compensation					ioyees/ Wil	o cacii	
(4)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensate		ntributions to employee benefit plans and ferred compensation	accor	pense int and lowance:	.
ONE								,
								: ,
otal number	of other employees paid over \$100,000							
51 Comp	olete this table for the five highest compe the organization. If there is none, enter 't	nsated independent cont None.'	iractors who eac	h received r	more than \$100,00	0 of compe	nsation	1
	(a) Name and address of each independent conti	ractor paid more than \$100,000	<u> </u>	(b) Ty	rpe of service	(c) Com	pensatio	n š. ", i
ONE								,1
		. .						
								
				·	<u></u>			
	-	-						
			T					
otal numb	per of other independent contractors rece		<u> ▶</u>					
	Under penalties of perinfy, I declare that I have exartine, correct, and complete Declaration of preparer	nined this return, including acco (other than officer) is based on	empanying schedules all information of whi	and statements ch preparer has	s, and to the best of my any knowledge	knowledge and	Delief, il	. 13
	1 341	Presid	.+	1	11/17/10			
Sign	Signature of officer	rescu	<u></u>		11/1/10			
lere	CIS IMAG	E "DO NOT C	ORRESP	OND F	OR SIGNA	ATURE	Ξ"	
	Type or print name and title.		OMMEDI	0.10	011 01010			<u> </u>
			Date .	0 2010	Check if	reparer's ident	riying Nu	mber
Paid	Preparer's Signature		NOV"1	0 2010		2002794		
re- parer's	Firm's name (or MCNAIR, MCLEMOR	E, MIDDLEBROOKS						
Jse	yours if setf employed). ► POST OFFICE BOX				EON -	58-109	4351	
Only	address, and MACON, GA 31202				Phone no > (47		6277	,
	S discuss this return with the preparer sh	own above? See instruc	tions	<u></u>		×X Ye		No :
BAA						Form 99	ルゼス	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the	organization							Employer	identificat	ion number		
MAC	ON	CIVIC CLUB (CHARITABLE ASS	OCIATION					58-20)8 <u>7375</u>	<u> </u>		
Par	ŧI.	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part.) (see	instruc	ctions)		
The (orga	nization is not a priv	rate foundation because	se it is: (Please check on	ly one o	rganizat	ion.)						
1		A church, conventi	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	I)(A)(i).					
2	П	A school described	in section 170(b)(1)(A	(ii). (Attach Schedule E)								
3	П	A hospital or coope	erative hospital service	organization described	n sectio	n 170(b)	iiXAXi)	i). (Atta	ch Sche	dule H.)			
4		A medical research	organization operate	d in conjunction with a ho	spital de	escribed	ın secti	ion 170(ЬХ1ХА Ж	(III). Ente	r the hosp	ıtal's	
		name, city, and sta								~_			
5		1 70(b) (1)(A)(iv). (С	Complete Part II.)	of a college or university					mental (unit desc	ribed in se	ction	
6 7		An organization tha		governmental unit descrit substantial part of its suj irt II.)					or from t	the gene	ral public o	lescrit	ed
8	П			70(b)(1)(A)(vi). (Complete	e Part II.)							
9	X	from activities relat	ed to its exempt function and unrelated busines	more than 33-1/3 % of ions — subject to certain ss taxable income (less s	exception	ns. and	(2) no r	more tha	an 33-1/.	3 % of its	s support fi	rom a	ross ⊦
			section 509(a)(2). (Co		hl	b. Caa.		E00/-W4	N /ann				
10	H	_	= :	exclusively to test for pul								of one	
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	See so	ection 5	99(a)(3).	Check the	box t	hat
		a Type I	b Type II	c 🔲 Type II	I — Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	r
e		By checking this both than foundation ma 509(a)(2).	ox, I certify that the organizers and other than	ganization is not controlled one or more publicly su	ed direct ipported	y or ind organiza	irectly b ations d	y one or escribed	r more o	lisqualifi ion 509(i	ed persons a)(1) or sec	s othe ction	r c
f		If the organization	received a written dete	ermination from the IRS	lhat is a	Type I,	Type II (or Type	III supp	orting or	ganızation,		П
		check this box .	ONE has the organizat	 tion accepted any gift or	contrib	ition from	anv o	f the foli	lowing n	ersons?	•••••	••••	·
g		Since August 17, 2	ooo, nes the organize	non accepted any gift of	COMMINE		ii diiy o	, (112 101	oig p	C130163.		Yes	No
		(i) a person who	directly or indirectly o	controls, either alone or t	ogether	with pen	sons de	scribed	ın (iı) ar	nd (iii)		100	1
		below, the go	overning body of the si	upported organization?							11g(i)	<u> </u>	<u> </u>
		(li) a family men	nber of a person desc	ribed in (i) above?			• • •		• • •		11 g (ii)	↓	
		• •	•	described in (i) or (ii) ab							11 g (ii)	L	
h		Provide the following	ng information about t	hē orgānizations the orga	nization	support	s.						
	O	Name of Supported Organization	(II) EIN	(ui) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	is the you an col i in your aming ment?	the organ	rou nobity nization in (i) of upport? ;	organiza! (i) organi	s the ion in col zed in the S ?	(Vii) Amour	it of Su	pport
					Yes	No	Yes	No	Yes	No			
					ļ	<u> </u>							
						1		[
					 	<u> </u>	<u> </u>	 -					-
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Schedule A (Form 990 or 990-EZ) 2008

