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Form 990

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)

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public

Ā	For	the 2012	calendar year, or tax year beginning	Jul 0	1 , 2012, and ${f e}$	nding Ju	n 30 ,20 13								
В	Check		C Name of organization Lake La			D Employer identific									
ň	applica			mier kewing er	ab Inc	58-222									
Н		s change	Doing Business As Number and street (or P O box if mail is not del	wered to street address)	Room/Suite										
Н		change	·	•		E Telephone number 770-28									
Н	Initial re		3105 Clarks Bridge												
Н	Termin		City, town or post office, state and Z			G receipts Φ	151503.								
Д	Amend Applica	led return	GAINESVILLE GA 305			H(a) is this a group									
	pending		F Name and address of principal off			for affiliates?	🗌 Yes 🔀 No								
			P O Box 261 DILI			H(b) Are all affiliates incl If "No", attach a list	uded?								
Τ.	Tax-ex	xempt sta	tus X 501(c)(3) 501(c)() ◀	(insert no) 4947(a)(1)	or 527	(see instructions)	∐ Yes ∐ No								
J	Webs	ıte: ▶				H(c) Group exemption n	umber 🕨								
_		organization	Corporation Trust Association	Other ►	L Year of for	mation 1993 M Sta	te of legal domicile GA								
45	art I	Sun	nmary												
	1	Briefly d	escribe the organization's mission or mo	st significant activities.											
•	İ	Prom	oting the sport of r	owing and main	taining	an ongoing .	rowing								
Governance		program for youth and adults at the site of the 1996 Olympic													
E	1	Rowing Venue													
Š	2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets														
රේ ග	4		of independent voting members of the g		b)	4	11								
Activities &	5		mber of individuals employed in calendar	• • •		. 5	2								
<u>.</u>	6		mber of volunteers (estimate if necessar	•		6	50								
Ac	1 -		related business revenue from Part VIII,	•		7a									
	J		lated business taxable income from Forr	/		7b									
	 	THE GINE	lated business taxable meetine mentil on	RECEIVE		Prior Year	Current Year								
	8	Contribu	tions and grants (Part VIII, line 1h)		ပ္က	630.	133398.								
Jue	9		service revenue (Part VIII, line 2g)	S FEB 2 0 20)14 8 —	38860.	15209.								
Revenue															
æ	10			II K		80170.	-40689.								
	11		venue (Part VIII, column (A), lines 5, 6d,		TT -	122709.	108102.								
	12		renue - add lines 8 through 11 (must equ		21	122709.	100102.								
	13		nd similar amounts paid (Part IX, column	• • •											
	14	10107													
es	15		other compensation, employee benefits	•	10) .	19197.	29989.								
en S	1		onal fundraising fees (Part IX, column (A)	•											
Expenses	1		draising expenses, (Part IX, column (D),		*										
ш	17	Other ex	penses (Part IX, column (A), lines 11a-1	ld, 11f-24e)		83019.	54232.								
	18	Total exp	enses Add lines 13-17 (must equal Par	IX, column (A), line 25)		102216.	84221.								
	19	Revenue	less expenses Subtract line 18 from lin	e 12	·	20493.	23881.								
⊱ s					Be	ginning of Current Year	End of Year								
lano.	20	Total ass	ets (Part X, line 16)		[193975.	215378.								
Mat Assets or Fund Balances	21	Total liab	olities (Part X, line 26)			2616.	138.								
₹ ₽	22	Net asset	ts or fund balances Subtract line 21 from	m line 20		191359.	215240.								
	irt II	Sign	ature Block												
=tinde	r penalt	ies of penury	, I declare that I have examined this return, including	accompanying schedules and stateme	nts, and to the best o	of my knowledge									
and b	elief, it	is true, corre	ct, and complete. Declaration of preparer (other than o	officer) is based on all information of wi	nich preparer has an	y knowledge									
4			Mol (1hoe			2-12	-14								
S ig	ın		Signature of officer			Date									
He	re		Joel Wise	Tre	easurer										
Ž		1 🗪 –	ype or print name and title		-										
Paic			/Type preparer's name	Preparer's signature	Date	Check If	PTIN								
	л рагег	' ''''	, po proparor a marino	. reparer a signature	Julio	self-employed	' ' '''								
	Only	Eisen's	s name			Firm's EIN▶									
USE	Unity		s address >		· 	Phone no									
		7-11113	addiess F			Luone 110									
	Ab = 15	20 dia	a this roture with the annual charge of			<u> </u>	T Van T Na								
$\overline{}$			s this return with the preparer shown abo		··		Yes No Form 990 (2012)								
ror	rape	rwork Re	duction Act Notice, see the separate i	nstructions.			rom 330 (2012)								

	m 990 (2012) Lake Lanier Rowing Club		58-2223	024 Page 2
Pa	Statement of Program Service Accompl			
	Check if Schedule O contains a response to any que	stion in this Part III	· <u>·</u> ·	· · · · · · · · · · · · · · · · · · ·
1	Briefly describe the organization's mission Promote the amateur sport of	rowing		
	. Tromote the amateur sport or	TOWING		
2	Did the organization undertake any significant program serv	vices during the year which were not	listed on	
	the prior Form 990 or 990-EZ?			Yes 🛛 No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant	changes in how it conducts, any prog	gram services?	Yes 🛛 No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishment			
	Section 501(c)(3) and 501(c)(4) organizations are required to	o report the amount of grants and al	locations to others, the total	al expenses,
	and revenue, if any, for each program service reported			
	127621			151500
4a	(Code) (Expenses \$ 127621. in	cluding grants of \$) (Revenue \$	151502.
	Taught the sport of rowing to	approximately 50	adults and 25	vouths
		r SE United States		youths
	nosted major rowing events ro	BE Officed Beates	participants	
				
				
			<u>. </u>	
4b	(Code) (Expenses \$ inc	cluding grants of \$) (Revenue \$)
		<u> </u>		
				
			 	
				
		·		
			<u> </u>	
				
				
				
4c	(Code) (Expenses \$ inc	cluding grants of \$) (Revenue \$	
70	(Source) (Experience 4			/
				
			 	
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$)(Revenue	\$)
4e	Total program service expenses ► 127621.		_ _	
CA				Form 990 (2012)

BCA

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	<u> </u>	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	🗸
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	- -		<u> </u>
Ū	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I .	6	1	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	; ;	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	,	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			ļ
	services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		"] : 	1. Co. 27 T
	VII, VIII, IX, or X as applicable			Žú š
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	. 1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	.]		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.		
	Schedule D, Parts XI, and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
4-5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	 -}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	x	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.	1	Х
20-	If "Yes," complete Schedule G, Part III	19		$\frac{\Lambda}{X}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	m gan	(2012)
BCA		1 01	,,, 550	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	· ·	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	1		
	complete Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1 1		_
	24b th rough 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	1 1	ĺ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	1 1	- 1	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1 1	}	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1.		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	Kalini		. odza
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 1	1	Х
	conservation contributions? If "Yes," complete Schedule M	30		- X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			Х
	If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III or IV, and Part V, line 1	1 24	[Х
25-	,	34		$\frac{X}{X}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		Х
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BC 4	13. Note: All I offit 330 file is are required to complete scriedule O			(2012)
BCA		1 0	111000	(20,2)

