

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2008 calendar year, or tax year beginning **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>MACEDONIA MISSIONS, INC.</b> Doing Business As		<b>D</b> Employer identification number 72-1347807
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>16 PIERCE RD.</b>		<b>E</b> Telephone number 318-728-6346
		City or town, state or country, and ZIP + 4 <b>RAYVILLE LA 71269</b>		<b>G</b> Gross receipts \$ <b>1,135,016</b>
		<b>F</b> Name and address of principal officer:		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**J** Website:

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1996** **M** State of legal domicile: **LA**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Construction and evangelical ministries to needy people abroad</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	<b>5</b> Total number of employees (Part V, line 2a)	5	5
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	941,562	1,134,755
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,032	261
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	943,594	1,135,016
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,236	183,757
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	957,102	969,904
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,006,338	1,153,661	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-62,744	-18,645	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year 93,569	End of Year 75,533
	<b>21</b> Total liabilities (Part X, line 26)	5,000	6,109
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	88,569	69,424

**Part II Signature Block**

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**  
 Signature of officer: **OSWALT & ZARRO** Date: \_\_\_\_\_  
 Type or print name and title: **A CORPORATION OF CERTIFIED PUBLIC ACCOUNTANTS RAYVILLE, LA**

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **7/6/2009**  
 Check if self-employed:  Preparer's identifying number (see instructions): **439-62-3695**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **OSWALT & ZARRO, CPA'S 809 JULIA STREET, SUITE A, RAYVILLE, LA 71269**  
 EIN: \_\_\_\_\_ Phone no.: **318-728-6413**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	80,120	1	69,983
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 102,682		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 97,132	13,449	10c 5,550
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		93,569	16	75,533
Liabilities	17 Accounts payable and accrued expenses	5,000	17	6,109
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25		5,000	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	88,569	32	69,424
33 <b>Total net assets or fund balances</b>	88,569	33	69,424	
34 <b>Total liabilities and net assets/fund balances</b>	93,569	34	75,533	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		X