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

	edule A (Form 990 or 990-EZ) 200		ALC CLOB CE	TAKT TABLE A	SSUCTATION	<u>58-2087375</u>	Page 2
<u>ra</u>	Support Schedule for				J(D)(1)(A)(iv) a	nd 170(b)(1)(A)	(VI)
Sec	(Complete only if you check	ed the box on line	5. 7, or 8 of Part	1.)			
Cale	ndar year (or fiscal year	(0) 2004	(h) 2005	(a) 2006	(4) 2007	(-) 2008	(A Tatal
begi	nning in) 🖻	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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.						
4	Total. Add lines 1-3						
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)						1
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	Print 3.3 / / 3.75 3	16. 5 6 6 6	<u> </u>	P8 7 7 7 887 88	8.25C.64.8 'S-48(3)8884-1	 ′.
Cale	ndar year (or fiscal year nning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						•••
12	Gross receipts from related activ	ities, etc. (see ins	tructions).			12	
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>				►∏
	tion C. Computation of Pu						<u> </u>
	Public support percentage for 20 Public support percentage for 20						%
	33-1/3 support test - 2008. If the	organization did	not check the box	on line 13, and	the line 14 is 33-1/	3 % or more, chec	k this box
ŧ	and stop here. The organization 33-1/3 support test — 2007. If the and stop here. The organization	organization did	not check a box o	n line 13, or 16a,	and line 15 is 33-1	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st - 2008. If the o	rganization did no	ot check a box on ' test, check this l	line 13, 16a, or 16 box and stop here	ib, and line 14 is 10 . Explain in Part IV	0% Thow
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this l	box and stop here.	. Explain in Part IV	how the
	Private loundation. If the organization				or 17b, check this	box and see instr	uctions >
BAA					Sa	chedule A (Form 99	iu or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 MACON CIVIC CLUB CHARITABLE ASSOCIATION Rantiff Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che		C 7 01 1 G1(1.)				
Sec	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Giffs, grants, contributions and membership tees received. (Do not include 'unusual grants.')	39, 250.	57,750.	91,200.	106,500.	124,500.	419, 200.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose. Gross receipts from activities that are	208, 205.	171,892.	196,605.	204,024.	199,075.	979,801.
	not an unrelated trade or business under section 513				·	- -	0.
	organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1-5	247,455.	229,642.	287,805.	310,524.	323,575.	1,399,001.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,						
	and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b., .	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	<u> </u>		28.588	V 4% to V	7, 14 5 5 7 1 5 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1 200 201
	7c from line 6.)		7% %°		** 1 (30.7 (R)		1,399,001.
	tion B. Total Support				r - 12 (
	idar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007_	(e) 2008	(f) Total
9	Amounts from line 6	247,455.	229,642.	287,805.	310,524.	323,575.	1,399,001.
-							
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.				4 777	861	5 638
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form				4,777.	861.	5,638. 0.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.	0.	4,777.	861. 861.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			0.			0.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in			0.			5,638.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.		4,777.	861.	0. 5,638. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.		4,777.	861.	0. 5,638. 0. 0.
10 a b c c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.		4,777.	861.	0. 5,638. 0. 0.
10 a b c c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	o. s for the organizal stop here	0.	d, third, fourth, o	4,777.	861.	0. 5,638. 0. 0.
10 a b c c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	s for the organizal stop here Jblic Support F	o. tion's first, second Percentage (f) divided by line	i, third, fourth, or	4,777.	861. a section 501(c)(3	0. 5,638. 0. 0. 1,404,639.
10a b c 11 12 13 14 Sect 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Inc. 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pt.	is for the organizal stop here Jiblic Support F 08 (line 8, column 2007 Schedule A, to	tion's first, second Percentage (f) divided by line Part IV-A, line 27	1, third, fourth, or	4,777.	861. a section 501(c)(3	0. 5,638. 0. 0. 1,404,639.
10a b c 11 12 13 14 Sect 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Lett lie 1, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pt Public support percentage for 20 Public support percentage from threstment income percentage file.	is for the organizal stop here iblic Support F 008 (line 8, column 2007 Schedule A, vestment Incomo r 2008 (line 10c, como r)	lion's first, second Percentage (f) divided by line Part IV-A, line 27 me Percentage	1, third, fourth, or 13, column (1)) g. e by line 13, colum	4,777.	861. a section 501(c)(3	0. 5,638. 0. 0. 1,404,639.
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Lett lie 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pt Public support percentage from the support income percentage for the support income percentage	is for the organizal stop here iblic Support F 108 (line 8, column 2007 Schedule A, vestment Incomo 2008 (line 10c, como 2008 (line 10c, como 2007 Schedule A)	dion's first, second Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided a A, Part IV-A, line	1, third, fourth, or 13, column (1)) g	4,777.	861. a section 501(c)(3) 15 16 17 18	0. 5,638. 0. 1,404,639. 99.6% 100.0% 0.4% 0.0%
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add les 1 lot, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage	is for the organizal stop here Jblic Support F OS (line 8, column 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2008 (line 10c, como 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2007 Schedule A, to vestment Incomo 2008 (line 10c, como 2008 (line 10c, com	tion's first, second Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided a A, Part IV-A, lin not check the bo The organization	t, third, fourth, or 13, column (f)) 9 by line 13, column e 27h	fifth tax year as a	861. 861. 15 16 17 18 an 33-1/3%, and ganization	0. 5,638. 0. 0. 1,404,639. 99.6% 100.0%
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add In 1, Inc. 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pt. Public support percentage from the street investment income percentage from the support percentage from the support income percentage for 20.	us for the organization did this box and stop here.	O. Jon's first, second Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided a. A, Part IV-A, line not check the bo The organization not check a box here. The organi	t, third, fourth, or 13, column (f)) 9 by line 13, column e 27h x on line 14, and qualifies as a put on line 14 or 19a, ration qualifies as	r lifth tax year as a fifth tax year as a fift	861. a section 501(c)(3) 15 16 17 18 an 33-1/3%, and ganization re than 33-1/3%, ted organization.	99.6% 1,404,639. 99.6% 100.0% 0.4% 0.0% Inte 17 is not X

Schedule A	(Form 990 or	990-EZ) 2008	<u>MACON (</u>	CIVIC CLUB (<u>CHARITABLE</u>	ASSOCIATION	<u> 58-2087375</u>	Page 4
Part IV∞	Supplement Part II line	ntal Inform	tation. Com	plete this part	to provide the	ne explanation re er additional info	quired by Part II	, line 10;
			<u> </u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	ide drij onie	- Bagittoriai irrioi	mation: (See in	A delicity
								
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BAA				TEEA040	04L 10/07/08	S	Schedule A (Form 99	0 or 990-EZ) 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545 0047

2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18,

Open to Public

Internal Revenue Service	or 19, and	a by organizau	ons that e	nter more	than \$15,000 on Form !	##U-E-Z, line 6a.	Inspection
Name of the organization						Employer identifi	
MACON CIVIC CI						[58-20873	
Part I Fundraisi	ng Activities.	Complete if	the orga	anization	answered 'Yes' to	Form 990, Part I	V, line 17.
1 Indicate whether	the organization ra	aised funds thr	ough any	of the follo	wing activities. Check a	• • •	
Mail solicitati	ons				Solicitation of non-	•	
Email solicita					Solicitation of gove	•	
Phone solicit					Special fundraising	events	
In-person sol	icitations						
2a Did the organizat	on have written or	oral agreeme	nt with any	undividua	l (including officers, dire	ectors, trustees or key	Пv., Пи.
• •	•			•	ofessional fundraising s		
compensated at I	en highest paid ind least \$5.000 by the	ividuals or enti : organization.	ties (fundr Form 990)	aisers) pui EZ filers ar	rsuant to agreements u re not required to comp	nder which the fundrai lete this table.	ser is to be
		3	1			(v) Amount paid to	T
(i) Name of ir or entity (fun		(ii) Activity		fundraiser	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (lun	uraiser)		have custody or control of contributions?		nom activity	col.(i)	organization
			Yes	No			<u> </u>
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Total .				▶		1	-
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3 List all states in v or licensing.	which the organizat	tion is registere	ed or licen	sed to soli	cit funds or has been n	otified it is exempt froi	m registration
		_		-			
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		G (Form 990 or 990-EZ) 2008 MACON C							
Par	t:ll{	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	inswered 'Yes' to F Sa. List events with	orm 990, Part IV, oross receipts are	line 18, or eater than \$5.000.			
	-	The state of the s	(a) Event #1 MUSICAL REVUE (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))			
R			(avein type)	(avail (ypa)	(total number)				
##>##D#	1	Gross receipts	199,075.			199,075.			
E	2	Less: Charitable contributions							
	3	Gross revenue (line 1 minus line 2)	199,075.			199,075.			
	4	Cash prizes							
D-RECT	5	Non-cash prizes							
	6	Rent/facility costs							
EXPERSES	7	Other direct expenses	173,848.			173,848.			
Š	8 9	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar				173,848. 25,227.			
Par		Gaming. Complete if the organiz	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or r				
		\$15,000 on Form 990-EZ, line 6a	<u> </u>						