Pá	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	. Show in Controlled Community and Coppense to any question in this variety.	<u>·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		7	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		¥	1
	Did the Organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- :	1.66	3. 1.
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7		1 1 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country	. , [\$37 - T	
	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	العثم فيحديد		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			1 13 h
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	أَنْ يَرْ أَنَّ الْ		13 (3) % N
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		3,00	3,740,5
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			103 1-9
	have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	t derivating a say	X
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4.		1 2 2
	Section 501(c)(12) organizations. Enter		1	T : , **
	Gross income from members or shareholders	4 : 4 !	,	
	Gross income from other sources (Do not net amounts due or paid to other sources		اً مَا أَنْ الْمُ	1. J. 18.
	against amounts due or received from them)	J]	200	<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- O	
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	_	<u>`</u> ``;	로"약() - 'V
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a	y === == == == == == == == == == == == =	4 40 400
	Note. See the instructions for additional information the organization must report on Schedule O	·	1 1 1	****. 1.
	Enter the amount of reserves the organization is required to maintain by the states in which		ائث	(المشتقدة
	he organization is licensed to issue qualified health plans	-	l	
	Enter the amount of reserves on hand	+		
	Oid the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>b</u> 1	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless
- of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	box, office	ot che unless	s per	nore son	than is both employee employee	h an tee)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)John Ferris President	10			X				0	0	0
(2)Robin Millard	10			Ĥ	-		H		0	<u> </u>
Vice-Pres	5			X	ļ			0	0	0
(3)Cecily Kannape	- -		_	f						
Secretary				X				0	0	0
(4)Joel Wise										
Treasurer	5			X				0	0	0
(5)Cliff Ward						-				_
Past Pres	5			X				0	0	0
(6)Morgan Millett								0		
Bd Mbr	1	Х						0	0	0
(7)Debbie Garner		,,						0		0
Bd Mbr	1	X		\vdash				0	0	0
(8)Becky Millard Bd Mbr	,	Х						0	О	0
(9)Helena McGuire	1				\vdash		\vdash			
Bd Mbr	$-\mid 1\mid$	Х						0	0	0
(10)Terry Sylveste										
Bd Mbr	$-\mid 1\mid$	Х						0	0	0
(11)Ed Hallman										
Bd Mbr	\dashv 1	Х				Í	' 1	0	0	0
(12)										
(13)	_						_			
(14)								 		

(A) Name and title	(B) Average hours per week (list any hours for related					than	one h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC	(F) Estimated amount of other compensation
	organiza- tions	ıstee	trust		ě	pens		(W-2/1099-MISC)		organization
	below)		ee			sated				and related organizations
(15)										J.gamzanono
-	!								 	
(16)	:									
(17)				\Box					<u> </u>	
(18)										
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(25)										
1b Sub-total				1	لــــــــــــــــــــــــــــــــــــ		•	0	0	0
c Total from continuation sheets to Part VI	II, Section	Α					▶ [0	0	0
d Total (add lines 1b and 1c)							>	0	0	0
2 Total number of individuals (including but no from the organization ►	ot limited t	o thos	e liste	d ab	ove)) who	rece	ived more than \$100	0,000 of reportable	compensation
nom the organization										Yes No
3 Did the organization list any former officer,	director, o	r truste	ee, ke	y em	nploy	yee, o	r hıg	hest compensated		Tan Basili
employee on line 1a? If "Yes," complete Sci										. 3 X
4 For any individual listed on line 1a, is the su the organization and related organizations g									h	
individual										4 X
5 Did any person listed on line 1a receive or a									idual for	
services rendered to the organization? If "Ye	es," compl	ete Sc	hedul	e J f	or s	uch pe	ersor	1 <u>.</u>	· :	5 X
Section B. Independent Contractors 1 Complete this table for your five highest con	npensated	ınden	ender	nt co	ntra	ctors t	hat i	received more than \$	\$100.000 of	
compensation from the organization. Report	-									year
(A)								(B)		(C)
Name and business	address							Description of se	ervices	Compensation
110110										
										· · · · · · · · · · · · · · · · · · ·
										· _
2. Total number of independent assistant (in	cluding bi	t not !	mitod	to th	1000	Jietod	Labo	who received m	ore than	
2 Total number of independent contractors (in- \$100,000 in compensation from the organiza	-	t not li	mea	io in	,use	usted	au0	wej who received m	ore men ()	

