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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 \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury

<u>]r</u>	tern	al Rever	ue Service The organization may have to use a copy of this feture to satisfy ste	nte reporting requirements				
A	\ I	or the	2009 calendar year, or tax year beginning , and ending					
Ε	3 (Check if a	applicable Please C Name of organization	() Emp	oloyer identification number		
2	ζ /	Address	change use IRS					
<u> </u>	٦,	Name ch	ange MAGIC CITY NETWORKING		20-3617786			
Ì	≺	nitial reti	print or	Room/suite	E Tele	phone number		
}	⊣	Terminat	See DO DOY 2005		70	1-852-2893		
┝	-	Amended	Specific Characteria state as country and 7IR + 4		F Gro	up Exemption		
 -	╡		MINION ND E9702			nber >		
L			ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting n		X Cash Accrual		
		• 3600	a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		[
-	_	01-1	THE WAR GEOGRAPH CONTRACT OF THE CONTRACT OF T			e organization is not		
'		Website -				nedule B (Form 990,		
<u>-</u>			mpt status (check only one) — X 501(c) (7) ◀ (insert no) 4947(a)(1) or					
,		Check	if the organization is not a section 509(a)(3) supporting organization and its gr			ore than \$25,000 A		
_			0-EZ or Form 990 return is not required, but if the organization chooses to file a return, be s			2 150		
Ë		Add lines	5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form		<u>▶ \$</u>			
_	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (See the instruc	tions	tor Part I.)		
	ŀ	1	Contributions, gifts, grants, and similar amounts received		1			
		2	Program service revenue including government fees and contracts		2			
		3	Membership dues and assessments SEE S	FATEMENT 1	3	3,150		
	1	4	Investment income		4	2		
		5a	Gross amount from sale of assets other than inventory 5a		╛			
		ь	Less cost or other basis and sales expenses 5b		Ì			
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	9	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	check here				
	Revenue	а	Gross revenue (not including \$ of contributions	LJ				
	ě		reported on line 1) 6a					
	Œ	b	Less direct expenses other than fundraising expenses 6b		1			
			Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		- 6c]		
		C T-						
		7a			┪			
		b	2000 0000 0 9000 0000		┥,			
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
		8	Other revenue (describe		8	3,152		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	900		
		10	Grants and similar amounts paid (attach schedule)	181	10	300		
		11	beliefits paid to or for members	11				
	S	12	Salaries, other compensation, and employee benefits	12				
	nses	13	Professional fees and other payments to independent contractors CGDEN,	13	405			
	Expen	14	Occupancy, rent, utilities, and maintenance	14	197			
		15	Printing, publications, postage, and shipping	15	86			
2010		16	Other expenses (describe SEE STATEMENT 2)	16	743		
20		17	Total expenses. Add lines 10 through 16	<u> </u>	17	1,926		
2		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,226		
~~	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi	th				
ယ	Net Assets		end-of-year figure reported on prior year's return)		19	2,042		
AUG	at A	20	Other changes in net assets or fund balances (attach explanation)		20			
	ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	3,268		
	P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, fi	le Form 990 instead of Fe	orm 990			
>		4.4.11	(See the instructions for Part II)	(A) Beginning of year	1	(B) End of year		
SCANNED	22	Cach	eavings, and investments	2,04	2 22	2,609		
			·		23			
\bigotimes			nd buildings ssets (describe ► SEE STATEMENT 3		24	659		
				2,04	$\overline{}$	3,268		
		Total a			0 26	3,200		
			abilities (describe	2,04		3,268		
	Z (net as	sets or fund balances (line 27 of column (B) must agree with line 21)	2,01	- 1 21	3,200		

Form 990-EZ (2009) MAGIC CITY NETWORKING		<u>-3617786</u>				Page 2
Part III Statement of Program Service Accomplishments (S	ee the instruct	ons for Part I	<u>II)</u>	_	Ex	penses
What is the organization's primary exempt purpose?				(F	Required	for section
TO PROMOTE GOODWILL FOR THE CLUB.				50)1(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a c				or	ganızatıo	ns and section
manner, describe the services provided, the number of persons benefited, or other rele	vant information for	ī		49	947(a)(1)	trusts, optional
each program title				fo	r others))
28	. <u> </u>					
(Grants \$) If this amount includes foreign grants, che	ck here	•	广	28a		
29	J. 110,10	 		1		
29						
			<u> </u>	.		
(Grants \$) If this amount includes foreign grants, che	ck here	<u> </u>		29a		
30				-	ŀ	
				1		
				. 1		
(Grants \$) If this amount includes foreign grants, che	ck here	<u> </u>		30a		
31 Other program services (attach schedule) SEE STATEMENT 4						
(Grants \$) If this amount includes foreign grants, che	ck 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	n one even if not co	mnensated (See	the		ons for P	Part IV)
1 dit (V List of Officers, Directors, Trustees, and Ney Employees. Elst cach	(b) Title and average	(c) Compensation	(d	d) Contrib	outions to	(e) Expense
(a) Name and address	hours per week	(If not paid,			efit plans &	
	devoted to position	enter -0)	- 00	ferred com	pensation	other allowances
DARRAN HOOVER	PRESIDENT				_	_
	3.00		<u> </u>		<u>_</u>	0
MICHELLE SCHRAD	VICE-PRESIDE	NT				
	3.00		<u> </u>		0	0
JOAN HAWBAKER	SECRETARY	1	-			
	3.00		0		0	0
KEVIN HAWK	TREASURER		ĺ			
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DAA					Fo	rm 990-EZ (2009)

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	Other (mornation (Note the statement requirements in the instructions for Part V.)			
22	Did the experience expense in any optimity not provinced to the IDCO IS "Ver." attack a detailed		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			_v
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	33	 	X
5 4	the changes	34		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	34	 	1
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		ĺ	Ī
	6033(e) notice, reporting, and proxy tax requirements?	35a	İ	x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a 3, 15	0		
b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			ĺ
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	ļ
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			77
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE The organization's books are in care of CHSNER & JOHNSON, PC Telephone no 70	1-85	2 2	003
42a	The organization's books are in care of ▶ OCHSNER & JOHNSON, PC Telephone no ▶ 70 2819B SOUTH BROADWAY	T-02	Z - Z	093
		3701		
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	1	Yes	No
	account)?	42b	162	X
	If "Yes," enter the name of the foreign country	420		-1-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	- [
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
-	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here	-		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	, , , , , , , , , , , , , , , , , , , ,			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	[X
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	I	X
		Form 99	0-EZ	(2009)

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Pa	rt VI	Section 501(c)(3) 501(c)(3) organiza and complete the	ations and se	ection 4947(a)									-3
•	D. J. 45				-tuutus on habalf s	<u> </u>						. 1	
16		organization engage in dire		· -	ctivities on benait t	or in oppos	ition to					Yes	No
		es for public office? If "Yes			0-1-4-1-0 0-4						46		
47		organization engage in lob	- -					_			47		
48		ganization operating a sch					hedule	=			48		
49a		organization make any trar			e related organizati	on?					49a		
b		was the related organizati		-							49b		
50	•	e this table for the organiz	_	•	• •					у			
	employe	es) who each received mo	ore than \$100,0	000 of compensation				, enter "No mpensation		Contributions to		_	
		(a) Name and address	of each employed n \$100,000	e paid more	ho	itle and average urs per week	(6) 60	mpensauon		e benefit plans &		Expensionnt an	
					devi	oted to position	-		deferre	d compensation	other	allowar	ces
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		O of compensation from th		· · · · · · · · · · · · · · · · · · ·		(b)	Type of	service		(c) C	ompens	ation	
									-				
d	Total nu	mber of other independen	nt contractors ea	ach receiving over	\$100,000	>							
Sig He		Under penalties of perjury, and belief, it is true, correct Signature of officer KEVIN HA Type or print name and	t, and complete B			based on all in		of which pro	parer h	as any knowled			
		Preparer's				Date	Ì	Check if	j	Preparer's Ident	ifying Nu	mber (Se	e instr)
Pai	id	Preparer's	o une				7/10	self-		•		•	e instr)
Pai Pre		signature		A S S O C T A TT	ES.	07/2	7/10		~~~	P0048	5320)	
Pre	parer's	signature Firm's name (or yours	HAWK &	ASSOCIAT			7/10	self-	E	P00480 N ▶ 2)	
Pre		Firm's name (or yours if self-employed),	HAWK & 2819 S	BROADWAY	UNIT B		7/10	self-	EI	P00480 N ▶ 2	532(7-0) 445	126
Pre Us	parer's e Only	Firm's name (or yours if self-employed), address, and ZIP + 4	HAWK & 2819 S	BROADWAY ND 5870	UNIT B 1-7113		7/10	self-	EI	P00486 N ► 2 none N ► 701	632(7-0 -85) 445 2-2	126 893
Pre Us	parer's e Only	Firm's name (or yours if self-employed),	HAWK & 2819 S	BROADWAY ND 5870	UNIT B 1-7113		7/10	self-	EI	P00486 N ▶ 2 none D ▶ 701	532(7-0	2-2 s	126 893 No

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Identifying number

OMB No 1545-0172

► See separate instructions. (99)

► Attach to your tax return.

