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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

<u>A</u>	For the	e 2013	calendar year, or tax year beginning		1, 2013, and	enung		30,2014					
В	Check if applicable			ier Rowing Cl	ub Inc	D Employer ide	entification						
닏	Address c	hange	Doing Business As					024					
Ц	Name cha	ange	Number & street (or P O box if mail is not de	, in the second	Room/suite	E Telephone nu		-0077					
닏	Initial retu	m .	3105 Clarks Bridge		L	3							
Ц	Terminate	ed	City or town, state or province, country, and Z			G Gross receipts	\$	137370.					
Ш	Amended		GAINESVILLE GA 3050			H(a) Is this a	group retu						
Ш	Application pending	n	F Name and address of principal officer	Joel Wise		for subor	dinates?	Yes X No					
			P O Box 261 DILLA	RD GA 30	537	H(b) Are all su		s included?					
ı	Tax-exen	npt status	s X 501(c)(3) 501(c)() ∢ (ins	sert no) 4947(a)(1) o	or 527	(see instru		Yes No					
J	Website:	>			, ····		emption nur						
	Form of or			Other ►	L Year of	formation 1993	M State	of legal domicile GA					
Ġ	art I		nmary			. +ba anax	. t. o.f	- rouing a					
	1 E		lescribe the organization's mission or most		omoting	the spor	<u> </u>	rowing a					
ė	-	maintaining an ongoing											
au		program for youth and adults at the site of the 1996 Olympic											
E	1		ng Venue										
Š	1	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets											
ص ح	1		of voting members of the governing body (3	11						
Sa	4 1	Number	of independent voting members of the gov	lb)	•	4	11						
Activities & Governance	5 7	Fotal nu	ımber of ındıvıduals employed ın calendar y		-	5	3						
	6 7	rotal nu	imber of volunteers (estimate if necessary)			6	50						
	7a 7	Fotal un	irelated business revenue from Part VIII, co			. 7a							
	1 d	Net unre	elated business taxable income from Form	990-T, line 34			7b						
						Prior Year		Current Year					
Revenue	8 (Contribu	utions and grants (Part VIII, line 1h)		13339		121410.						
	9 F	rogram	n service revenue (Part VIII, line 2g)	}	L.	1520		11059.					
	10 1	nvestm	ent income (Part VIII, column (A), lines 3, 4	, and 7d)	L		34.	165.					
i.E.	11 (Other re	evenue (Part VIII, column (A), lines 5, 6d, 8d	ر, الم, 9c, 10c, and <u>r</u> 11e) و		-4068		1304.					
	12 7	rotal rev	venue - add lines 8 through 11 (must equal	10810	12.	133938.							
			and similar amounts paid (Part IX, column (또			670.						
	1		paid to or for members (Part IX, column (A	JT [
s			, other compensation, employee benefits (F	2998	9.	27883.							
JSe	1		ional fundraising fees (Part IX, column (A),			7							
Expenses			ndraising expenses, (Part IX, column (D), lii										
ш	1		xpenses (Part IX, column (A), lines 11a-11d			5423	32.	87580.					
			penses Add lines 13-17 (must equal Part I	·		8422	11.	116133.					
	1		e less expenses Subtract line 18 from line			2388	31.	17805.					
_ s						Beginning of Curro Year	ant	End of Year					
anc.	20 7	Cotal as	sets (Part X, line 16)			21537	8.	239090.					
Asse	21		bilities (Part X, line 26)			13	38.	6045.					
Net Assets or Fund Balances	22		ets or fund balances Subtract line 21 from	line 20	-	21524	10.	233045.					
	art II		nature Block										
_			erjury, I declare that I have examined this return, in	icluding accompanying schedu	les and stateme	ents, and to the best of	of my knov	vledge					
and	belief, it	is true, c	correct, and complete Declaration of preparer (oth	er than officer) is based on all	information of w	hich preparer has an	y knowled	ge					
			Deel A. Wise	2		-/-	<u> 27-</u>	15					
Si	gn	7	Signature of officer			Date	е						
	ere		Joel A Wise	Tr	easurer	•							
			Type or print name and title										
Pa	id		/Type preparer's name	Preparer's signature	Date	Check	ıf	PTIN					
	eparer			-		self-em	ployed						
	e Only	Firm	's name			Firm's EIN	-						
	,		's address			Phone no							
_		1											
Ма	v the IR	S discu	iss this return with the preparer shown above	ve? (see instructions)			.	Yes No					

BCA

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED FEB 1 1 2015

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Form 990 (2013)