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (A) (D) Total revenue Related or Unrelated Revenue excluded from tax exempt business function revenue under sections revenue 512, 513, or 514 Contributions, Gifts, Grants, and Other Similar Amounts Federated campaigns 1a 19943. Membership dues 1b 99455. Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants and similar amounts 14000. 1f not included above Noncash contributions included in lines 1a-1f 133398 Total Add lines 1a-1f Business Code 3963 3963. Program Service Revenue Boat Storage Fees 03 Insurance Reimbursem 03 469. 469. 03 1180. 1180.Boat Use Fees Fuel Surcharge 03 2320. 2320. 3625. 3625. 03 Launch Boat Rentals 3652. 3652. 03 All other program service revenue 15209. Total. Add lines 2a-2f investment income (including dividends, interest, and 184 184 other similar amounts) . . Income from investment of tax-exempt bond proceeds Royalties . (ı) Real (II) Personal 6a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other £185 sales of assets other than inventory Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other 33810. b Less direct expenses 33810 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 2712 returns and allowances 9591. b Less cost of goods sold ..b -6879-6879 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b d All other revenue e Total. Add lines 11a-11d ..▶ 12 Total revenue 108102. 8514 See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b, (A) Total expenses Management and Program service 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and Organizations in the US See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 . 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 27650. 27650. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2339. 2339. Payroll taxes 10 Fees for services (non-employees) 11 Management Legal b Accounting Lobbying d Prof. fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O) 2770. 2770. Advertising and promotion 12 883. 883. Office expenses 13 Information technology 14 Royalties 15 9329. 9329. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1146. 1146. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 18675. 18675. 22 Depreciation, depletion, and amortization 7222. 7222 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1682. 1682. Telephone Expense 199. 199. Web Site Expense Registration & Title 335. 335. 1053. 1053. Venue Course Expense 10865. 10865. All other expenses 84221. 84221. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response to any o	uestio	n in this Part X			
					(A)		(B)
_					Beginning of year	•	End of year
	1	Cash - non-interest-bearing			. 45078.	1	40033.
	2	Savings and temporary cash investments			55542.	2	84723.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		, .		4	
	5	Loans & other receivables from current and form	ner offi	cers, directors, trustees.	p		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	key employees, and highest compensated employees				, ,	Constitution of the contract o
		Schedule L	,		erro namente de difference de sancia de como en la seguina de la seguina	5	A commence of the second secon
	6	Loans and other receivables from other disqualif	ied ne	rsons (as defined	,		
		under section 4958(f)(1)), persons described in s	•	•			,
	}	contributing employers and sponsoring organiza			,		
		voluntary employees' beneficiary organizations (
		Part II of Schedule L .	300 111	structions) Complete	a ham	6	Marian and the second s
	7	Notes and loans receivable, net		•		7	
sets	8	Inventories for sale or use	• ••		13848.	8	7323.
Assets	[Prepaid expenses and deferred charges		•	13010.	9	1323:
-	9 10a		ı			; = 7; 7	
	Iva	Land, buildings, and equipment cost or other	10a	347844.		391	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		basis Complete Part VI of Schedule D	10a	264545.	79507.	10c	83299.
	b	Less accumulated depreciation	100	204343.	75507.	111	03233.
	11	Investments - publicly traded securities		12			
	12	Investments - other securities See Part IV, line 1		13			
	13	Investments - program-related See Part IV, line	·	14			
	14	Intangible assets	• • • •		·	15	
	15	Other assets See Part IV, line 11			193975.		215378.
	16	Total assets Add lines 1 through 15 (must equa		94)	366.	16	138.
	17	Accounts payable and accrued expenses	•••		300.	17	130.
	18	Grants payable	2250.	18			
	19	Deferred revenue		2230.	19		
	20	Tax-exempt bond liabilities .			20_	<u> </u>	
es	21	Escrow or custodial account liability Complete P			हिन्दे र स्थापन के क्षेत्रका न स्वीतिक स्थापन के स्वीतिक स्थापन के स्वीतिक स्थापन के स्वीतिक स्थापन के स्वीतिक स्थापन स्थापन	21	<u></u>
Liabilities	22	Loans and other payables to current and former					
iat		trustees, key employees, highest compensated e		ees, and	Marine and the		meth Li La Charles and with
		disqualified persons Complete Part II of Schedul				22	
	23	Secured mortgages and notes payable to unrelate		•		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
ĺ		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D	•		2616.	25_	138.
	26	Total liabilities Add lines 17 through 25			ZOTO*	26	130.
		Organizations that follow SFAS 117 (ASC 958)		k here ► 🏻 and			
Ses		complete lines 27 through 29, and lines 33 and	d 34.		191358.	·	01 50 20
an	27	Unrestricted net assets			191336.	27	215239.
Ва	28	Temporarily restricted net assets	• •			28	
2	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 📋			
ğ		and complete lines 30 through 34.			to more a language with	لمسما	والأمساء ويبك أساء فالتامية أباسك
Set	30	Capital stock or trust principal, or current funds				30	
Asi	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, c	r other funds	101050	32_	01 - 0 2 0
-	33	Total net assets or fund balances	•		191358.	33_	215239.
1	34	Total liabilities and net assets/fund balances			193974.	34	215377.

		<u> 8 – 2</u>	222	3024	Pa	ge 12
Par	t XI : Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>		<u>.</u> □
1	Total revenue (must equal Part VIII, column (A), line 12)	[1		108:	
,2 `	Total expenses (must equal Part IX, column (A), line 25)		2			221.
3	Revenue less expenses Subtract line 2 from line 1		3			381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		1913	358.
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities .		6			
7	Investment expenses		7			
8	Prior period adjustments .	. [8			
9	Other changes in net assets or fund balances (explain in Schedule O)	Γ	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	Γ				
	column (B))		10		2152	239.
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					П
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			مرودات ا	1 - may 100	strawite a
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or			2,000	71 2 7	1.36 !
	reviewed on a separate basis, consolidated basis, or both			1.30		
	Separate basis Consolidated basis Both consolidated and separate basis			يَّ نَدُ		
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			12.4	3 55 53	1.2.1
	separate basis, consolidated basis, or both			3.7		
	Separate basis Consolidated basis Both consolidated and separate basis					12. 14.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	f the				
	audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	1	
	If the organization changed either its oversight process or selected process during the tax year, explain in			[,]		
	Schedule O					VZ Z
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?			. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				\top	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		1
BCA				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ See separate instructions.

Employer identification number

	Lake Laniel	Rowling Clu	D THC					3-22	23024	1		
#Pa	rt Reason f	or Public Charit	y Status (All organizations	must co	mplete	this part) See in	structio	ns			
The	organization is not a pri	vate foundation beca	use it is (For lines 1 through 1	1, check	only one	e box)						
1 [A church, convention	n of churches, or ass	ociation of churches described	ın sectio	on 170(t)(1)(A)(i).					
2	A school described i	n section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a coop	erative hospital servi	ce organization described in se	ction 17	0(b)(1)(A)(iii)						
4	A medical research	organization operated	d in conjunction with a hospital	describe	d in sec	tion 170)(b)(1)(A	.)(ıiı) Er	nter the h	nospital's	name	١,
_	city, and state											
5	An organization oper	rated for the benefit of	of a college or university owned	or opera	ated by a	a govern	mental	unit desc	cribed in	section		
_	170(b)(1)(A)(iv). (Co		-		-	•						
6	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•	overnmental unit described in s	ection 1	70(b)(1)	(A)(v).						
7	7		substantial part of its support fr				or from t	he aene	ral public	3		
٠ لـ	described in section	-		3-			•	5	рачи			
8	ግ		70(b)(1)(A)(vi) (Complete Par	HIY								
9 2	=) more than 33 1/3 % of its sup		n contrib	utions	member	shin fee	s and or	220		
י ב	-		pt functions - subject to certain									
	•		id unrelated business taxable in			• •						
			0, 1975 See section 509(a)(2)	•			tax) IIOII	Dusine	3363			
40 F	- · · · · · · · · · · · · · · · · · · ·		exclusively to test for public saf				4 \					
10	_ ~ ~	•	•	•			•	rn, out t	ho			
11 [exclusively for the benefit of, to							_		
			ed organizations described in s						section	1		
			ne type of supporting organizati						Nam form	-4 II		
г	a ∐ Type I	b Type II	c Type III - Funct	-	_					ctionally	integra	ated
e [<u> </u>	-	anization is not controlled direc	•		-						
	•	-	and other than one or more pul	olicly sup	ропеа	organiza	tions de	scribed i	n sectioi	ו		
	509(a)(1) or section 5			_								
f	If the organization re-	ceived a written dete	rmination from the IRS that it is	а Туре	I, Type I	I or Typ	e III sup	porting				
	organization, check t			-	-	-				•••		
g	Since August 17, 200	06, has the organizati	ion accepted any gift or contrib	ution froi	n any of	the follo	owing pe	ersons?				
	(i) A person who dir	ectly or indirectly cor	itrols, either alone or together v	vith pers	ons des	cribed in	(H)				Yes	No
	and (III) below, th	e governing body of	the supported organization?			••		••		11g(i)	<u> </u>	
	(ii) A family member	of a person describe	ed in (i) above?			• • • •				11g(ii)		
	(iii) A 35% controlled	entity of a person de	escribed in (i) or (ii) above?							11g(iii)		
h	Provide the following	information about the	e supported organization(s)									
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is ti	ne organ-	(v) D	id you	(vi)	ls the	(vii) A	Amoun	t of
	organization		(described on lines 1-9	ızatıon	ın col	notri	fy the	organı	zation in	sı	pport	
			above or IRC section	(i) listed	ın your	organiz	zation in	col	(i)			
			(see instructions))	gove	ming	col (i)	of your	orga	nızed			
				docum	nent?	sup	port?	in the	US?			
				Yes	No	Yes	No	Yes	No			
(A)		-							i			
. ,												
(B)		 										
,												
(C)							 					
ω,									1			
(D)		 		-					 			
וט							} :]			
· - ·		 	 				-					
E)												
			without a the man of the minimum		~~	, - / - 	E-22-00 (40)	। राज्या ७ व र	, ~ « «»	<u> </u>		
				~			10.00					

	Comment Outside Section			470/	1-1/41/A1/2-1 -	- d 470(L)(4)	(4)(1)
	Part Support Schedule for Orga			•	, , , , , ,		
	. (Complete only if you checked the b				failed to qualify	under Part III If	the organization
	fails to qualify under the tests listed	below, please co	omplete Part III)				
	tion A. Public Support	T		Υ		4) 0040	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		[1		ĺ	[
	membership fees received (Do not	2040	1040	5004	630	122200	7 4 4 0 4 3
	include any "unusual grants ")	3040.	1949.	5824.	630.	133398.	144841.
2	Tax revenues levied for the organization's	ļ])
	benefit and either paid to or expended on		50605	110000	0.7.00	15000	202251
	its behalf	39281.	58695.	112973.	97193.	15209.	323351.
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						
4	Total. Add lines 1 through 3	42321.	60644.	118797.	97823.	148607.	468192.
5	The portion of total contributions by each	l		(, ,	
	person (other than a governmental unit	., .	1	、 ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the first state of the control o	
	or publicly supported organization)	134		, ,			
	included on line 1 that exceeds 2% of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	the amount shown on line 11,			1			
	column (f)	C 25.00		1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		SEL TRACE	
6	Public support. Subtract line 5 from line 4	C. RESID				EWE II'.	468192.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	42321.	60644.	118797.	97823.	148607.	468192.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar		,				
	sources	177.	1384.	715.	3049.	184.	5509.
9	Net income from unrelated business						
•	activities, whether or not the business is	ŀ					
	regularly carried on						
10	Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part IV)	602.	1063.	2197.	·	-40689.	-36827.
44	Total support. Add lines 7 through 10			<u> </u>	newstern in this	35 - 73 - 73 - 73 - 73 - 73 - 73 - 73 -	436874.
	Gross receipts from related activities, etc (see	Erme Wardelle marches and Little	or as hardelle hit and at a made at	التمديرات حاسيه حيشسم فأشلار	namental state of the section of the	12	
	First five years. If the Form 990 is for the orga	-	 Doord third follow	th or fifth tay ve	ar as a section :		
13						301(0)(3)	▶ □
500	organization, check this box and stop here tion C. Computation of Public Support		<u> </u>	· · · · · ·	<u> </u>	- · · ·	<u></u>
				(4)		14 1	00.00 %
	Public support percentage for 2012 (line 6, colu	•			i		97.35 %
	Public support percentage from 2011 Schedule						
168	33 1/3% support test - 2012. If the organization						► ⊠
	and stop here The organization qualifies as a		_				.
b	33 1/3% support test - 2011. If the organization			or 16a, and line	15 IS 33 1/3% OF	more, check this	s dox
	and stop here. The organization qualifies as a		_				. ▶ 📙
17a	10% facts-and-circumstances test - 2012. If t	-					
	is 10% or more, and if the organization meets the	ne "facts-and-circ	cumstances" test	t, check this box	and stop here	Explain	
	in Part IV how the organization meets the "facts	-and-circumstan	ces" test. The or	ganization quali	fies as a publicly	supported	_
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2011. If t	he organization (did not check a b	oox on line 13, 1	6a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organization meet	s the "facts-and-	circumstances"	test, check this b	oox and stop he	ге	
	Explain in Part IV how the organization meets the						
	· · · · ·						▶ 🗍
18	Private foundation. If the organization did not			17a, or 17b, ch	eck this box and	see	J

58-2223024 Lake Lanier Rowing Club Inc Schedule A (Form 990 or 990-EZ) 2012 Page 3 MPart'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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 1949. 133398. 144841. 3040. 5824. 630. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to 39281. 58695. 112973. 97193. 15209. 323351. the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 42321. 60644. 118797. 97823. 148607. 468192. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b **MAD THE** 468192. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 . . . 42321. 60644. 118797. 97823. 148607. 468192. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 177. 1384. 715. 3049. 184. 5509. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 177. 1384. 715. 3049. 184. 5509. Add lines 10a and 10b 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) ... 2197. -40689. -38492. 13 Total support. (Add lines 9, 10c, 11, and 12) 602. 1063. 121709. 100872. 108102. 435209. 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 Section C. Computation of Public Support Percentage % 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1.27 1.81%

Seci	ion o. Computation of rubiic Support refemage			
15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	 15	100.00 %	6
16	Public support percentage from 2011 Schedule A, Part III, line 15	 16	97.35 %	6
Sect	ion D. Computation of Investment Income Percentage			_
				_

Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3 % support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