R E V E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (Add col. (a) through col. (c))			
HENDE	1	Gross revenue	<u> </u>						
_	2	Cash prizes							
DIRECT	3	Non-cash prizes.				-			
ÇS	4	Rent/facility costs							
_	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No]]_]No				
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)		•				
	8	Net gaming income summary. Combine to	nes 1 and 7 in column	(d)					
	9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain:								
		re any of the organization's gaming license 'es,' Explain:	s revoked, suspended o	or terminated during the	tax year?	10a			
11		es the organization operate gaming activities				11			
12	adn	he organization a grantor, beneficiary or truninister charitable gaming?	<u> </u>	<u> </u>		12 orm 990 or 990-EZ) 2008			
BAA	١.		TEEA3702L	12/US	Scrieding (F	01111 330 OL 330.CZ) 2008			

Schedule G (Form 990 or 990-EZ) 2008 MACON CIVIC CLUB CHARITABLE ASSOCIATION 58-2	20 <u>87375</u>	_ P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:		223	
a The organization's facility	8		
b An outside facility	8		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and re	cords:		
Name: ►			
	33		
Address: •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, V
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount		16.26	792
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address.		**************************************	
· · · · · · · · · · · · · · · · · · ·			
Name: •			
	(%)		
Address: ▶			23
16 Gaming manager information	P. C.		
3, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	3 0		
Name: ►			323
Gaming manager compensation ► \$	r i		
Description of services provided:	Palm		*
		et de la cons	G.
Director/officer Employee Independent contractor			
17 Mandatory distributions	62		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	.		
state gaming license?	17a	L	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	2777		
organization's own exempt activities during the tax year. > \$	19,80	ľøő,	1998
BAA TEEA3703L 07/18/08 Schedule G	(Form 990 or 9	190-EZ) 2008

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2008	FEDERAL STATEMENTS		PAGE 1
	MACON CIVIC CLUB CHARITABLE ASSOCIATION		58-2087375
STATEMENT 1 FORM 990-EZ, PART I, L GRANTS AND SIMILAR A	INE 10 AMOUNTS PAID		
DONEE'S NAME:	THE ANDY ANDERSON INSTITUTE		
CASH AMOUNT GIVEN:	MACON, GA	\$	22,000.
DONEE'S NAME:	RED CROSS		
CASH AMOUNT GIVEN:	MACON, GA	\$	500.
DONEE'S NAME:	CENTRAL GA COUNCIL BSA		
CASH AMOUNT GIVEN:	MACON, GA	\$	1,500.
DONEE'S NAME:	BOYS & GIRLS CLUB		
CASH AMOUNT GIVEN:	MACON, GA	\$	500.
DONEE'S NAME:	COX CAPITAL THEATER		
CASH AMOUNT GIVEN:	MACON, GA	\$	3,000.
DONEE'S NAME:	CHILDRENS HOSPITAL		
CASH AMOUNT GIVEN:	MACON, GA	\$	10,000.
DONEE'S NAME:	BUTLER EARLY CHILDHOOD CENTER		
CASH AMOUNT GIVEN:	MACON, GA	\$	500.
DONEE'S NAME:	TUBMAN MUSEUM		
CASH AMOUNT GIVEN:	MACON, GA	\$	5,000.
DONEE'S NAME:	COVENANT CARE		
CASH AMOUNT GIVEN:	MACON, GA	\$	750.
DONEE'S NAME:	MACON OUTREACH		
CASH AMOUNT GIVEN:	MACON, GA	\$	5,000.
DONEE'S NAME:	MUSEUM OF ARTS AND SCIENCES	-	
CASH AMOUNT GIVEN:	MACON, GA	\$	500.
DONEE'S NAME:	THE BIG HOUSE MUSEUM		
CASH AMOUNT GIVEN:	MACON, GA	\$	2,000.
DONEE'S NAME:	MACON LITTLE THEATER		
CASH AMOUNT GIVEN:	MACON, GA	\$	500.

