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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

(HTA)

•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 2009

Open to Public Inspection

8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 76,145 10 Grants and similar amounts paid (attach schedule) 10 10,444 11 Benefits paid to or for members 11	Α	For the 2009 c	alen <u>dar year,</u>	, or tax year beginning	6/1/2009	, and	ending	5/31	/2010	
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Website: ► Ma			a comp	leted Schedule A (Form 990 o	r 990-EZ).					
Tax-exempt status (check only one)							H Check►	X If the	organiz	ation is not
K Check	l	Website: ► <u>n/</u>	1						hedule	B (Form 990,
A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 5b, and 7b, to line 9 to determine goss recepts, if \$300,000 or more, file Form 990 instead of Form 900-EZ \$8,077 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 1 1,860 2 28,914 3 4 52 28,914 3 4 52 54 54 54 54 54 54	J	Tax-exempt status	(check only one	e)— X 501(c) (3) ◄ (inser	tno) 4947(a)(1) or L	527	990-EZ, c	or 990-PF)		
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16 Other expenses (describe ► See Attached Statement	~ je						וטג פעיי		1	
16 Other expenses (describe ► See Attached Statement	쯠	•				<u> </u>		41	5	,0,00.
17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 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 21 48,797 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year 22 Cash, savings, and investments 44,132 22 48,797 23 Land and buildings. 24 Other assets (describe) 25 Total assets 70 Total liabilities (describe) 70 Net assets or fund balances (line 27 of column (B) must agree with line 21). 44,132 27 48,797	_	· ·	•		atement	ÖĞ	DEN U	T) 11		19.316
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 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 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 23 Land and buildings 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 44,132 27 48,797					•				ightarrow	
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) 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 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments 44,132 22 48,797 23 Land and buildings Other assets (describe Other assets (describe Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) 44,132 27 48,797	s				from line 9)					
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year	set				-	A)) (mus	t agree with			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year	As	end-of-	year figure i	reported on prior year's returi	٦)			1	9	44,132
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year	et '	20 Other of	hanges in n	et assets or fund balances (a	attach explanation)			2	0	
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 44,132 22 48,797 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 44,132 25 48,797 26 Total liabilities (describe) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 44,132 27 48,797	Z	21 Net as:	ets or fund	balances at end of year. Cor	nbine lines 18 through 20	0		. > 2	1	48,797
22 Cash, savings, and investments 44,132 22 48,797 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 44,132 25 48,797 26 Total liabilities (describe ►) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 44,132 27 48,797	Ρ	art II Balan	ce Sheets.	. If Total assets on line 25, co	olumn (B) are \$1,250,000	0 or more	e, file Form 9	990 instea	d of F	orm 990-EZ
23 23 24 Other assets (describe ►							(A) Begini	ning of year		(B) End of year
24 Other assets (describe) 24 25 Total assets	22			tments		•		44,132	22	48,797
25 Total assets 44,132 25 48,797 26 Total liabilities (describe 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 44,132 27 48,797	23		-							
26 Total liabilities (describe ►			(describe 🏲	·	<u> </u>)				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 44,132 27 48,797								44,132		48,797
					<u></u>)				
	_					•		44,132	27	