#Open to Public **♥inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

Lake Lanier Rowing Club Inc

Employer identification number 58-2223024

	Organizations Maintaining Descarded	in a final and the Cine	ilas Essads	1 30-22		
21.0	Organizations Maintaining Donor Ad		liar Funds	or Accoun	ts.	
	Complete if the organization answered "Yes" to					
		(a) Donor advised funds		(b) Funds an	d other acc	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors	•	lonor advised	funds	С	
6	are the organization's property, subject to the organizatio Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the dono impermissible private benefit?	or advisors in writing that grant fur	ids may be us r purpose con	ed only	∐ Yes	∐ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" i	o Form 990, I	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organi	zation (check all that apply)				
	Preservation of land for public use (e.g., recreation or	education) Pr	eservation of	an historically	important l	and area
	Protection of natural habitat	∏ Pi	eservation of	certified histor	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution ii	the form of a	a conservation	easement (on the
	last day of the tax year					
	•			Held at	he End of	the Tax
а	Total number of conservation easements		-	2a	·	
b	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified historic	structure included in (a) .		2c		
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a histo	oric			
	structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred,	released, extinguished, or termina	ated by the or	ganization duri	ng	
	the tax year	, ,	•			
4	Number of states where property subject to conservation	easement is located ▶				
5	Does the organization have a written policy regarding the		indling of viola	ations,		
	and enforcement of the conservation easements it holds?				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	ig, and enforcing conservation eas	ements during	g the year >		
7	Amount of expenses incurred in monitoring, inspecting, ar					
8	Does each conservation easement reported on line 2(d) a			_		
•	and section 170(h)(4)(B)(ii)?				Yes	□ No
9	In Part XIII, describe how the organization reports conserv	vation easements in its revenue ar	d expense st	atement, and b	alance she	et and
-	include, if applicable, the text of the footnote to the organi		•			
	conservation easements			3		
					A	
2ล	Organizations Maintaining Collection	s of Art. Historical Treasu	res. or Oth	ner Similar .	Assets.	
Pai	Organizations Maintaining Collection Complete if the organization answered "Yes" to F		res, or Oth	ner Similar	Assets.	
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8	<u></u>			torical
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116,	orm 990, Part IV, line 8 not to report in its revenue statem	ent and balar	nce sheet work	s of art, his	
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition	form 990, Part IV, line 8 not to report in its revenue statem , education, or research in furthera	ent and balar	nce sheet work	s of art, his	
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116,	form 990, Part IV, line 8 not to report in its revenue statem , education, or research in furthera	ent and balar	nce sheet work	s of art, his	
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe	form 990, Part IV, line 8 not to report in its revenue statem , education, or research in furthera es these items	ent and balar	nce sheet work service, provid	s of art, his le, in Part X	(III, the
1 a b	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116,	form 990, Part IV, line 8 not to report in its revenue statem, education, or research in furthers as these items to report in its revenue statement	ent and balar ince of public	nce sheet work service, provid	s of art, his le, in Part X art, historic	(III, the
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edit	form 990, Part IV, line 8 not to report in its revenue statem, education, or research in furthers as these items to report in its revenue statement	ent and balar ince of public	nce sheet work service, provid	s of art, his le, in Part X art, historic	(III, the
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edurelating to these items.	not to report in its revenue statem, education, or research in furthers these items to report in its revenue statement ucation, or research in furtherance	ent and balar ince of public and balance s of public sen	nce sheet work service, provid sheet works of vice, provide th	s of art, his le, in Part X art, historic	(III, the
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edurelating to these items. (i) Revenues included in Form 990, Part VIII, line 1.	not to report in its revenue statem, education, or research in furtherses these items to report in its revenue statement ucation, or research in furtherance	ent and balar ince of public and balance s of public serv	sheet works of vice, provide the	s of art, his le, in Part X art, historic	(III, the
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X	form 990, Part IV, line 8 not to report in its revenue statem, education, or research in furthers es these items to report in its revenue statement ucation, or research in furtherance	ent and balar ince of public and balance s of public sen	sheet works of vice, provide the	s of art, his le, in Part X art, historic e following	(III, the cal trea- amount
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X	form 990, Part IV, line 8 not to report in its revenue statem, education, or research in furthers as these items to report in its revenue statement function, or research in furtherance function, or research in furtherance functions, or other similar assets for the statement and the statement function.	ent and balar ince of public and balance s of public sen	sheet works of vice, provide the	s of art, his le, in Part X art, historic e following	(III, the cal trea- amount
1 a	Complete if the organization answered "Yes" to F If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116, sures, or other similar assets held for public exhibition, edirelating to these items. (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X	not to report in its revenue statem, education, or research in furthers as these items to report in its revenue statement ucation, or research in furtherance treasures, or other similar assets fitems	ent and balar ince of public and balance s of public sen	sheet works of vice, provide the	art, historic e following	cal trea- amount

, , ,	continued)	ng concentions of A	it, installati i leas	ares, or other only	imi Moodio	
	anization's acquisition, accession	on, and other records, che	eck any of the following t	that are a significant use of	of its collection	
(che ck all tha	· ·		,	•		
a Public ex	hibition		d Loan or excha	nge programs		
b Scholarly	research		e Other			
c Preservat	tion for future generations		<u> </u>			
	cription of the organization's co	ellections and explain how	they further the organiz	ation's exempt purpose in	Part XIII	
	ar, did the organization solicit o					
	rather than to be maintained as				Yes	☐ No
	scrow and Custodial A			answered "Yes" to Form	990, Part IV, I	line 9,
	r reported an amount on Form 9	_				
1a Is the organiz	ation an agent, trustee, custodia	an or other intermediary f	or contributions or other	assets not included		
on Form 990,	Part X?.				Yes	No
b If "Yes," expla	in the arrangement in Part XIII	and complete the following	ig table			
					Amou	nt
c Beginning bal	ance					
d Additions duri	ng the year			1d		
e Distributions of	iuring the year			. 1e		
f Ending balance	æ					
2a Did the organi	zation include an amount on Fo	orm 990, Part X, line 21?			Yes	∐ No
b If "Yes," expla	in the arrangement in Part XIII	Check here if the explana	ation has been provided	ın part XIII		
Part V E	ndowment Funds. Com	plete if the organization a	inswered "Yes" to Form	990, Part IV, line 10		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a Beginning of y	ear					
balance						
b Contributions						
c Net investmen	t earn-					
ıngs, gaıns, an	d losses	1	L			
d Grants or scholars)	nips					
e Other expends	tures					
for facilities an	d					
programs						
f Administrative						
expenses		1				
g End of year ba	lance					
2 Provide the es	timated percentage of the curre	ent year end balance (line	1g, column (a)) held as			<u> </u>
a Board designa	ted or quasi-endowment ▶	0.00 %				
b Permanent en	dowment ► 0.00	%				
c Temporarily re	stricted endowment ▶ 0 .	.00 %				
The percentag	es in lines 2a, 2b, and 2c should	d equal 100%			Γ	
3a Are there endo	wment funds not in the possess	sion of the organization th	nat are held and adminis	tered for the organization	by	Yes No
(i) unrelated (organizations				. 3a(i)	
(ii) related org	anizations .				3a(ii)	
b If "Yes" to 3a(II), are the related organizations	listed as required on Sch	edule R?		3b	
4 Describe in Pa	rt XIII the intended uses of the	organization's endowmen	t funds			
Part VI La	ind, Buildings, and Equ	ipment. See Form 9	90, Part X, line 10			
	option of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book	value
		basis (investment)	basis (other)	Depreciation	ı I	
1a Land				- marine - m		
b Buildings .						
	rovements					
d Equipment .		347,844.		264,545.	83,	299.
e Other						
	rough 1e (Column (d) must eq	ual Form 990, Part X, co	lumn (B), line 10(c)).	•	83,	299.
ICA				Sched	ule D (Form 9	990) 2012

Part:VII	Investments - Other Securities.	See Form 990, Part X, line	12	
•	(a) Description of security or category	(b) Book value	(c) Method of v	aluation
	(including name of security)		Cost or end-of-year	market value
-	derivatives			
	eld equity interests	· ·		
(3) Other (A)			 	
(B)				
(C)		_		
(D)				
(E)				
(F)				
(G)				
(H)				·
<u>(I)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12		hill ter it were a sequential statement before here	
Part VIII	Investments - Program Related.	See Form 990, Part X, line		
	(a) Description of investment type	(b) Book value	(c) Method of v	
(1)			Cost or end-of-year r	narket value
(1)		- 	 	
(3)				
(4)		-	-	
(5)				
(6)				
(7)				
(8)			<u></u>	
(9)				
(10)			W SO - who so well a street so well to see a street of the second	The state of the s
	(b) must equal Form 990, Part X, col (B) line 13		E Section and Section of the section	
Part IX	Other Assets. See Form 990, Part X, line (a) Desc		······································	(b) Book value
(1)	(a) Desc	aiption		(b) Book value
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b) must sound Form 000, Dod V and (D) line 45)	 		·
Part X	(b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X,		<u> </u>	
1	(a) Description of Liability	(b) Book value	The second secon	
(1) Federal Inc		(D) Don value	t. · · · · · · · · · · · · · · · · · · ·	1 2 2 2
(2)		-	,	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				, * , * ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(9)		_	• •	
(10)			,	No.
(11)	(1)			
	(b) must equal Form 990, Part X, col (B) line 25)		n's formula statements that are a	<u> </u>
z. ⊢iN 48 (AS¢	C 740) Footnote In Part XIII, provide the text of the	e rootnote to the organizatio	m s rinanciai statements that repoi	ទេ ៣៩

Sch	edule D (Form 990) 2012 Lake Lanier Rowing Club Inc	58	8-2223024 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue p	
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		F. a
a	Net unrealized gains on investments	2a	1 - , 1
b	Donated services and use of facilities	. 2b	2.34
С	Recoveries of pnor year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	·	- 4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- "
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5
Part		nts With Expenses	
	Total expenses and losses per audited financial statements	into With Expenses	per return
1	·		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	 63
С.	Other losses	2c	
d	Other (Describe in Part XIII)	. 2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	. 4b	
С	Add lines 4a and 4b		4c
5_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	<u> </u>	5
Part	XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a and 4, Part IV, line	es 1b and 2b, Part V, line 4,
Part 2	(, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information
			
			
			Cabadala D./Farancon cons
BCA			Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ **Employer identification number** Name of the organization 58-2223024 'Lake Lanier Rowing Club Inc Form 990, Part VI, Sec B, Line 12c: Conflict of Interest issues, if any, are routinely reviewed at regularly scheduled monthly Board of Directors meetings. Form 990, Part IX, Line 24: See Exhibit A

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2012

Attachment	
Sequence No	179

	me(s) shown on return		1	activity to which	this form relate	es	Identifying number
	ike Lanier Rowin						58-222302
13	art de Election To Expen	se Certain Prope	rty Under Section 179				
	Note: If you have a	ny listed property,	complete Part V before	you complete P	art I		
	Maximum amount (see instruc	•					1 500,000.
2	Total cost of section 179 prope	erty placed in serv	ice (see instructions)		•	ļ	2
3	Threshold cost of section 179	property before re	duction in limitation (se	e instructions)		1	2,000,000.
4	Reduction in limitation Subtra		·				4
5	Dollar limitation for tax year S	Subtract line 4 fron	n line 1 If zero or less,	enter -0- If marr	ied	ĺ	
	filing separately, see instruction	ns		<u> </u>		·	5
_6	(a) Description of pi	roperty	(b) Cost (bu	siness use only)	(c) Ele	cted cost	
							
							The first state of the state of
7	Listed property Enter the amo	ount from line 29			7		the state of the s
8	Total elected cost of section 17	79 property Add	amounts in column (c),	lines 6 and 7 .			8
9	Tentative deduction Enter the	smaller of line 5	or line 8 .		-	. [9
10	Carryover of disallowed deduct	tion from line 13 o	f your 2010 Form 4562		-	. [10
11	Business income limitation Er	nter the smaller of	business income (not le	ess than zero) or	line 5 (see ins	structions)	11
12	Section 179 expense deduction	n Add lines 9 and	l 10, but do not enter m	ore than line 11_	<u> </u>		12
13	Carryover of disallowed deduct	tion to 2012 Add	lines 9 and 10, less line	12 🕨 🕆	13		
Note	e: Do not use Part II or Part III	below for listed p	operty Instead, use P	art V			·
P.a	Special Depreciation	n Allowance and	Other Depreciation (I	Do not include lis	ted property)	(See instruc	tions)
14	Special depreciation allowance	for qualified prop	erty (other than listed p	roperty) placed in	service		
(during the tax year (see instruc	tions)		-		. [14
15	Property subject to section 168	(f)(1) election	•				15
16	Other depreciation (including A	CRS)	<u>.</u>		<u> </u>		16
Pa	MACRS Depreciation	on (Do not include	listed property) (See i	nstructions)			
			Section .	A			
17	MACRS deductions for assets	placed in service i	n tax years beginning b	efore 2012 .			16,248.
18 1	If you are electing to group any	assets placed in	service during the tax y	ear		_	
	nto one or more general asset	accounts, check t	nere				in Maria Maria (17) sa Maria Maria
	Section B-As	sets Placed in S	ervice During 2012 Ta	x Year Using the	e General De	preciation S	System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Metho	d (g) Depreciation deduction
 19a	3-year property	7	Only - See madedions,	 	 		
<u></u>	5-year property		2,700.	5	HY	S/L	270.
_	7-year property	⊣ ,***				 	
_	10-year property		20,400.	 	HY	S/L	1,020.
_	15-year property	10.33	20,1001	 	 	7.2	
c f	20-year property				·		
	25-year property	12. 25 1		25 yrs	 	S/L	_
g h	Residential rental			27 5 yrs	MM	S/L	
41				 		S/L	
	property	 		27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property	-t- Didi- 0	-i - Di - 0040 T	V 11-1 4h	MM Altamatica D	ــــــــــــــــــــــــــــــــــــــ	
20-			vice During 2012 Tax	rear Using the	Aiternative D		System
20a	Class life			12::::		S/L_	
	12-year_			12 yrs	<u> </u>	S/L	
	40-year	1		40 yrs	MM	S/L_	
	Summary (See instru					————	24
21	Listed property Enter amoun	it from line 28					21

Listed property Enter amount from line 28 21

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2012)

17,538.