Form	990 (2013) Lake Lanier-Rowing Club Inc	58-2223024 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission Promote the amateur sport of rowing	
2	Did the organization undertake any significant program services during the year which were not listed o the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	n ¹ ☐ Yes ☒ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se If "Yes," describe these changes on Schedule O	ervices? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 116133. including grants of \$ 670.	(Revenue \$ 137370.)
	Taught the sport of rowing to approximately 75 adul Hosted major rowing events for SE United States par	ts and 30 youths
4b	(Code) (Expenses \$ including grants of \$	_) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$	_) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$)(Revenue \$	\
4e	Total program service expenses 116133.	
BCA		Form 990 (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
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		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
	services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	
	VII, VIII, IX, or X as applicable	,		
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	11ь		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		-	
_	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a				
	Schedule D, Parts XI, and XII	12a		Х
b	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance			
	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2013) Lake Lanier Rowing Club Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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,"			
	complete Schedule J	23		Χ
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			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Χ
b	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		
ď	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			
	990-EZ? If "Yes." complete Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			
	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	į	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		٤٤
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," 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			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Χ	
		Fo	m 990	(2013)

Fa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Ш
	Check it Schedule of Contains a response of flote to any line in this Fait V	1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_	_	
c I	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	- 1		
9	gaming (gambling) winnings to prize winners?	1c_	Х	
2a l	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
;	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	.		
b I	f 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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b l	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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,			
á	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b l	f "Yes," enter the name of the foreign country ▶			
;	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a \	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c I	f "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
	f "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)			,
a [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 l	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c [Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
r	equired to file Form 8282?	7c		
d I	f "Yes," indicate the number of Forms 8282 filed during the year		, , ,	^ ·' ,
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 i	f the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h I	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
F	Form 1098-C? .	7h		
8 5	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-	ı	
c	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	LALE	المداء الم	
r	nave excess business holdings at any time during the year?	8		X
9 5	Sponsoring organizations maintaining donor advised funds.	1 1 1 1 1	27.7°	, c
a [Old the organization make any taxable distributions under section 4966?	9a		X
ь	Old the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0 5	Section 501(c)(7) organizations. Enter	., ,	[]	·
a li	nitiation fees and capital contributions included on Part VIII, line 12	1	, , ,	, ,
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1 5	Section 501(c)(12) organizations. Enter	1		
a C	Gross income from members or shareholders . 11a	. [,	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	İ	,	
а	gainst amounts due or received from them)	,	, 1	,
2a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b ii	f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
3 5	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		
a Is	s the organization licensed to issue qualified health plans in more than one state?	13a		
٨	lote. See the instructions for additional information the organization must report on Schedule O	7		
	inter the amount of reserves the organization is required to maintain by the states in which		,	
ti	ne organization is licensed to issue qualified health plans		, ,	
	inter the amount of reserves on hand	_		
4a 🛭	old the organization receive any payments for indoor tanning services during the tax year?	14a		
		14b		

Form 990 (2013)

Form 990 (2013)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI.

Sec	tion A. Governing Body and Management					
		-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		i	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	•				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct	t				
	supervision of officers, directors, or trustees, or key employees to a management company or other person			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		•	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			`6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of	ne or	more			
	members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders,	or persons			
	other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					1
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inte	rnal Reve	nue C	ode.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					ļ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor	e filing	the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ì		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	ts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"]
	describe in Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	Χ	ļ
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci	sion?		1		
а	The organization's CEO, Executive Director, or top management official		•	15a	X	ļ
b	Other officers or key employees of the organization			15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1		
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			ľ		١.
	the organization's exempt status with respect to such arrangements?	•		16b	<u> </u>	Ш.
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 50	1(c)(3)s only	/)		
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inter	est			
	policy, and financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the		_	
	organization ▶Joel Wise PO Box 261 DILLARD GA 30537	70	6-782-	/53	8	

вса

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line 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

X Check this box if neither the organization i	or any rela	ated or	rganız	atıor	ns co	ompen	ısate	ed any current officer	, director, or trustee	
				(C)					
			1	Posit	ion					
		(do n	ot che	ck m	ore th	nan one	9			
(A)	(B)	box, ı	unless	perso	on is	both ar	ı	(D)	(E)	(F)
Name and Title	Average	office	er and a	a dire	ector	trustee	:)	Reportable	Reportable	Estimated
	hours per				$\overline{}$			compensation	compensation	amount of
	week	d N	stite	Officer	ey e	혈통	Former	from	from related	other
	(list any	dua	ᅙ	٦	3	yee	¤	the	organizations	compensation
	hours for related	ੇ <u>ਵ</u>	ā		Key employee	" 🚊		organization	(W-2/1099-MISC)	from the
	organiza- tions	Individual trustee or director	Institutional trustee		TO.	Highest compensated employee		(W-2/1099-MISC)	,	organization
	below		ř			ate		,		and related
	dotted line)					"				organizations
(1)	<u> </u>				-					
	1									
(2)										
(3)										
	1									
(4)										
	1									
(5)										
	1									
(6)										
	1									
(7)										
	Ī									
(8)										
(9)										
(10)										
							ļ			
(11)									-	
(12)										
(13)										
(14)										
		İ								

