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Form **990-EZ**

## 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 organizations with gross receipts 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

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

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

**C** MACON CIVIC CLUB CHARITABLE ASSOCIATION  
P. O. BOX 1  
MACON, GA 31202

**D** Employer identification number 58-2087375

**E** Telephone number 478-746-6277

**F** Group Exemption Number

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify)

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

**I** Website: N/A

**J** Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 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** 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.

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

1	Contributions, gifts, grants, and similar amounts received	124,500.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	861.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ of contributions reported on line 1)	199,075.
6b	Less: direct expenses other than fundraising expenses	173,848.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	25,227.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe)	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	150,588.
10	Grants and similar amounts paid (attach schedule)	SEE STATEMENT 1
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe)	
17	<b>Total expenses</b> (add lines 10 through 16)	154,898.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-4,310.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	6,479.
20	Other changes in net assets or fund balances (attach explanation)	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	2,169.

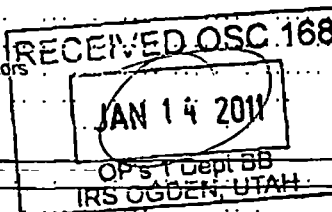
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,479.	10,669.
23 Land and buildings		
24 Other assets (describe)		
25 <b>Total assets</b>	26,479.	10,669.
26 <b>Total liabilities</b> (describe SEE STATEMENT 2)	20,000.	8,500.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,479.	2,169.

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

Form 990-EZ (2008)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **TO SUPPORT LOCAL CHARITIES**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

**28 DONATIONS TO VARIOUS CHARITIES IN AND AROUND MACON, GEORGIA**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a****29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31 Other program services** (attach schedule)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses** (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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
ALBERT EDGE PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
MATT JERLES PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
HAL GREER PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
GARY MEADORS 141 NEW STREET MACON, GA 31201	DIRECTOR 1.00	0.	0.	0.
JIM ADAMS PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
BOB WOODCOCK PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
ERIC HEFNER PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
TEE WEAVER PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
TRIP WALDEN PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
JOHN KENNEDY PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
BILL HENDERSON PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	37b	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
<b>39 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on line 9.	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
<b>40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:</b>		
section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b 501(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.</b>	40b	X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization.		0.
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
<b>41</b> List the states with which a copy of this return is filed ▶	GA	

**42a** The books are in care of ▶ **HOWARD HOLLEMAN** Telephone no. ▶ **478-746-6277**  
Located at ▶ **PO BOX 1 MACON GA** ZIP + 4 ▶ **31202**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
If 'Yes,' enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
If 'Yes,' enter the name of the foreign country: ▶

**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. ▶ **43** N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

**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.

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 3

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

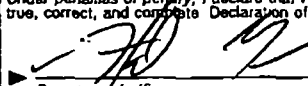
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  President 11/17/10

Signature of officer: \_\_\_\_\_

Type or print name and title: **CIS IMAGE "DO NOT CORRESPOND FOR SIGNATURE"**

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: NOV 10 2010

Firm's name (or yours if self-employed), address, and ZIP + 4: MCNAIR, MCLEMORE, MIDDLEBROOKS  
POST OFFICE BOX ONE  
MACON, GA 31202-0001

Check if self-employed: ☐ Preparer's identifying number (See instructions): P00279414

EIN: 58-1094351

Phone no: (478) 746-6277

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

BAA

Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning 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'.)						
2 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 <b>Total.</b> 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)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning 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 from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a <b>33-1/3 support test - 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33-1/3 support test - 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning 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.")	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 purpose.	208,205.	171,892.	196,605.	204,024.	199,075.	979,801.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 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.
b 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.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						1,399,001.