22

23

Page: 1

Description A	ate .cqd	E Cost U	Bus. Use	179+ Spec.	Basis	Method	о н	ДΩ	urrent Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
						1] 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	! ! ! !	 	 	[
Form: Rowing Club	न न														
Rental Property: N/A	.Y: N/														
eciation	Class	: Autos													
In Service Year:		2010													
1989 Pickup 11/10	./10	3250 1	100		3250	SL	3.0 MM	1760	316		1760	316	-174		10/12
Depreciation Class: Machinery In Service Year: 1996	Class ear:	: Machin 1996		and equ	equipment	other									
Pocock Trail 10/96		49	100		549	SL	5.0 HY	549							
Cox Box 12	12/96	192	100		192	SL	3.0 HY								
		 			1			1							
		741			741			741							
In Service Y	Year:	1997													
olin	16/8	2850 1	100		2850	SL	10.0 HY	2			2850				
er for	1/97	500 1	100		200	SI	10.0 HY	200			500				
olin	16/8		100		2850	SL	10.0 HY	2			2850				
ler for		500 1	100		200	SL	10.0 HY				500				
olin	9		100		2850	SL	10.0 HY	2			2850				
Trailer for 08,	_	0	100		200	$_{ m SL}$	10.0 HY	. 500			500				
Quad Riggers 09	76/6	1475]	100		1475	SL	10.0 HY	1475			1475				
						SL									
50hp Ho	16/6		100		3000	SL	5.0 HY				3000				
1997 Hudson 09	16/60		100		2051	SL	10.0 HY	2051			2051				
Little River 09/	76/6	2051 1	100		2051	SI	10.0 HY	2051			3051				
		1 1 1			1 1 1			1 1 1			1 1 1				
In Service Year:		18627 1998			18627			18627			19627				

Date Sold	1																									
Sales Price	 																									
Gain/ Price																										
Current AMT	 																									
Prior AMT	798	2775	77	2775	2775	2775	2775	2775	2775	3571	3571	3571	3571	3571	3571	3571	170	860	860	0009	0009	7000	3000	2000	 	73481
Next Year	 																									
Current Depr.	1 1 1																									
	394	77	2775	2775	2775	2775	2775	2775	2775	3571	3571	3571	3571	3571	3571	3571	170	8 60	8 60	0009	0009	7000	3000	2000		73481
ec.	3.0 HY	0	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	5.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY	10.0 HY		
Method	SI	SL	SI	$_{ m ST}$	SI	SL	SI	SL	SI	SL			SL			SL			SL		SL					
Basi		77	2775	77	17	77	_	77	\sim	ഥ	L)	u)	u)	υ,	u,	и,	170	860	860	0009	0009	7000	3000	2000	 	73481
Bus. Use			5 100	2	2	10	10	10	10	_	_	$\overline{}$	_	_	_	\vdash	0	0	0	0	0	0	0	0	!	11
Cost	1 m 1		277	$\overline{}$	277	277	277	277	277	357	357	357	357	357	357	357	17	8	8	009	909	700	300	200	 	7348
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Date Sold		
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Prior AMT		104 885 885 885 2759 8500 1740 19294 19294 1045
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Date Acqd	O W	01/00 11/00 11/00 11/00 11/00 02/01 03/01 03/01 04/01
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Desc	1998 F Speed 1999 F 1999 V 1991 F	Boat 2000 2000 2000 2000 1999 1995 Speed Scullitt

2012 ASSET DETAIL REPORT

Date Sold	
Sales Price	
Gain/ Price	
Current AMT	385 100 905 36 367 1126 1063 50 100 240 400 400
Prior AMT	7150 888 1857 16807 464 2338 1010 30514 4935 2245 449 2000 1700 1700 1700 1700 2245 4935 2245 4935 2245 4935 2245 4935 4935 4935 4935 4935 4935 4935 49
Next Year	687 313 63 1063 50 50 100 240 400
urrent Depr.	385 100 905 36 36 1426 687 313 63 1063 50 100 240 400
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179+ Spec. Ba	7
Bus. Use	100 100 100 100 100 100 100 100 100 100
Cost	2003 7700 888 2000 18100 5338 1010 2338 1010 1700 1700 1700 14321 2006 1000 2400 4000
Date Acqd	y Year: 04/03 04/03 04/03 07/03 07/03 07/03 11/05 11/05 11/05 12/05 04/06 05/06 08/06
Description	In Service 2003 Kaschpe (Speaker Sys (Crest Pontoo (2003 Vespoli (Catamaran Bo (2002 Honda 2 Sculling Oar (Sculling Oar (Sculling Oar (1996 Burgash Little River Little River Bimini Boat Kaschper 1x Wood Oars 16 ICOM Radios

2012 ASSET DETAIL REPORT

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urre: AMT	1377	1638 35 1048	1083	7 2 3	223 53 32 12 98	769 70 270 200 200 30
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Next Year	1377	1638	1083	272	223 32 12 78	769 67 270 200 200 29
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179+ Spec.						
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2012 ASSET DETAIL REPORT

Date Sold	
Sales Price	
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Current AMT	58 278 20 20 60 60 180 180 63 898 400 1787 1331 1331 1331 1020 2716 270 270
Prior AMT	177 68 706 51 153 229 16771 502 323 108 1534 683 3150
Next Year	58 26 278 20 60 90 5300 180 63 898 400 1787 1331 1331 1331 2040 2040 540
Current Depr.	58 26 278 20 60 90 246 180 63 898 400 1787 1331 1331 1020 270 270
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Date Acqd	06/09 11/09 12/09 12/09 12/09 12/09 10/10 10/10 10/10 10/10 02/11 02/11 05/11 05/11
Description	Wire Contain C Roof Racks - 1 Genie Lifts 1 1988 Hoosier 1 1977 Pontoon 1 100 Service Honda Motor 1 100 Service Honda Motor 2 100 Scale - Weig 1

Page: 7

Rec. Basis Method Per. Cv
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US 990 Other F	Total	Program Services	Management and General	2012 Fundraising
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eb Site Expense	199. 335.	199. 335.		
egistration & Titles enue Course Expenses	1,053.	1,053.		
hell Repair & Maint	4,737.	4,737.		
otor Boat Maint	4,076.	4,076.		
ehicle Expense	198.	198.		
uel for Motor Boats	567. 1,279.	567. 1,279.		
acility Maint Exp ther Expense	7.	7.		
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USSTX431

Exhibit A

Name: Lake Lanier Rowing Club Inc

ID: 58-2223024

Туре	Amount
Taste of Gainesville	11,445.
Training Fees	30.395
Events Attended Revenue	30,395. 3,992.
Events Hosted Revenue - Club Regattas	8,698.
Events Hosted Revenue - Club Regattas Events Hosted Revenue - Other Regattas	42,080.
Learn To Row Classes	1,700.
Summer Youth Camps	1,045.
Indoor Rowing Sessions	100.
	100.
	
	
	
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Total	99,455.
Total	USWDET\$1

Name: Lake Lanier Rowing Club Inc ID: 58-2223024 Description: Investment Income Type Amount Investment Income Interest Income 167. 184. Total © 2012 CCH Small Firm Services All rights reserved USWDET\$1

Name: Lake Lanier Rowing Club Inc	ID: 58-2223024
Description: Other Program Revenue	
Туре	Amount
Other Income	3,285.
Gain on Sale of Assets	3,285. 367.
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Total	3,652.
2012 CCH Small Firm Services All rights reserved EXAIBIT	USWDET\$1

Name: Lake Lanier Rowing Club Inc

ID: 58-2223024

Description: Fund	Raising	Expenses

Туре	Amount
Taste of Gainesville	555.
Spring Training	573.
Spring Training - Gas for Motor Boats	2,932.
Events Hosted - Lanier Sprints	3,781.
Events Hosted - John Hunter	
Events Hosted - Clemson Sprints	3,004. 59.
Events Hosted - ACRA	17,889.
Events Attended Expenses	3,369.
Program Expenses	1,648.
riogiam Expenses	1,040.
	