(A) Name and title	(B) Average							Reportable	Es	(F)	
•	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the anization related
(15)			 -							- Cigo	THE STORES
(16)											
(17)											
(18)											
(19)											
(20)										1	
(24)	•									<u> </u>	
(21)											
(22)											
(23)								-			
(24)											
(25)											
1b Sub-total .							•	0	0		0
 c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 	II, Section	1 A	iA . ▶			•	0 0		0		
2 Total number of individuals (including but n	ot limited	to thos	e liste	ed at	ove	e) who	rece	L		compens	
from the organization > NONE											Yes No
3 Did the organization list any former officer,	director, o	or trust	tee, ke	ey er	nplo	yee, c	or hig	ghest compensated			
employee on line 1a? If "Yes," complete So							. 41			3	X
4 For any individual listed on line 1a, is the si the organization and related organizations	-										!
ındıvıdual										4	X
5 Did any person listed on line 1a receive or services rendered to the organization? If "					-			-	vidual for	5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co											
compensation from the organization Report	t compens	sation	for the	cal	enda	ar yea	r en	ding with or within th (B)	e organization's tax	year (0	
Name and business a	ddress							Description of se	rvices	Comper	
None											
					•						<u> </u>
]			. 41.		
2 Total number of independent contractors (iii \$100,000 in compensation from the organizer)		ut not	ıımıted	ı to t	nos	e iisted	u ab	love) wno received m	iore than		

		Check if Schedule O contains a re	esponse or n	ote to any line in th	is Part VIII		П
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions	27961. 86152. 7297.	-Soe Exhi -See Exhi			
ont nd (9	included in lines 1a-1f		101410			
<u> </u>	h	Total Add lines 1a-1f	<u> </u>	121410.			
Program Service Revenue	2a b	Boat Storage Fees Insurance Reimburse	Business Code 03 03	3671. 413.	3671. 413.		
Se	c	Boat Use Fees	03	40.	40.		-
ran eve	ď	Fuel Surcharge	03	144.	144.		
Ďά	e	Launch Boat Rentals	03	3791.	3791.		
ď	f	All other program service revenue	03	3000.	3000.		
	g	Total. Add lines 2a-2f	>	11059.		,	
	3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond proceeds	•	165.	165.		
	5 6a b c	Gross rents Less rental expenses Rental income	(II) Personal				
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other	(II) Other			. ,	-
		basis and sales expenses Gain or (loss) Net gain or (loss)	•	1			,
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses . b Net income or (loss) from fundraising events	ents •			•	
	9a	Gross income from gaming activities See Part IV, line 19 a Less direct expenses b		-			5
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances . a Less cost of goods sold b	3610. 3432.				
	С	Net income or (loss) from sales of inventor Miscellaneous Revenue	Business Code	178.	3610.		
		Other Income	03	293.	293.		
		Radio Rental	03	730.	730.		
ļ	C	Sale of Equip	03	102.	102.		
ł	d	All other revenue .	03	1.	1.		
		Total. Add lines 11a-11d .	•	1126.			
	12	Total revenue. See instructions .	>	133938.	15960.		

Page 10

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must o				column (A)
	Check if Schedule O contains a				· · []
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	670.	670.		
2	organizations in the US See Part IV, line 21	670.	070.		
2	Grants and other assistance to individuals in				ı
,	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				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
^	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25851.	25851.	~ ~	
7	Other salaries and wages	23031.	23031.		
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2032.	2032.		
10	Payroll taxes	2032.	2032.	···	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
ď	Lobbying Prof fundraising services See Part IV, line 17		 	- , -,	-
e f	Investment management fees			- ` ` ` ` ` ` ` ~	
-	Other (If line 11g amount exceeds 10% of line 25,				
g					
12	col (A) amount, list line 11g expenses on Sch O)	425.	425.		
13	Advertising and promotion Office expenses	2042.	2042.		
14	Information technology	2012.	2012.		
15	Royalties				
16	Occupancy .	7763.	7763.	-	
17	Travel	7703.	7703.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest .	80.	80.		
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	18530.	18530.		
23	Insurance	7416.	7416.		
24	Other expenses Itemize expenses not covered		.,		
	above (List miscellaneous expenses in line 24e If	ı			-
	line 24e amount exceeds 10% of line 25, column				•
	(A) amount, list line 24e expenses on Schedule O)				,
а	Fund Raising Expense	1882.	1882.		
b	Program Expenses	2778.	2778.		
c	Telephone Expense	1382.	1382.		
d	Email & Web Site Exp	729.	729.		
e	All other expenses See Exhibit 1	44553.	44553.		·
25	Total functional expenses, Add lines 1 through 24e	116133.	116133.		
$\overline{}$	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 ▶				

