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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2012

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)

► 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.

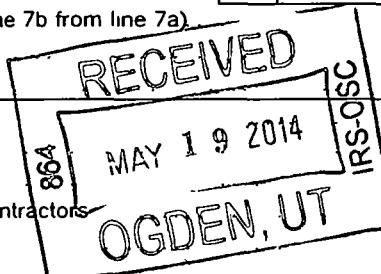
► The organization may have to use a copy of this return to satisfy state reporting requirements.

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|  |   |   |                    |      |         |
|--|---|---|--------------------|------|---------|
| A For the 2012 calendar year, or tax year beginning  |   | 7/01  | , 2012, and ending | 6/30 | , 2013  |
| B Check if applicable  |   | C   |                    |      |         |
| <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |   | <b>ROTARY CLUB OF UPTOWN MACON, INC.</b><br>P. O. BOX 28185<br>MACON, GA 31221-8185   |                    |      |         |
|  |   | D Employer identification number  |                    |      |         |
|  |   | 26-0301305  |                    |      |         |
|  |   | E Telephone number  |                    |      |         |
|  |   | F Group Exemption Number  |                    |      |         |
| G Accounting Method  |   | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual   Other (specify) ► _____   |                    |      |         |
| I Website:   |   | ► N/A   |                    |      |         |
| J Tax-exempt status (check only one) —   |   | <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |                    |      |         |
| K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  |   |   |                    |      |         |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 22,796.                 |   |   |                    |      |         |
| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)<br>Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>                     |   |   |                    |      |         |
| REVENUE  | 1 Contributions, gifts, grants, and similar amounts received  |   |                    | 1    | 3,720.  |
|  | 2 Program service revenue including government fees and contracts   |   |                    | 2    |         |
|  | 3 Membership dues and assessments   |   |                    | 3    | 19,076. |
|  | 4 Investment income   |   |                    | 4    |         |
|  | 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)   |   |                    |      |         |
|  | 6 Gaming and fundraising events   | 6a  |                    |      |         |
|  | a Gross income from gaming (attach Schedule G if greater than \$15,000)   |   |                    |      |         |
|  | b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b  |                    |      |         |
|  | c Less: direct expenses from gaming and fundraising events  | 6c  |                    |      |         |
|  | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  |   |                    |      |         |
|  | 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)  |   |                    |      |         |
|  | 8 Other revenue (describe in Schedule O)  | 8   |                    |      |         |
|  | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9   |                    |      | 22,796. |
| EXPENSES   | 10 Grants and similar amounts paid (list in Schedule O)   |   |                    | 10   | 3,282.  |
|  | 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   | 44.     |
|  | 16 Other expenses (describe in Schedule O)  |   |                    | 16   | 20,604. |
|  | 17 Total expenses. Add lines 10 through 16  |   |                    | 17   | 23,930. |
|  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |   |                    | 18   | -1,134. |
|  | 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   | 10,939. |
|  | 20 Other changes in net assets or fund balances (explain in Schedule O)   |   |                    | 20   |         |
|  | 21 Net assets or fund balances at end of year. Combine lines 18 through 20  |   |                    | 21   | 9,805.  |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)



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**Part II Balance Sheets.** (see the instructions for Part II.)

**Check if the organization used Schedule O to respond to any question in this Part II.**

X

|    |  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments   | 6,830.                | 4,137.          |
| 23 | Land and buildings   | 22                    |                 |
| 24 | Other assets (describe in Schedule O)  | 23                    |                 |
| 25 | <b>Total assets</b>  | 4,109.                | 5,668.          |
| 26 | <b>Total liabilities</b> (describe in Schedule O)                                  | 10,939.               | 9,805.          |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 0.                    | 0.              |
|    |  | 10,939.               | 9,805.          |

**Part III Statement of Program Service Accomplishments (see the instrs for Part III.)**

Check if the organization used Schedule O to respond to any question in this Part III

X

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments 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 persons benefited, and other relevant information for each program title

|    |   |                            |                    |
|----|---|----------------------------|--------------------|
| 28 | <u>COMMUNITY SERVICE</u>  |                            |                    |
|    |   |                            |                    |
| 29 | (Grants \$ ) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 28a 20,648.        |
|    |   |                            |                    |
| 30 | (Grants \$ ) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 29a                |
|    |   |                            |                    |
| 31 | Other program services (describe in Schedule Q)                 |                            |                    |
|    |   |                            |                    |
| 32 | (Grants \$ ) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 30a 31a 32 20,648. |
|    |   |                            |                    |

**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

1

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O  33 X

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 organization's name. Otherwise, explain the change on Schedule O (see instructions)  34 X

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)?  35 a X

    b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O  35 b

    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 tax requirements during the year? If 'Yes,' complete Schedule C, Part III  35 c 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  36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  37 a 0.

    b Did the organization file Form 1120-POL for this year?  37 b 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 a X

    b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38 b N/A

39 Section 501(c)(7) organizations. Enter

    a Initiation fees and capital contributions included on line 9  39 a N/A

    b Gross receipts, included on line 9, for public use of club facilities  39 b N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  40 a N/A, section 4912  40 b N/A, section 4955  40 c N/A

    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 did it engage in an excess benefit transaction 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  40 d X

    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  40 e 0.