Wildle Georgia Art Associat	1011		23-701	17 10	Page 2
Part III Statement of Program Service Acc	omplishments (See the i	nstructions for P	art III.)		Expenses
What is the organization's primary exempt purpose?					ired for section
Describe what was achieved in carrying out the organiz	zation's exempt purposes. In	a clear and conci	se)(3) and 501(c)(4) izations and section
nanner, describe the services provided, the number of	persons benefited, and other	er relevant informa	ition for	_	a)(1) trusts, optional
each program title				for oth	ners)
28 To provide an outlet for display and sale of art for	local artists				
	nt includes foreign grants, ch	eck here .	. ▶ 🗍	28a	11,392
(Grants \$) If this amoun	nt includes foreign grants, ch	eck here	▶ □	29a	0 700
				ZJa	8,700
30					
	nt includes foreign grants, ch	eck here .	. ▶ 🔝	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amoun	nt includes foreign grants, ch	eck here	<u> </u>	31a	
32 Total program service expenses. (add lines 28a	through 31a)		🕨	32	20,092
Part IV List of Officers, Directors, Trustees, a	nd Key Employees. List each	one even if not compe	ensated (See	the instr	ructions for Part IV)
	(b) Title and average	(c) Compensation	(d) Contribut	ions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benef deferred comp		account and other allowances
Man Thurston	Title President	Circui - C-i,j	deserved comp	Споцион	outer anowarioes
Mae Thurston Macon GA					
	· · · · · · · · · · · · · · · · · · ·		 		
Miriam Henoch	Title Sec				
Macon GA	Hr/WK 1 00	····	<u> </u>	·	
Glenda Clance Coleman	Title Treas				
Macon GA	Hr/WK 2.00		ļ		
Harriett Buckey	Title Board Member				
Macon GA	Hr/WK 1 00		<u> </u>		
Glennean Grossman	Title Board Member				
Macon GA	Hr/WK 1 00				
Joy Hulgan	Title Board Member				
Macon GA	Hr/WK 1 00				
Suzanne Lawler	Title Board Member				
Macon GA	Hr/WK 100				
Elaine Libbey	Title Board Member				
Macon GA			-		
Barbara Barry Nishanian	Title Board Member		ļ		•
Macon GA	Hr/WK 1.00		ļ		
Karen Shockley	Title Board Member				
Macon GA	Hr/WK 1 00				
Sue Shoemaker	Title Board Member				
Macon GA	Hr/WK 1.00				
Theresa Trail	Title Administrative				
Macon GA	Hr/WK 20 00				
	Title				
	Hr/WK		1		
	Title		1		
	1				
	Hr/WK		 		
	Title				
	Hr/WK				
	Title				
	Hr/WK				,,,,
	Title		1		
	Hr/WK				<u></u>
	Title				
	Hr/WK				
	<u> </u>				

Form 9		23-70117	718	Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V)	 	1	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	20		
24	description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
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 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 6033(e) notice, reporting, and proxy tax requirements?	35a		×
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35a		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1002		
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
L	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes " complete Schedule L. Part II and enter the total amount involved	38a		Х
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			į
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
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	405		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ľ		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	_	ļ	
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		ļ	
44	transaction? If "Yes," complete Form 8886-T.	40e		Х
41	List the states with which a copy of this return is filed.	470.7		
42 a	The organization's books are in care of ► Glenda Clance Telephone no ►		44-95	2/
L	Located at ► PO Box 4802 City Macon ST GA ZIP + 4 ► 3 At any time during the calendar year, did the organization have an interest in or a signature or other authority	1208-480	<u> 1</u> 2	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1.00	X
	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 Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country.	42c	1	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			V
AE	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		X
	100, 1 om 000 mast be completed metead of Form 000-LZ		aan E	7 (2009)

orm 990-EZ	(2009) Middle (Georgia Art Associat	ion			23	-70117	18	Page 4
Part VI	Section 501(c)(3)	organizations an	d section 4947(a)(1) r	onexempt cl	haritable	trusts only. All:	section	1	
	501(c)(3) organiza	tions and section 4	1947(a)(1) nonexempt	charitable trus	sts must a	nswer questions	46-49)b	
	· · · · · ·	tables for lines 50 a				•			
6 Did 1			t political campaign activ	ities on behalf o	of or in opt	position to		Yes	No
	•	•	Schedule C, Part I				46	100	X
	•	·	es? If "Yes," complete So				47		X
			ction 170(b)(1)(A)(ii)? If "			F	48		X
	_		exempt non-charitable re	-		_	49a		X
	es," was the related or	•	•	atea organizati	,		49b		X
		•	ighest compensated em	olovees (other t	han office	rs directors truste		kev	
			0,000 of compensation fr						
			(b) Title and average		pensation	(d) Contributions to) Expens	se.
(a)	Name and address of each e		hours per week		.ponoution	employee benefit plans &	à	count ar	nd
• • • • • • • • • • • • • • • • • • • •	than \$100,000	0	devoted to position		-	deferred compensation	othe	<u>r allowar</u>	nces
Name Non			Title						
City	ST	ZIP	Hr/WK						
Name	Str		Title						
City	ST _	ZIP	Hr/WK						
Name	Str		Title						
City	ST	ZIP	Hr/WK				ļ. <u></u>		
Name	Str .		Title						
City	ST	ZIP	Hr/WK				-		
Name	Str		Title						
City	ST I number of other emp	ZIP	Hr/WK			L <u></u>			
\$100	0,000 of compensation	n from the organizati	on If there is none, ente	r "None "					
	(a) Name and address	of each independent contra	ctor paid more than \$100,000		(b) Typ	e of service	(c) Co	npensat	ion
Name Non		Str	·					· <u>·</u>	
City	Y	ST	ZiP						
Name		Ct-							
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str	 						
City		ST	ZIP						
Name		Str		İ					
City	· · · · · · · · · · · · · · · · · · ·	ST	ZIP						
	I number of other inde	pendent contractors	each receiving over \$10	0,000	>				
			nined this return, including accon					ige	
	and belief, it is true, correc	t, and complete Declaration	on of preparer (other than officer)	is based on all info	rmation of wh	ich preparer has any kn	owledge		
Sign	Mae W.	Thurton				9/24/10)		
Here	Signature of officer	P ,	\circ			Date /			
	Mae W.	1 hw stor	, tresident						
	Type or print name and	d title	,						
Poid	Preparer's	rolloss.	<u> </u>	Date	Check if self-	Preparer's iden	ifying num	ber (See in	structions)
Paid Proparor's	signature	uxur 12	<u> </u>	9/22/2010	employed	▶└┤│			
Preparer's	Firm's name (or yours	Mallory C Atkinso	n, ili			EIN ►			
Jse Only	if self-employed), address, and ZIP + 4	305 Rivoli Chase,				Phone no ► (478)	474-9	666	

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

Form **990-EZ** (2009)

No

Yes

SCHEDULE A (Form 990 or 990-EZ)

. Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

Nidd	le G	eorgia Art Ass	ociation							23-70	011718		
Pa	rt I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	this par	t) See ır	structio	ns		
The	o <u>rga</u> ı	nization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	1, check	only one i	box)				
1	\sqcup	A church, co	nvention of chui	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	cribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section '	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ition operated in conju ate	inction wit	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	ion operated for	the benefit of a collection (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descr	ibed	
6		A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete F	-	its suppor	t from a g	jovernme	ntal unit o	or from the	e genera	al publi	ic
8				In section 170(b)(1)(omplete F	Part II)						
9	\overline{X}	•		y receives. (1) more th				om contri	butions, r	nembersl	nip fees.	and a	ross
		receipts from support from	activities relate gross investme	ed to its exempt function in the income and unrelated after June 30, 1975	ons—subj ted busine	ect to cer ess taxabl	taın exce _l e ıncome	ptions, an (less sec	nd (2) no r ction 511 t	nore thar	33 1/3	% of it	
10		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety So	ee sectio	n 509(a)(4).			
11		An organizat	ion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fur	nctions of,	or to car	ry out th	ie	
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	_	a Type	1 b 📙	Type II c	Type	iii–Func	tionally in	itegrated		d 📙 1	ype III-	-Other	
е		By checking	this box, I certif	y that the organization	ıs not co	ntrolled d	irectly or	indirectly	by one or	more dis	qualifie	d	
		•		on managers and othe	r than one	e or more	publicly s	supported	l organiza	tions des	cribed in	n section	on
		509(a)(1) or	section 509(a)(2	2).									
f		_		a written determinatior	n from the	IRS that	it ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
		•	, check this box					•	£ 11		•		
g				the organization acce	pted any	giπ or con	itribution i	rom any	of the				
		following per		or indirectly controls,	outher alo	no or toge	ther with	percone	doscribad	lun (u)		Yes	No
			-	verning body of the su		-		persons	uescribeu	1 111 (11)	11g(i)	163	-140
				person described in (i				• •	·		11g(ii)		
		• •	•	y of a person describe	•		?				11g(iii)		
h		• •		ation about the suppor									
(1) Nam	e of supported	(II) EIN	(iii) Type of organization				ou notify		ls the		Amount	of
•		anization		(described on lines 1–9 above or IRC section		document?		nization in of your		tion in col ized in the		support	
				(see instructions))		r-	sup	port?	U	S?	1		
			<u></u>		Yes	No	Yes	No	Yes	No	<u> </u>		
						<u> </u>		·····			 		
					ļ								
	 -					-							
Tota	11								.	(Ti		

Schedu	ule A (Form 990 or 990-EZ) 2009 Middle Georgia					23-7 <u>011</u> 71	
Par	Support Schedule for Organiz	zations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked t	the box on lin	e 5, 7, or 8 of	Part I.)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			·			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4.						
6 Saat	tion B. Total Support	अवितः अवक्र क्रिया	اد				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(b) 2000	(6) 2007	(u) 2000	(0) 2000	(i) iotai
7 8	Amounts from line 4 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)			TO SHEET IN YOU HOW.	A P of the second of the secon	LE TAKE MESANG	
11	Total support. Add lines 7 through 10.	ac 3	· 「梅蘭蘭」 打煙等性型	34 The State of th	1 30 1 may grow high	-5-3/2 Cr3/20-3/2	L
12	Gross receipts from related activities, etc. (s				· · · ·	12	-)/2)
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u> </u>			· ·	▶ □
	tion C. Computation of Public Suppor			1 (2)			
14	Public support percentage for 2009 (line 6,			column (f))		14	
15	Public support percentage from 2008 Schee					15	-1.461
16a	33 1/3% support test-2009. If the organiza				ne 14 is 33 1/3	% or more, che	eck this box
	and stop here. The organization qualifies a						. P
b	33 1/3% support test-2008. If the organization				and line 15 is 3	3 1/3% or more	e, cneck this
4-	box and stop here. The organization qualifi				.no 12 160 or	16b and line 1	. ► ► L
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "the organization meets the "facts-and-circu						
	the organization meets the Tacts-and-Circuit	matances tes	. The organiza	aon quannes a	io a pablicly sup	sported organiz	

10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

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

0	(Complete only if you checked the	he box on line	9 of Part I)				
	tion A. Public Support	() 0005	41,0000	4-1-0007	4 N 0000	(-) 0000 T	(D. T-1-1
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	6,197	6,708	7,277	4,619	7,065	31,866
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	16,832	29,514	27,906	35,839	28,914	_ 139,005
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge		22.222	05.400			
6	Total. Add lines 1 through 5.	23,029	36,222	35,183	40,458	35,979	170,871
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons.						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b .						
8	Public support (Subtract line 7c from						
	line 6)	事二,奉献	de live to		THE PERSON NAMED IN	APRIL TO	170,871
	tion B. Total Support	() 2005					40 T
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	23,029	36,222	35,183	40,458	35,979	170,871
10a	Gross income from interest, dividends,		:				
	payments received on securities loans,			i			
	rents, royalties and income from similar						
	sources .						
b	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						
11	activities not included in line 10b,	!					
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	3,095		4	62	15	3,176
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	26,124	36,222	35,187	40,520	35,994	174,047
14	First five years. If the Form 990 is for the org	ganization's fire	st, second, thire	d, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here			<u> </u>			. ▶
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	ed by line 13, c	olumn (f)) .		15	98.18%
16	Public support percentage from 2008 Schedu			<u> </u>		16	97 97%
Sec	tion D. Computation of Investment Inc	<u>ome Percent</u>	age			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2009 (line				f))	17	 .
18	Investment income percentage from 2008 Sc					18	-5
19a	• • • • • • • • • • • • • • • • • • • •						
_	not more than 33 1/3%, check this box and s	-				-	. ► <u>X</u>
b	33 1/3% support tests-2008. If the organization of						. —
	line 18 is not more than 33 1/3%, check this box a	· ·	=	· ·		-	▶
20	Drivate foundation of the organization did a	ot chack a hav	on line 1/1 10	a or 10h choo	k thic hav and	caa inctriictiaa	

Schedule A (Form	990 or 990-EZ) 2009	Middle Georgia Art Association	23-7011718	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 1	0,
	Part II line 17a	or 17b, and Part III, line 12. Provide any other additional information	See instructions	· }.
	Taren, mio tra	or tro, and rate in, into tall rotted any other additional internation		
		•••••		
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SCHEDULE G (Form 990 or 990-EZ).