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2008	FEDERAL STATEMENTS	PAGE 2
	MACON CIVIC CLUB CHARITABLE ASSOCIATION	58-2087375
STATEMENT 1 (CONTINU FORM 990-EZ, PART I, LI GRANTS AND SIMILAR A	NE 10	
DONEE'S NAME:	CRISIS LINE AND SAFE HOUSE OF CENTRAL G	
CASH AMOUNT GIVEN:	MACON, GA	500.
DONEE'S NAME:	MENTORS PROJECT OF BIBB COUNTY	
CASH AMOUNT GIVEN:	MACON, GA	500.
DONEE'S NAME:	NUTCRACKER OF MIDDLE GA	
CASH AMOUNT GIVEN:	MACON, GA	500.
DONEE'S NAME:	RONALD MCDONALD HOUSE	
CASH AMOUNT GIVEN:	MACON, GA \$	8,500.
DONEE'S NAME:	GRAND OPERA HOUSE	
CASH AMOUNT GIVEN:	MACON, GA \$	10,000.
DONEE'S NAME:	THEATER MACON	
CASH AMOUNT GIVEN:	MACON, GA	.,
DONEE'S NAME:	VINE INGLE LITTLE LEAGUE	.,•
CASH AMOUNT GIVEN:	MACON, GA	3,000.
DONEE'S NAME:	MACON GOLF FOR KIDS	
CASH AMOUNT GIVEN:	MACON, GA	3,000.
DONEE'S NAME:	MACON TIGERS BASEBALL	
CASH AMOUNT GIVEN:	MACON, GA \$	1,000.
DONEE'S NAME:	WESLEY GLEN MINISTRIES	
CASH AMOUNT GIVEN:	MACON, GA	22,000.
- DONEE'S NAME:	GOODWILL INDUSTRIES	
CASH AMOUNT GIVEN:	MACON, GA	500.
DONEE'S NAME:	HEART OF GEORGIA DDM	
CASH AMOUNT GIVEN:	MACON, GA	25,000.
DONEE'S NAME:	SKYLER BEAR	
CASH AMOUNT GIVEN	MACON, GA	500.

CASH AMOUNT GIVEN:

500.

008	FEDERAL STATEMENTS	PAGE
· · ·	MACON CIVIC CLUB CHARITABLE ASSOCIATION	58-20873
STATEMENT 1 (CONTINUI FORM 990-EZ, PART I, LIN GRANTS AND SIMILAR AI	IE 10	
DONEE'S NAME: CASH AMOUNT GIVEN:	GIRL SCOUTS OF MIDDLE GEORGIA MACON, GA	1,500
DONEE'S NAME: CASH AMOUNT GIVEN:	FRIENDS OF THE TRAIL MACON, GA \$	500
DONEE'S NAME: CASH AMOUNT GIVEN:	FELLOWSHIP OF CHRISTIAN ATHLETES MACON, GA \$	500
DONEE'S NAME: CASH AMOUNT GIVEN:	BRAGG JAM MACON, GA \$ AMERICAN HEART ASSOCIATION	750
DONEE'S NAME: CASH AMOUNT GIVEN: DONEE'S NAME:	AMERICAN HEART ASSOCIATION MACON, GA \$ ACADEMY FOR PERFORMING ARTS	1,000
CASH AMOUNT GIVEN: DONEE'S NAME:	MACON CIVIC CLUB ENDOWMENT	10,000
CASH AMOUNT GIVEN:	MACON, GA \$	7,398
STATEMENT 2 FORM 990-EZ, PART II, LI TOTAL LIABILITIES	NE 26	
DEFERRED REVENUE .		8,500 8,500
STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS	S ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	٠ _{الم}
INDIRECTLY, TO PAY PI	ATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR REMIUMS ON A PERSONAL BENEFIT CONTRACT?	

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