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

41 List the states with which a copy of this return is filed  41 GA

42 a The organization's books are in care of  42 a QUINN ROLFES Telephone no.  42 b 478-757-5510

Located at  42 c 5981 ZEBULON RD MACON GA ZIP + 4  42 d 31210

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:  42 e

|      | Yes | No |
|------|-----|----|
| 42 b | X   |    |

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 of the U.S.?

If 'Yes,' enter the name of the foreign country:  42 f

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  43 N/A

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 a X

    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.  44 b X

    c Did the organization receive any payments for indoor tanning services during the year?  44 c X

    d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.  44 d

45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  45 a X

    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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990 or 990-EZ**

**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.**

OMB No 1545 0047

2012

**Open to Public  
Inspection**

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**Name of the organization**

ROTARY CLUB OF UPTOWN MACON, INC.

**Employer identification number**

26-0301305

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

A CIVIC CLUB THAT PROVIDES SERVICE TO THE LOCAL COMMUNITY AND BEYOND.

2012

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 1248224

ROTARY CLUB OF UPTOWN MACON, INC.

26-0301305

5/12/14

04 14PM

FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

|  |                   |
|--|-------------------|
| BOARD MEETINGS                         | \$ 1,336.         |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 195.              |
| DONATIONS                              | 814.              |
| GRSP                                   | 1,300.            |
| INTERNET EXPENSE                       | 509.              |
| MEMBER AWARDS                          | 92.               |
| MEMBER MEALS                           | 12,572.           |
| OPERATIONS                             | 848.              |
| REGISTRATION FEES                      | 70.               |
| SERVICE PROJECTS                       | 1,918.            |
| SOFTWARE                               | 156.              |
| SPEECH CONTEST                         | 250.              |
| SUPPLIES                               | 544.              |
| TOTAL                                  | \$ <u>20,604.</u> |

FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

|                     | BEGINNING        | ENDING           |
|---------------------|------------------|------------------|
| ACCOUNTS RECEIVABLE | \$ 4,109.        | \$ 5,668.        |
| TOTAL               | \$ <u>4,109.</u> | \$ <u>5,668.</u> |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions | Name of exempt organization or other filer see instructions<br><br><b>ROTARY CLUB OF UPTOWN MACON, INC.</b>                                  | Employer identification number (EIN) or<br><br><b>26-0301305</b> |
|  | Number, street, and room or suite number If a P O box, see instructions<br><br><b>MCNAIR, MCLEMORE, MIDDLEBROOKS<br/>POST OFFICE BOX ONE</b> | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code For a foreign address, see instructions<br><br><b>MACON, GA 31202-0001</b>                    |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| <b>Application Is For</b>                   | <b>Return Code</b> | <b>Application Is For</b> | <b>Return Code</b> |
|---|--------------------|---------------------------|--------------------|
| Form 990 or Form 990-EZ                     | 01                 | Form 1041-A               | 02                 |
| Form 990-BL                                 | 02                 | Form 4720                 | 03                 |
| Form 4720 (individual)                      | 03                 | Form 5227                 | 04                 |
| Form 990-PF                                 | 04                 | Form 6069                 | 05                 |
| Form 990-T (section 401(a) or 408(a) trust) | 05                 | Form 8870                 | 06                 |
| Form 990-T (trust other than above)         | 06                 |                           |                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► JEAN STROUD -----  
Telephone No ► 478-501-0888 ----- FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 14
- 5 For calendar year     , or other tax year beginning 7/01, 20 12, and ending 6/30, 20 13
- 6 If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

|   |              |
|---|--------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions   | <b>8a</b> \$ |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> \$ |
| <b>c</b> Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions   | <b>8c</b> \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Walham A. Eggers Title ►  
BAA

FIFZ0502L 01/21/13

Date ► **FEB 13 2014**

Form 8868 (Rev 1-2013)

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I**  **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

|   |  |  |
|---|--|--|
| Type or print   | Name of exempt organization or other filer, see instructions<br><br><b>ROTARY CLUB OF UPTOWN MACON, INC.</b>               | Employer identification number (EIN) or<br><br><b>26-0301305</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite number. If a P O box, see instructions<br><br><b>P. O. BOX 28185</b>                     | Social security number (SSN)                                     |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><br><b>MACON, GA 31221-8185</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                          | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                                 | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                      | 03          | Form 4720                | 09          |
| Form 990-PF                                 | 04          | Form 5227                | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                | 12          |

- The books are in the care of ► JEAN STROUD

Telephone No. ► 478-501-0888

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning 7/01, 20 12, and ending 6/30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |          |
|--|----------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions   | 3a \$ 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | 3b \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....             | 3c \$ 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.