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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011

Open to Public Inspection

Form 990-EZ (2011

Α	For th	e 2011 calendar year, or tax year beginning	, and	ending		
В	Check	f applicable C Name of organization		C	Employer	dentification number
<u></u>	Addres	s change UPTOWN GROUP INC			4	1-1457645
L	Name	Number and street (or P O box, if mail is not delivered to street addres	is)	Room/suite E	Telephone r	
	Initial re		,		,	
	Termina	ated 1344 SUMMIT AVENUE				
	Amend	ed return City or town state or count	ry ZIP + 4	F	Group Exe	emption
	Applica	tion pending ST PAUL MN	55105		Number ▶	
		POT THE WAY	00100	lu o		
, ,		nting Method				if the organization is
'						o attach Schedule B 90-EZ, or 990-PF)
J	Tax-exe	mpt status (check only one) — X 501(c)(3) 501(c) () ◀ (insert no	2) 4947(a)(1) or	527	OIIII 990, 95	10-LZ, 01 990-FF)
	ıf the or	re than \$50,000 A Form 990-EZ or Form 990 return is not required thoug ganization chooses to file a return, be sure to file a complete return	h Form 990-N (e-	-postcard) may	be required	
L		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are		e, or if total ass	ets	
	_	line 25, column (B) below) are \$500,000 or more, file Form 990 instead of			▶\$	98,130
P	art l	Revenue, Expenses, and Changes in Net Assets or Fu			uctions fo	, , , , , , , , , , , , , , , , , , ,
		Check if the organization used Schedule O to respond to a	any question in	this Part I		. X
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts	s .		2	6,361
	3	Membership dues and assessments		-	3	82,413
	4	Investment income		•	. 4	12
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract lin	ne 5b from line :	5a) .	5c	
1	6	Gaming and fundraising events				
) J	а	Gross income from gaming (attach Schedule G if greater than				
Revenue	1	\$15,000)	6a			
. 8	b	Gross income from fundraising events (not including \$		ributions		
≥ %		from fundraising events reported on line 1) (attach Schedule G if t	1 1			
		sum of such gross income and contributions exceeds \$15,000)	6b			
	С	Less direct expenses from gaming and fundraising events				
SCANNED	d	Net income or (loss) from gaming and fundraising events (add line	s 6a and 6b an	d subtract		
$\frac{\omega}{2}$	_	line 6c)	1 - 1		6d	
Z	7a	• •	7a		344	
	b	Less cost of goods sold	7b	14,	026	
Ű.	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from	iline /a) .	• •	7c	-4,682
	"	Other revenue (describe in Schedule O)			8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	COEN		9	84,104
	10	Grants and similar amounts paid (list in Schedule O)	ECEIVED) .]	10	9,462
"	11	belieffly pard to or for interfibers		70)	11 12	
Expenses	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors	AY 7 6- 2002	8	13	
ē	13	Occupancy, rent, utilities, and maintenance	4 1 6 2012			62.162
Q.X	. 14 . 15				14 15	63,162
ш	16	Other expenses (describe in Schedule O)	GDEN UT		16	590 7 316
	17	Total expenses. Add lines 10 through 16	1.4		► 17	7,316 80,530
_	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · · ·		18	80,530 3,574
ets	19	Net assets or fund balances at beginning of year (from line 27, col	lumn (A)) (must	agree with	10	<u> </u>
ŝ	'	end-of-year figure reported on prior year's return)	(r ty) (illust	agree with	19	21,717
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule	e O)		20	21,111
N e	21	Net assets or fund balances at end of year Combine lines 18 thro			▶ 21	25,291
			J · ·	•		20.201

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

2 Cash, savings, and investments (A) Beginning of years (8) End of years (2) 2 24 637 23 24 637 25 7014 lassests (discorbe in Schedule O) (2) 7 29 (2) 21 7 29 (2) 29 (2) 27 7 27 27 20 (2) 27 28 (2) 29 (2) 27 28 (2) 29 (2) 29 (2) 27 28 (2) 29 (2) 27 29 (2) 29 (2) 27 29 (2) 29 (2) 27 29 (2) 29 (2) 29 (2) 27 29 (2) 29 (2) 27 29 (2) 29 (2) 27 29 (2) 29 (2) 27 29 (2) 29	ı aı	Balance Sheets. (see the instructions for Check if the organization used Schedule O to r	-	n this Part II				x
22 Cash, savings, and myestherits. 23 Land and buildings 24 Cher assets (describe in Schedule O). 25 Total assets 26 Total assets 27 Total liabilities (describe in Schedule O). 27 Not assets of fund balances (line 27 of column (B) must agree with line 21). 28 Total liabilities (describe in Schedule O). 29 Not assets of fund balances (line 27 of column (B) must agree with line 21). 29 Total liabilities (describe in Schedule O). 20 Total liabilities (describe in Schedule O). 21 17/17 27 25.291 Expenses PROVISION OF MEETING SPACE FOR A Describe the organization's program service accomplishments for each of list three largest program services, asset of list three largest program services, asset of list three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefied, and other relevant information for each program title. 29 FORVISION OF MEETING SPACE AND REFRESHMENTS FOR MONTHLY OPEN MEETING FOR APPROX 2900 MEMBERS AND GUESTS (Grants \$) If this amount includes foreign grants, check here 29 GOPHER STATE ROUNDUP. PROVISION OF INSENTALITY ROOM AND REFRESHMENTS FOR APPROX 2900 ATTEMPERS (Grants \$) If this amount includes foreign grants, check here 29 GOPHER STATE ROUNDUP. PROVISION OF INSENTALITY ROOM AND REFRESHMENTS FOR APPROX 2900 ATTEMPERS (Grants \$) If this amount includes foreign grants, check here 29 GOPHER STATE ROUNDUP. PROVISION OF INSENTALITY ROOM AND REFRESHMENTS FOR APPROX 2900 ATTEMPERS (Grants \$) If this amount includes foreign grants, check here 29 Total includes foreign grants, check here 29 Total program service expenses. (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 29 Total program service expenses, defected in Schedule O) (Grants \$) If this amount includes foreign grants, check here 29 Total program service expenses, defected in Schedule O) (Grants \$) If this amount includes foreign grants, check here 29 Total program service expenses, d					(A) Beginning of	year		(B) End of year
23 Land and buildings	22	Cash, savings, and investments			20	0,508	22	
25 Total absets 21,77 25 25,291 27 Nat assets or fund balances (ine 27 of column (8) must agree with line 21). 28 Nat assets or fund balances (ine 27 of column (8) must agree with line 21). 29 Nat assets or fund balances (ine 27 of column (8) must agree with line 21). 21,77 27 25,291 25,291 27 Nat assets or fund balances (ine 27 of column (8) must agree with line 21). 28 Check if the organization used Schedule O to respond to any question in this Part III Note of the organization organization used Schedule O to respond to any question in this Part III Note of the organization organization and the relevant information for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of program services and the relevant information for each program the Note of the Not	23	Land and buildings					23	
28 Total flabilities (describe in Schedule O) 29 Not assets of rund balances (ine 27 of column (6) must agree with line 21). 21,777 2 25,291 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check the origination used Schedule O to respond to any question in this Part III What is the origination's primary exempt purpose? PROVISION OF MEETING SPACE FOR AA Describe the origination's primary exempt purpose? PROVISION OF MEETING SPACE FOR AA Describe the origination's primary exempt purpose? PROVISION OF MEETING SPACE FOR AA Describe the origination's primary exempt purpose? PROVISION OF MEETING SPACE FOR AA PEROXISION OF MEETING SPACE AND REFRESHMENTS FOR MONTHLY OPEN MEETING FOR APPROX 200 MEMBERS AND QUESTS (Grants S) If this amount includes foreign grants, check here	24	,						657
27 Not assets or fund balances (ine 27 of column (B) must agree with line 21). 21,777 27 25,291	25				2	1,717	_	25,291
Statement of Program Service Accomplishments (see the instructions for Part III) National Content of the organization used Schedule Ot or respond to any question in this Part III National Content of the Content							_	
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30 OCCUPANCY - PROVISION OF MEETING ROOMS AND MAINTENANCE OF FACILITIES FOR ALANON & ALCOHOLIC ANONYMOUS MEETINGS FOR APPROX 1600 MEMBERS 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		(Grants \$) If this amount	includes foreign grants	chack hare		Π	00-	
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(Grants \$) If this amount includes foreign grants, check here □ 31a 345	31		Thorage Torong Try Granto, V	SHOOK HOTO			Sua	63,162
32 Total program service expenses. (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Tille and average hours per week devoted to position (Forms W-21998-MISC) (if not paid, enter-0-) JES NYMANN Title CHAIR PATRICK ROSENSTIEL Title Hr/WK	٠.	• •	: includes foreign grants.	check here			312	245
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						-		Form 990-EZ (2011)

and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 c Did the organization receive any payments for indoor tanning services during the year? 46 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X	Part				, ugo o
33		instructions for Part V) Check if the organization used Schedule O to respond to any question in t	nis Pa		
detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)? b If "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O (such as those organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)? b If the organization bacetion 501(c)(4), 50 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice; and the properties of Schedule (N part III and the properties of Schedule (N part III and III	00	D. 1 th		Yes	No
34. Were any significant changes made to the organizing or governing documents? If Yes,** attach a conformed copy of the amended documents if they reflect a change to the organizations name Otherwise, explain the change on Schedule O (see instructions). 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If Yes,** to thin 53b, has the organization flave define 50 from 900 from the year if I*No**, provide an explanation in Schedule O. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy lax requirements during the year? If Yes,** complete Schedule C. Part II and set of the section 403 from 10	33		33		
sopy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 5 b if "Yes," to line 35a, has the organization filled a Form 990-17 for the year ("No, 'provide an explanation in Schedule O (so Was the organization of section 501(c)(4), 50 (c)(5), or 501(c)(6) organization subject to section 603(3)e) notice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization organization did separation of the section 90 (1) organization subject to section 603(3)e) notice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 38 a 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 pror year and still custanding at the end of the tax year covered by this return? 5 b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: 5 a constant of the properties of the properties of the section 4911 ▶ section 4911	34	·	33	 	 ^
schange on Schedule O (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 5b If "Yes" to line 35a, has the organization of a Grom 190-T for the year? If "No," provide an explanation in Schedule O 5b If "Yes" to line 35a, has the organization as ection \$51(o)(4), \$01(o)(5), or \$501(o)(6) or \$501(o)(6) or \$501(o)(6) or \$601(o)(6) or \$601	•				
activities (such as those reported on lines 2, 6a, and 7a, among others)? bif "Yes," to line 35a, has the organization filed a Form 990-Tife the year? If "No, provide an explanation in Schedule O was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If "Yes," complete Schedule C, Part III II 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III II 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			_34		х
b F'Yes," to line 35a, has the organization is extension 510(6)(4), 501(6)(5) or 501(6)(6) organization subject to section 6033(e) notice, reporting, and proxy (ax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization organization allowed policial plants of Schedule N are a supporting and proxy (ax requirements during the year? If "Yes," complete Schedule C, Part III But the organization promition organization and promition of the assets during the year? If "Yes," complete special expenditures, direct or indirect, as described in the instructions ▶ 37a 3a 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 tax year covered by this return? 3b X 3b X 3b X 3b X 3b X 3b X 3c X	35 a				
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 36d X 37d 3					X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 3 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 3 a Enter amount of political expenditures, diverted or indirect, as described in the instructions ► 37a 3a Did the organization file Form 1120-POL for this year? 3 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 outstanding at the end of the tax year covered by this return? 3 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 outstanding at the end of the tax year covered by this return? 5 b Did the organization Schedule L, Part II and enter the total amount involved 3ab 3ag		· · · · · · · · · · · · · · · · · · ·	35b		X_
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 37 a	С		25-		J
during the year? If "Yes," complete applicable parts of Schedule N 3	36		350		
The amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b			36		x
38 a 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 tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 39 c Section 501(c)(3) organizations Enter a limitation fees and capital contributions included on line 9 39 b Gross receipts, included on line 9, for public use of club facilities 39 c Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶ 50 Section 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I organization analogist or organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 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 41 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations Base in the organization and party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 42 a The organization's books are in care of ▶ TRIANGLE ACCOUNTING. Telephone no ▶ 651-641-1807. 2IP + 4 ▶ 55116 42 a The organization's books are in care of ▶ TRIANGLE ACCOUNTING. Telephone no ▶ 651-641-1807. 2IP + 4 ▶ 55116 42 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 ▶ Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ. Report of Foreign Bank and Financial Accounts. 42 the fire organization maintain any donor advised funds during the year? If	37 a				
any such ioans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a	b	Did the organization file Form 1120-POL for this year?	37b		Х
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Located at ▶ 1739 FORD PARKWAY City ST PAUL ST MN ZIP + 4 ▶ 55116 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 Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X					
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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 Yes No 1	С		42c		Х
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c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X	D		44b		X
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meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			45a		X
Form 990-EZ (see instructions)	45 b				
<u></u>			AEL		v
		1 0111 000 E2 (000 mondono)		90-EZ	

Form 9	90-EZ (2011)UPT	TOWN GROUP INC.						41-14576	345	Page 4
							-			Yes	No
46	Did-the o	rganization enga	ge, directly or indired	ctly, in political cam	npaign a	ctivities on behalf	of or in	opposition			
			ffice? If "Yes," comp						46		X
Part	VI Se	ection 501(c)(3)) organizations ar	nd section 4947	a)(1) no	onexempt chari	table ti	rusts only. All	section		
			ations and section		cempt c	haritable trusts n	nust an	swer question	s 47–49t)	
	an	id 52, and comp	olete the tables for	lines 50 and 51							
	Cł	neck if the organ	nization used Sche	dule O to respon	d to any	question in this	Part V		<u> </u>		L_
										Yes	No
47	Did the o	organization enga	ge in lobbying activit	ies or have a secti	on 501(l	n) election in effec	t during	the tax			
	year? If "	'Yes," complete S	Schedule C, Part II		•				47		X
48	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								48	<u> </u>	Х
49 a	Did the c	organization make	e any transfers to an	exempt non-charit	able rela	ited organization?			. 49a		X
b	o If "Yes," was the related organization a section 527 organization?										
50			e organization's five l							кеу	
	employe	es) who each rec	eived more than \$10	0,000 of compens	ation fro	m the organization	If ther	e is none, enter	"None."		
				(b) Title and aver	age	(c) Reportable		d) Health benefits,			
	(a) N	ame and address of ea paid more than \$100		hours per wee	k	compensation	bene	ributions to employee ifit plans, and deferred	(e) Estim	ated am ompens	
		paid more than \$100		devoted to posit	ion	(Forms W-2/1099-MIS	C)	compensation	0		
Name	None	Str		Title							
City		ST	ZIP	Hr/WK					ļ		
Name		Str		Title							
City		ST	ZIP	Hr/WK					ļ		
Name		Str		Title					-		
City		ST	ZIP	Hr/WK							
Name		Str		Title							
City		ST	ZIP	Hr/WK			- -		 		
Name		Str_		Title	:						
City		ST	ZIP	Hr/WK					 		
f 54			ployees paid over \$1 e organization's five l		Pod indoi	andont contracto	ra who a	—	ara than		
51	-		on from the organizat				S WIIO E	acii received iii	ore man		
	\$100,000	Jor compensatio	or nom the organizat	ion it there is non	e, enter	None					
	(a) Nam	e and address of each	independent contractor pa	id more than \$100,000		(b) Type of s	ervice	(6	c) Compens	ation	
Name	None		Str								
City			ST	ZIP							
Name			Str								
City			ST	ZIP							
Name			Str								
City	,		ST	ZIP							
Name			Str								
City			ST	ZIP							
Name			Str								
City			ST	ZIP							
đ			ependent contractors	_			—				
52			olete Schedule A? No			rganizations and 4	947(a)(1)	·		1
		<u> </u>	sts must attach a con			·	• •		► X Y	es [No
			have examined this return,					of my knowledge an	d belief, it is		
true, co	rrect, and co	Implete Declaration of	f preparer (other than office	er) is based on all inform	ation of wit	ich preparer has any kn	owieage				
0:		2						Dete.			
Sign	l l	Signature of office	J 3		<u>~</u>	Δ.		Date 5 8 1			
Here		Turkana		JES NI	147477	mn ()	TITE	Date 5.8-1			
		Print/Type preparer's		Presparer 6 sign		`	ate		DTIN		
Paid	1	1			-e-			Check X	ıf	7000	
Prep	arer	JEANNE SCHNI	TRIANGLE ACCOUN	ITING C			5/6/201	- 	P0002	7092	
-	Only		PO BOX 4124, ST PA			 		Firm's EIN ► Phone no (6	51) 641-1	807	
			with the preparer sho		struction	ns		TEHORETIO (O	> X Ye		No
iviay t	ui		and property of		22001		•				Z (2011)
									rum 3	JU-EZ	- (2011)

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶See separate instructions.

41-1457645 **UPTOWN GROUP INC** Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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! Type II c Type III—Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (I) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes No No No (A) (B) (C) (D) (E)

Sched	fule A (Form 990 or 990-EZ) 2011 UPTOWN GRC					41-145764	
Pa	t II Support Schedule for Organizat)
	 (Complete only if you checked the 				•		under
	Part'III If the organization fails to o	qualify under	the tests liste	d below, plea	se complete	Part III.)	
	tion A. Public Support				T		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")			,			
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf			ļ			
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit		1				
	or publicly supported organization)						
	included on line 1 that exceeds 2%		1				
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1	L		 	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						<u></u>
8	Gross income from interest, dividends,	<u> </u>					
_	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.		<u> </u>		<u></u>	· · · · · · · · · · · · · · · · · · ·	
12	Gross receipts from related activities, etc (s					12	
13	First five years. If the Form 990 is for the or	rganization's fi	rst, second, the	rd, fourth, or fif	th tax year as	a section 501(d	;)(3)
	organization, check this box and stop here		··· ······				▶ [
	tion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6, c			column (f))		14	
15	Public support percentage from 2010 Sched			- l 10 l.	44 99 4%	15	1 41 - 1
16a	33 1/3% support test—2011. If the organization gualifies and				ne 14 is 33 1/3	3% or more, cn	eck this box
_	and stop here. The organization qualifies as 33 1/3% support test—2010. If the organization				 and has 15 is 1	22 1/20/ as mar	اا ● .
b	box and stop here . The organization qualified				and line 15 is.	33 1/3% OF MOI	e, check this
	•	-		_			
17a	10%-facts-and-circumstances test—2011	-					
	is 10% or more, and if the organization mee					•	
	Part IV how the organization meets the "fact	s-ang-circums	iances" test. I	ne organization	n qualifies as a	publicly suppo	nea ,
L	organization 10%-facts-and-circumstances test—2010		 ation did not a	200k a hay a- !	 mo 12 150 46	 Sh or 17	▶ []
b	15 is 10% or more, and if the organization m						

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

. . .