**Section B. Total Support**

Calendar 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.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				4,777.	861.	5,638.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	4,777.	861.	5,638.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,404,639.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	99.6 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	100.0 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	0.4 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	0.0 %

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒ X

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

• Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

MACON CIVIC CLUB CHARITABLE ASSOCIATION

Employer identification number

58-2087375

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations     | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations |  |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

[illegible]

**3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.**

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		MUSICAL REVUE (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross receipts	199,075.			199,075.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	199,075.			199,075.
<b>DIRECT EXPENSES</b>	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	173,848.			173,848.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				173,848.
	9 Net income summary. Combine lines 3 and 8 in column (d)				25,227.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross revenue				
<b>DIRECT EXPENSES</b>	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 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:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶

Address: ▶

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address.

Name: ▶

Address: ▶

**16** Gaming manager information

Name: ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_

BAA

TEEA3703L 07/18/08

Schedule G (Form 990 or 990-EZ) 2008

## MACON CIVIC CLUB CHARITABLE ASSOCIATION

58-2087375

STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	THE ANDY ANDERSON INSTITUTE MACON, GA	
CASH AMOUNT GIVEN:		\$ 22,000.
DONEE'S NAME:	RED CROSS MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	CENTRAL GA COUNCIL BSA MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,500.
DONEE'S NAME:	BOYS & GIRLS CLUB MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	COX CAPITAL THEATER MACON, GA	
CASH AMOUNT GIVEN:		\$ 3,000.
DONEE'S NAME:	CHILDRENS HOSPITAL MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	BUTLER EARLY CHILDHOOD CENTER MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	TUBMAN MUSEUM MACON, GA	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	COVENANT CARE MACON, GA	
CASH AMOUNT GIVEN:		\$ 750.
DONEE'S NAME:	MACON OUTREACH MACON, GA	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	MUSEUM OF ARTS AND SCIENCES MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	THE BIG HOUSE MUSEUM MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	MACON LITTLE THEATER MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.

## MACON CIVIC CLUB CHARITABLE ASSOCIATION

58-2087375

STATEMENT 1 (CONTINUED)  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	CRISIS LINE AND SAFE HOUSE OF CENTRAL G MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	MENTORS PROJECT OF BIBB COUNTY MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	NUTCRACKER OF MIDDLE GA MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	RONALD MCDONALD HOUSE MACON, GA	
CASH AMOUNT GIVEN:		\$ 8,500.
DONEE'S NAME:	GRAND OPERA HOUSE MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	THEATER MACON MACON, GA	
CASH AMOUNT GIVEN:		\$ 6,500.
DONEE'S NAME:	VINE INGLE LITTLE LEAGUE MACON, GA	
CASH AMOUNT GIVEN:		\$ 3,000.
DONEE'S NAME:	MACON GOLF FOR KIDS MACON, GA	
CASH AMOUNT GIVEN:		\$ 3,000.
DONEE'S NAME:	MACON TIGERS BASEBALL MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	WESLEY GLEN MINISTRIES MACON, GA	
CASH AMOUNT GIVEN:		\$ 22,000.
DONEE'S NAME:	GOODWILL INDUSTRIES MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	HEART OF GEORGIA DDM MACON, GA	
CASH AMOUNT GIVEN:		\$ 25,000.
DONEE'S NAME:	SKYLER BEAR MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.

## MACON CIVIC CLUB CHARITABLE ASSOCIATION

58-2087375

**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	GIRL SCOUTS OF MIDDLE GEORGIA MACON, GA		
CASH AMOUNT GIVEN:		\$	1,500.
DONEE'S NAME:	FRIENDS OF THE TRAIL MACON, GA		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	FELLOWSHIP OF CHRISTIAN ATHLETES MACON, GA		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	BRAGG JAM MACON, GA		
CASH AMOUNT GIVEN:		\$	750.
DONEE'S NAME:	AMERICAN HEART ASSOCIATION MACON, GA		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	ACADEMY FOR PERFORMING ARTS MACON, GA		
CASH AMOUNT GIVEN:		\$	10,000.
DONEE'S NAME:	MACON CIVIC CLUB ENDOWMENT MACON, GA		
CASH AMOUNT GIVEN:		\$	7,398.

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 20,000.	\$ 8,500.
<b>TOTAL</b>	<b>\$ 20,000.</b>	<b>\$ 8,500.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO