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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A For the 2009 calendar year, or tax year beginning** 9/01 , 2009, and ending 8/31 , 2010**B** Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

C
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

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

G Accounting method. ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► N/A**J** Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) 4947(a)(1) or 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 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.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 356,917.

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

		1	171,900.
REVENUE	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	
	3 Membership dues and assessments	4	83.
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	184,934.
	b Less: direct expenses other than fundraising expenses	6b	174,994.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,940.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	181,923.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	182,850.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► _____)	16	
	17 Total expenses. Add lines 10 through 16	17	182,850.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-927.
	ASSETS	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)	19
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	1,242.

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	10,669.	22 1,242.
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	10,669.	25 1,242.
26 Total liabilities (describe ► SEE STATEMENT 2)	8,500.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,169.	27 1,242.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions.)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.

Expenses
(Required for section 501(c)(3) and (4) organizations and section 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 <input type="checkbox"/>	28a	182,850.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	182,850.

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
HUGHES PINSON PO BOX 1 MACON, GA 31202	PRESIDENT 1.00	0.	0.	0.
STEVE WELSH PO BOX 1 MACON, GA 31202	VICE PRESIDENT 1.00	0.	0.	0.
HAL GREER PO BOX 1 MACON, GA 31202	VICE PRESIDENT 1.00	0.	0.	0.
GARY MEADORS 141 NEW STREET MACON, GA 31201	TREASURER 1.00	0.	0.	0.
JIMBO WALKER PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
CHARLIE BOSWELL PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
DAVID WILSON PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
DREW YOUNG 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	SECRETARY 1.00	0.	0.	0.
BILL HENDERSON PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.
JAMES BERG PO BOX 1 MACON, GA 31202	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)**SEE STATEMENT 3****33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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

35b		
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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
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.**b** Did the organization file **Form 1120-POL** for this year?

37b		X
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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		X
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved**38b** N/A**39** Section 501(c)(7) organizations. Enter.**a** Initiation fees and capital contributions included on line 9**39a** N/A**b** Gross receipts, included on line 9, for public use of club facilities.**39b** N/A**40a** Section 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.

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 Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.

40b		X
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c 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

▶ 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

▶ 0.

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		X
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41 List the states with which a copy of this return is filed ▶ GA**42a** The organization's books are in care of ▶ **HOWARD HOLLEMAN**
Located at ▶ **PO BOX 1 MACON GA**Telephone no ▶ **478-746-6277**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)?

	Yes	No
42b		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 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.?

42c		X
------------	--	---

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 and enter the amount of tax-exempt interest received or accrued during the tax year▶ ☐ N/A
N/A**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
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
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Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

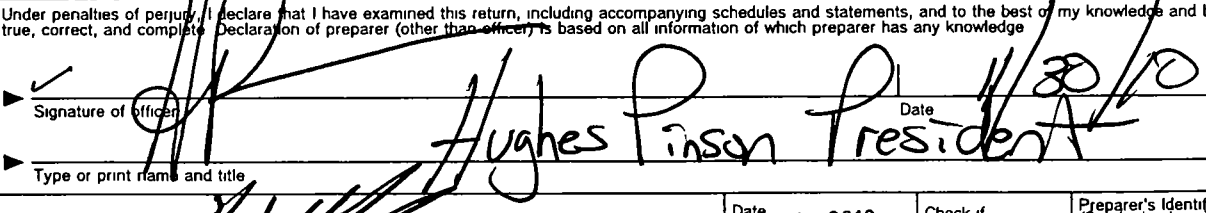

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization a section 527 organization?**50** Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000.

Sign Here	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.			
	 Signature of officer		Date 11/30/10	
	Type or print name and title Hughes Pinson President			
Paid Preparer's Use Only	Preparer's signature	 Date NOV 12 2010		Check if self employed <input type="checkbox"/>
	Firm's name (or yours if self employed), address, and ZIP + 4	MCNAIR, MCLEMORE, MIDDLEBROOKS POST OFFICE BOX ONE MACON, GA 31202-0001		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 (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total. Add lines 1-through 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test — 2009. 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 33-1/3 support test — 2008. 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 10%-facts-and-circumstances test — 2009 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 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 ▶ <input type="checkbox"/>		
18 Private foundation. 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"/>		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	57,750.	91,200.	106,500.	124,500.	171,900.	551,850.
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	171,892.	196,605.	204,024.	199,075.	184,934.	956,530.
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 through 5	229,642.	287,805.	310,524.	323,575.	356,834.	1,508,380.
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 amount on line 13 for the year	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.)						1,508,380.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	229,642.	287,805.	310,524.	323,575.	356,834.	1,508,380.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			4,777.	861.	83.	5,721.
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.	4,777.	861.	83.	5,721.
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 lns 9, 10c, 11, and 12)						1,514,101.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.6 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.4 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.4 %

- 19a 33-1/3 support tests — 2009.** 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. ☒
- b 33-1/3 support tests — 2008.** 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

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

MACON CIVIC CLUB CHARITABLE ASSOCIATION

58-2087375

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- 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"/> Internet and 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total						

- 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.

REVENUE		(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))
	1 Gross receipts .	184,934.			184,934.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	184,934.			184,934.
DIRECT	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
EXPENSES	8 Entertainment				
	9 Other direct expenses .	174,994.			174,994.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				174,994.
	11 Net income summary. Combine lines 3, column (d) and line 10				9,940.

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.

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

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**b** An outside facility.**13a** %**13b** %**14** Enter 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 of the third party.

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

2009.**FEDERAL STATEMENTS****PAGE 1****CLIENT 3323865****MACON CIVIC CLUB CHARITABLE ASSOCIATION****58-2087375**

11/08/10

02 40PM

**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:		\$ 25,000.
DONEE'S NAME:	MACON STATE COLLEGE FOUNDATION MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	UNITED WAY OF CENTRAL GEORGIA MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	MED CEN COMMUNITY HEALTH FOUNDATION MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	CENTRAL GA COUNCIL BSA MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	MAGNOLIA MANOR MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,500.
DONEE'S NAME:	COX CAPITAL THEATER MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	CHILDRENS HOSPITAL MACON, GA	
CASH AMOUNT GIVEN:		\$ 8,500.
DONEE'S NAME:	CAMPUS CLUBS MACON, GA	
CASH AMOUNT GIVEN:		\$ 24,650.
DONEE'S NAME:	BUNKO FOR BREAST CANCER MACON, GA	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	CHRIST CHURCH WEEKEND LUNCH PROGRAM MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,200.
DONEE'S NAME:	DANDY WALKER ALLIANCE MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	MCC FINE ARTS SCHOLARSHIP FUND MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,250.

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

DONEE'S NAME:	COVENANT CARE MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	MACON OUTREACH MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	MUSEUM OF ARTS AND SCIENCES MACON, GA	
CASH AMOUNT GIVEN:		\$ 3,500.
DONEE'S NAME:	THE BIG HOUSE FOUNDATION MACON, GA	
CASH AMOUNT GIVEN:		\$ 1,500.
DONEE'S NAME:	MACON LITTLE THEATER MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	MCC ENDOWMENT MACON, GA	
CASH AMOUNT GIVEN:		\$ 4,000.
DONEE'S NAME:	NUTCRACKER OF MIDDLE GA MACON, GA	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	RONALD MCDONALD HOUSE MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,500.
DONEE'S NAME:	GRAND OPERA HOUSE MACON, GA	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	THEATER MACON MACON, GA	
CASH AMOUNT GIVEN:		\$ 5,000.
DONEE'S NAME:	VINE INGLE LITTLE LEAGUE MACON, GA	
CASH AMOUNT GIVEN:		\$ 3,000.
DONEE'S NAME:	FIRST TEE MACON, GA	
CASH AMOUNT GIVEN:		\$ 2,250.
DONEE'S NAME:	WESLEY GLEN MINISTRIES MACON, GA	
CASH AMOUNT GIVEN:		\$ 5,000.

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FEDERAL STATEMENTS

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MACON CIVIC CLUB CHARITABLE ASSOCIATION

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

DONEE'S NAME:	HEART OF GEORGIA DDM MACON, GA		
CASH AMOUNT GIVEN:		\$	24,550.
DONEE'S NAME:	SKYLER BEAR MACON, GA		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	GIRL SCOUTS OF MIDDLE GEORGIA MACON, GA		
CASH AMOUNT GIVEN:		\$	8,500.
DONEE'S NAME:	JAYS HOPE FOUNDATION MACON, GA		
CASH AMOUNT GIVEN:		\$	3,250.
DONEE'S NAME:	FELLOWSHIP OF CHRISTIAN ATHLETES MACON, GA		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	BRAGG JAM MACON, GA		
CASH AMOUNT GIVEN:		\$	2,000.
DONEE'S NAME:	MISS MUSIC CITY MACON, GA		
CASH AMOUNT GIVEN:		\$	200.
DONEE'S NAME:	MACON STATE COLLEGE MACON, GA		
CASH AMOUNT GIVEN:		\$	500.

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

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 8,500.	\$ 0.
TOTAL	\$ 8,500.	\$ 0.

STATEMENT 3
FORM 990-EZ, PART V
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