Total	33,810.
© 2012 CCH Small Firm Services All rights reserved Exhibit E	USWDET\$1

Name: Lake Lanier Rowing Club Inc	ю: 58-2223024
Description: Other Salaries & Wages	
Type Salaries - Office & Part-time Assistance	Amount
Salaries - Uffice & Part-time Assistance	7,650. 20,000.
Salaries - Coaches	20,000.
	<u> </u>
	
Total	27,650.
2012 CCH Small Firm Services All rights reserved Exhibit	USWDET\$1

Name: Lake Lanier Rowing Club Inc	id: 58-2223024
Description: Conference & Meetings Expense	
	Amount
Type Conference Expenses	57
Conference Expenses Meetings Expense	57
occingo Enpenoc	
	
	
	
	
	
	
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Total	1,14
2 CCH Small Firm Services All rights reserved	USWDE

Name: Lake Lanier Rowing Club Inc

ID: 58-2223024

Description: Prior Year - Other Revenue

Type Type	Amount
Member Dues	20,193.
Net Income from Fund Raising Events Gross Profit from sale of inventory	6,909.
Boat Storage Fees	3,160. 3,871.
Insurance Reimbursement	3,871.
Boat Use Fees	209.
Events Attended Revenue	1,674.
Events Hosted Revenue	36,034.
Launch Boat Rental Revenue	7,765.
Eddicit Bode Reneal Revenue	7,703:
Total	80,170.
2012 CCH Small Firm Services All rights reserved Exhibit	USWDET\$1

Name: Lake Lanier Rowing Club Inc	ID: 58-2223024
Description: Prior Year - Other Expenses	
Type Occupancy, rent, utilities, and maintenance Other Expenses (see Exhibit B in 6-30-12 file)	Amount 12.452
Other Expenses (see Exhibit B in 6-30-12 file)	12,452 70,567
	
	
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	03 010
Total	83,019.
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(Rev. January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

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 and click on e-file for Charities & Nonprofits. 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. Enter filer's identifying number, see instructions. Lake Lanier Rowing Club, Inc. Number, street, and room or suite no. If a P.O box, see instructions. Social security number (SSN) Type or print File by the due date for filing your return. See instructions. Gainesville, Georgia 30506			filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-M						▶ □
a corporation required to file Form 990-T), or an additional (not automated) 3-month extension of time. You can electronically file Form 8808 to require stan extension of time to file any of the forms listed in Part i or Part II with the exception of m870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the (RS in paper format feet instructions). For more details on the electronic filing of this form, visit www.is.gov/elile and citck on e-file for Charities & Nonprofits. Part Contracts Automatic 3-Month Extension of Time. Only submit original (no copies needed)									rm 8868.
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	a corp 8868 Return	ooration to rec	on required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal	nal (not aut forms liste ıl Benefit (omatic) 3-month ext ed in Part I or Part II Contracts, which m	tension of time. You with the exception ust be sent to the	can e of Fo IRS	electronic orm 8870 in paper	cally file Form), Information r format (see
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 Imployer identification number (EIN) or print Interest the due date for file yet the due date for filengy year. Social security number (SSN) Interest the fleur seed and from or suite no. If a P.O box, see instructions. Interest the fleur seed for filengy year. Social security number (SSN) Interest the Return code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Form 990-EZ Interest (interest and form or suite no. If a P.O box, see instructions. Gainesville, Georgia 30506 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990-EZ Interest (interest and form) Porm 990-EZ Interest (interest and form) Interest (interest (interest (interest and form) Interest (interest (interest and form) Interest (interest (inter							hıs b	ox and	complete
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Type or print File by the due date for filer's street, and room or suite no. If a P.O box, see instructions. Lake Lanier Rowing Club, Inc. Number, street, and room or suite no. If a P.O box, see instructions. 1105 Clarks Bridge Road Cirty, town or post office, state, and ZIP code For a foreign address, see instructions Cainesville, Georgia 30506 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-PF 10 Form 990-F (see 401(a) or 408(a) trust) 10 Form 990-T (trust other than above) 11 Telephone No. 12 Telephone No. 705-782-7538 Telephone No. 705-782-7538 FAX No. 11 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 11 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 12 If the organization does not have an office or place of business in the United States, check this box 11 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 12 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 13 If this application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			•	ups, REMI	Cs, and trusts must	use Form 7004 to re	ques	t an exte	nsion of time
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Lake Lanier Rowing Club, Inc. Lake Lanier Rowing Club, Inc. Social security number (SSN) Social	to file	incon	e tax returns.	•		Enter filer's identify	ina ni	ımhar se	e instruction
Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Second Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second Security number (SSN) Second			Name of exempt organization or other filer, see it	nstructions.					
Number, street, and room or suite no. If a P.O box, see instructions. Social security number (SSN) 3105 Clarks Bridge Road Time of the property of the		or		-		1			•
where the distant See Instructions are in the care of ▶ Joel Wise Telephone No. ▶ 76-782-7538 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 the whole group, check this box . ▶ ☐ If this is for the whole group, check this box . ▶ ☐ If this is for the whole group, check this box . ▶ ☐ If the organization's return for: I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15 . 20 If this application return for median and interest and polyports. See instructions If this application Return Application Return Application Return Code Form 990-T (corporation) Or 7-Form 990-BL 02 Form 190-T (corporation) 07-Form 990-T (corporation) 07-Form 990-T (corporation) 07-Form 990-T (corporation) 08-Form 4720 09-Form 990-T (corporation) 09-Form 990-T (corporation) 09-Form 4720 09-Form 990-T (corporation) 09-Form 990-T (corporation) 09-Form 4720 09-Form 990-T (corporation) 09-Form 4720 09-Form 4720 09-Form 4720 09-Form 4720 09-Form 4720 09-Form 990-T (corporation) 10-Form 4720 09-Form 4720 09-F	-		Number, street, and room or suite no. If a P.O be	ox, see instr	uctions.				
City, town or post office, state, and ZIP code For a foreign address, see instructions Cainesville, Georgia 30506			3105 Clarks Bridge Road						
Enter the Return code for the return that this application is for (file a separate application for each return) Application			City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instruction	s			
Application Is For Code Section Sectio			Gainesville, Georgia 30506						
ts For	Enter t	the Re	turn code for the return that this application i	s for (file a	separate application	n for each return)			. 0 1
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2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial 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 \$ 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 \$ 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 \$		until for th	February 15 , 20 14 , to file the exeme organization's return for:	rporation r npt organiz	equired to file Form 9 cation return for the c	990-T) extension of to	ime ibove	. The ext	tension is
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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 \$ 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 \$ 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 \$			•	onuis, che	ck reason: Inmai	return Final re	urn		
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Form 8868 (Rev 1-2013)