supported organization

instructions

18

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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	82,806	79,168	79,578	75,484	82,413	399,449
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	9,986	8,347	9,014	14,667	15,705	57,719
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	92,792	87,515	88,592	90,151	98,118	457,168
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
8 8	Add lines 7a and 7b Public support (Subtract line 7c from						
Sec	line 6) tion B. Total Support			1			457,168
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	92,792	87,515	88,592	90,151		
9 10a	Gross income from interest, dividends,	92,792	67,515	00,092	90,151	98,118	457,168
	payments received on securities loans,						
	rents, royalties and income from similar sources	22	18	11	11	12	74
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
С	Add lines 10a and 10b	22	18	11	11	12	74
11	Net income from unrelated business 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)						
13	Total support. (Add lines 9, 10c, 11, and 12)	92,814	87,533	88,603	90,162	98,130	457,242
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 501(d	c)(3) ·	▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	(f) divided by line	e 13, column (f))			15	99 98%
16	Public support percentage from 2010 Schedule A,			 ,		16	99 98%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2011 (line 10c, o		•	mn (f))		17	0 02%
18 19a	Investment income percentage from 2010 Schedul 33 1/3% support tests—2011. If the organization of more than 33 1/3%, check this box and stop he	did not check the	box on line 14, a				0 02%
b	33 1/3% support tests—2010. If the organization of line 18 is not more than 33 1/3%, check this box are	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than	33 1/3%, and	►X ►□
20	Private foundation. If the organization did not che	-	-	•	•	gamzanon	

SCHEDULE O (Form 990'or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UPTOWN GROUP INC

41-1457645

Form 990-EZ, Part I, Line 10, Grants Paid: Activity DONATION, Grantee DISTRICT 8 GSO PO BOX
2267 UPTOWN STN ST PAUL MN 55102, Cash Grant. 960, Relationship AFFILIATE
Form 990-EZ, Part I, Line 10, Grants Paid Activity. DONATION, Grantee. AA GENERAL SERVICE
OFFICE BOX 459 GRAND CENTRAL STN NEW YORK NY 10017, Cash Grant 4,580, Relationship. AFFILIATE
Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee: AA ST PAUL INTERGROUP
1600 UNIVERSITY AVE #214 ST PAUL MN 55104, Cash Grant 2,940, Relationship AFFILIATE
Form 990-EZ, Part I, Line 10, Grants Paid: Activity DONATION, Grantee. S MN AREA ASSEMBLY PO
BOX 2812 MINNEAPOLIS MN 55402, Cash Grant 960, Relationship. AFFILIATE
Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee PINK CAN PLAN PO BOX
80762 MINNEAPOLIS MN 55408, Cash Grant 22, Relationship AFFILIATE
Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 59
Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 74
Form 990-EZ, Part I, Line 16, Other Expenses GOPHER STATE 3,105
Form 990-EZ, Part I, Line 16, Other Expenses MISC 55
Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES 76
Form 990-EZ, Part I, Line 16, Other Expenses OPEN MEETING 2,248
Form 990-EZ, Part I, Line 16, Other Expenses PICNIC: 350
Form 990-EZ, Part I, Line 16, Other Expenses FOUNDERS DAY 345
Form 990-EZ, Part I, Line 16, Other Expenses MNYPAA 461
Form 990-EZ, Part I, Line 16, Other Expenses PENALTIES 543
Form 990-EZ, Part II, Line 24, Other Assets INVENTORY Beginning of year: 1,209, End of year
427
Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSE. Beginning of year 0, End of
year 230
Form 990-EZ, Part III, Line 31 FOUNDERS DAY - PROVISION OF HOSPITALITY ROOM AND REFRESHMENTS
FOR APPROX 1000 ATTENDEES Grants and allocations 0, Program service expenses 345

art I, Line 16 (990-EZ) Travel		7,316
Meals and entertainment Fundraising	· · · · · · · · · · · · · · · · · · ·	
Fundraising .		
Amortization .	4	
Conferences, conventions, a	ind meetings	59
Depreciation		
Depletion .		· · · · · · · · · · · · · · · · · · ·
Equipment rental and mainte		
Interest		
Supplies		
Telephone .		
Unrelated business income t	taxes	
BANK CHARGES	13	74
GOPHER STATE	14	3,105
MISC	15	55
OFFICE SUPPLIES	16	76
OPEN MEETING	17	2,248
PICNIC	18	350
FOUNDERS DAY	19	345
MNYPAA	20	461
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