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	of the organization					Employer identificat	
VIIdd	le Georgia Art Association	amplete if the			rad "Vas" to Forn	23-70	
Pai	Fundraising Activities. C Form 990-EZ filers are not				ered tes to Forr	n 990, Part IV, IIII	e 17.
1	Indicate whether the organization ra	aised funds thro	ough any of	the follow	ng activities Chec	k all that apply	
а	Mail solicitations		e S	olicitation	of non-government	grants	
b	Internet and email solicitations		f 📙 S	olicitation	of government grai	nts	
С	Phone solicitations		g 🔲 S	pecial fund	draising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 99						Yes X No
b	If "Yes," list the ten highest paid ind to be compensated at least \$5,000		•	sers) purs	uant to agreements	s under which the f	undraiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		,	Yes	No			
						- <u>,</u>	
		<u> </u>					
Tota							
3	List all states in which the organiza registration or licensing	tion is registere	ed or license	ed to solici	t funds or has beer	n notified it is exem	pt from
				• • • • • • • • • • • • • • • • • • • •			
				• • • • • • • • • • • • • • • • • • • •			
		·	 				
_							

Schedule G (Form 990 or 990, EZ) 2009

Pa	rt II		s. Complete if the orga on Form 990-EZ, line 6		es" to Form 990, Part IV ss receipts greater thar	•
			(a) Event #1 Viulberry Arts Festiva	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	52,083			52,083
	3		52,083			52,083
	4	Cash prizes				
	5	Noncash prizes .				
Direct Expenses	6	Rent/facility costs				
# Exp	7	Food and beverages .				
Direc	8	Entertainment				
	9	Other direct expenses	11,932			11,932
į	10 11	'	-			(11,932) 40,151
Pa	rt III				990, Part IV, line 19, or r	
		than \$15,000 on Fo	_			•
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rè	1	Gross revenue .				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs .				
<u> </u>	5	Other direct expenses .				
	6	Volunteer labor	Yes	Yes	Yes No	
	7	Direct expense summary	Add lines 2 through 5 in	column (d) .	•	
	8	Net gaming income sumn	nary Combine line 1, colu	ımn d, and line 7		Yes No
9		nter the state(s) in which the the organization licensed t			·	9a
_		"No," explain	o operate gaming activities	es in each of these state:		
		Vere any of the organization	's gaming licenses revok	ed, suspended or termin	ated during the tax year?	10a
ŀ	o If 	"Yes," explain				
11	 D	oes the organization opera	te gaming activities with n	onmembers?		. 11
12	ls	s the organization a grantor, ormed to administer charital	, beneficiary or trustee of			

Schedi	ule G (Form 990 or 990,-EZ) 2009			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility		j	1
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	and records.	1		
	Name •			
	Address •	1		
15a	Does the organization have a contract 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 of the third party			
	Name •			
		ļ		
	Address •			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			ļ
17	Mandatory distributions			
а	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 to be distributed to other exempt organizations			
	or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

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C
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9	Class of activit Artist Commissions 2 Grants and Awards 3 4 4 6 6 7	Class of activity commissions and Awards	Class of activity Grantee's name Artist Commissions Various Grants and Awards Various A Various	Check (X) if grantee is a business	Address	City Macon Macon	State GA GA	Zip code	Foreign Country
									,

-					,	 		
	• Date received			•		•		
	Method used to determine FMV							
	Fair market							
:	How book value determined							
	Book value							
	Purpose of payment to affiliate Book value							
	Description of the property Purpose of							
	Relationship	4,824 (blank)						
10,444	Amount of cash grant	4,824	5,620					

Part I, Line 16 (990-EZ) - Other Expenses		19,316
1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	. 3	2,088
4 Amortization	4	
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	
7 Depletion	7	
B Equipment rental and maintenance	8	5,085
Interest	9 <u></u>	
0 Supplies	10	2,529
1 Telephone		1,339
2 Unrelated business income taxes	. 12	
3 Office and general expenses	13	1,456
4 Miscellaneous	14	432
5 Postage	15	1,561
6 Repairs	16	259
7 Utilties	17	3,619
8 Credit card charges	18	948
9	19	
0	20	
1	21	
2	22	
3	23	
4	24	
5	25	
6	26	
7	27	
.8	28	
	29	