Attachment Sequence No

	MAGIC (CITY NETWOR	KING			20-	361	7786
	ss or activity to which this form relates							
Pa	IDIRECT DEPRECIAT: rt1 Election To Exper		erty Under Sect	ion 179	<u> </u>			
ra	Note: If you have a				complete Pa	ırt I.		
1	Maximum amount See the instruct				<u> </u>		1	250,000
	Total cost of section 179 property p			•			2	
3	Threshold cost of section 179 prop			uctions)			3	800,000
4	Reduction in limitation Subtract lin	•	· ·	,			4	
5	Dollar limitation for tax year Subtract lin			d filing separately, se	e instructions		5	
6	(a) Descriptio			o) Cost (business use		Elected cost		
7	Listed property Enter the amount	from line 29			7			
8	Total elected cost of section 179 p	roperty Add amounts	ın column (c), lines 6	and 7			8	
9	Tentative deduction Enter the small	aller of line 5 or line 8					9	
10	Carryover of disallowed deduction	from line 13 of your 20	008 Form 4562				10	
11	Business income limitation. Enter t	he smaller of business	s income (not less tha	an zero) or line 5 (s	see instructions)		11	
12	Section 179 expense deduction A	dd lines 9 and 10, but	do not enter more tha	an line 11			12	······································
13	Carryover of disallowed deduction	to 2010 Add lines 9 a	nd 10, less line 12	<u> </u>	13			
Note	Do not use Part II or Part III below							- · - · - · · · · · · · · · · · · · · ·
Pa	rt II Special Depreciat					ed prope	rty)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	er than listed propert	y) płaced in servic	е		i '	
	during the tax year (see instruction	is)					14	112
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACR						16	22
_Pa	rt III MACRS Deprecia	t ion (Do not inclu		_	uctions.)			
			Section					
17	MACRS deductions for assets place						17	0
<u>18</u>	If you are electing to group any assets p	placed in service during the -Assets Placed in Se					stom.	
	Section B-	(b) Month and year	(c) Basis for deprecia	 	T			
	(a) Classification of property	placed in service	(business/investment only-see instruction	use	(e) Convention	(f) Meti	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	4			<u> </u>			
<u>b</u>	5-year property	4			 			
<u>c</u>	7-year property	4						
<u>d</u>	10-year property	4						
	15-year property	4			<u> </u>	 		
_ <u>f</u>	20-year property	4			 	0,1		
9	25-year property			25 yrs	<u> </u>	S/L		
h	Residential rental			27 5 yrs	MM	S/L		
	property		<u> </u>	27 5 yrs	MM	S/L		
i				39 yrs	+	S/L		
	property	Assets Placed in Sen	ila a Damina 2000 Tax	Veer Union the	MM Name tive Department	S/L		
		ASSets Placed in Ser			HY	1		63
	Class life	-∤		631 5.0	- ni	S/L		03
	12-year			12 yrs.	1	S/L		<u> </u>
	40-year	otructions \		40 yrs	MM	S/L		<u> </u>
	art IV Summary (See in						24	
21	Listed property Enter amount from		40 and 00 in ailiii	ma (a) and line 04	Entor hasa		21	
22	Total. Add amounts from line 12,				⊏nter nere		22	197
	and on the appropriate lines of you							131
23	For assets shown above and place		e current year, enter	u ie	23			
Ec.	portion of the basis attributable to Paperwork Reduction Act Notice,		tions		1 20			Form 4562 (2009)
ror I	raperwork Reduction Act Notice,	. See Separate IIIStrut						. 5 13 43 (2003)

MCNG2010 Magic City Networking

20-3617786

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount				
MEMBER APPLICATION FEES ANNUAL MEMBER DUES	\$	600 2,550			
TOTAL	\$	3,150			

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE	34
CONFERENCES/MEETINGS	473
DUE	236
TOTAL	\$ 743

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
LAPTOP	\$	\$ 631
LESS ACCUMULATED DEPRECIATION		63
QUICKBBOKS 2009		225
LESS ACCUMULATED DEPRECIATION		 134
		 659

MCNG2010 Magic City Networking **Federal Statements** 20-3617786 FYE: 12/31/2009 Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments Description ' TO PROMOTE GOODWILL FOR THE CLUB.