		Check if Schedule O contains a response or	note to al	ly into in this rait?	(A)		(B)
					(A) Beginning of year		(D) End of year
	1	Cash non interest bearing			40033.	1	42174.
	1	Cash - non-interest-bearing		-	84723.	2	76325.
	2	Savings and temporary cash investments	-	04723.	3	10323	
	3	Pledges and grants receivable, net		-		4	22579
	4	Accounts receivable, net		-	1		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	5				
	_	Part II of Schedule L	-				
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), persons described in		•			
		contributing employers and sponsoring organiza					
ş		voluntary employees' beneficiary organizations					
Assets	_	Part II of Schedule L .	-		7	· · · · ·	
¥	7	Notes and loans receivable, net	-	7323.	8	7323	
	8	Inventories for sale or use .		, -	1323.	9	
	9	Prepaid expenses and deferred charges	1 1	ļ.		9	<u> </u>
	10a	Land, buildings, and equipment cost or other	40.	373764.	•	'	,
		basis Complete Part VI of Schedule D	10a	283075.	83299.	40-	90689
i	b	Less accumulated depreciation	10b	203073.	03233.	10c	90009
	11	Investments - publicly traded securities	-		11		
	12	Investments - other securities See Part IV, line	. }		12		
	13	Investments - program-related See Part IV, line	11	}		13	
	14	Intangible assets		}		14	
	15	Other assets See Part IV, line 11		}	215378.	15	239090
\dashv	16	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses	al line 34)	(1:1)	138.	16	6045
	17		er en	11011 0	130.	17	0043
	18	Grants payable				18	
	19	Deferred revenue .	}		19		
	20	Tax-exempt bond liabilities .	}		20		
es	21	Escrow or custodial account liability Complete F	r		21	 	
≣	22	Loans and other payables to current and former					• • •
Liabilities		trustees, key employees, highest compensated		and			، ، ، مینید جسد
-		disqualified persons Complete Part II of Schedu				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-	1		1	
		parties, and other liabilities not included on lines	(17-24) Co	mplete Part X			
		of Schedule D	•	-	138.	25	6045
	26	Total liabilities. Add lines 17 through 25		- IVI .	130.	26	0043
		Organizations that follow SFAS 117 (ASC 95		ere ▶ 🔀 and		1	
Ses		complete lines 27 through 29, and lines 33 a	nd 34.	1	215239.	37	233045
au	27	Unrestricted net assets		-	213239.	27	233043
Ba	28	Temporarily restricted net assets		}		28	
בַ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	45C 958), (neck nere			-
ğ		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds				30	· ·=
Š	31	Paid-in or capital surplus, or land, building, or ed		Г		31	
힐	32	Retained earnings, endowment, accumulated in		her funds	21 5 2 2 0	32	222015
-	33	Total net assets or fund balances		· }	215239.	33	233045
- 1	34	Total liabilities and net assets/fund balances			215377.	34	239090 Form 990 (2013

Form 9	90 (2013) Lake Lanier Rowing Club Inc	58-222	3024	Page	e 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		339	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		161	
3	Revenue less expenses Subtract line 2 from line 1	3		178	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u> 152</u>	39.
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)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	330	44.
Pari	XII Financial Statements and Reporting				Ш
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990		[}]		
	If the organization changed its method of accounting from a prior year or checked ``Other," explain in		7.04	· .	
	Schedule O		<u> </u>		.:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	7,000 ×	X
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or		<i>4</i> -	. " '	1 - 1
	reviewed on a separate basis, consolidated basis, or both				,
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		٠
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		li It		, '
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		j.,		. '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		
	If the organization changed either its oversight process or selected process during the tax year, explain in		4	1	ş`.
	Schedule O		<u>k</u> .		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			./	11
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	/H
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. Name of the organization

Inspection Employer identification number 58-2223024

Pai	ake Lanier F	Rowing Club	Inc				58-22	223024	
	tl Reason fo	r Public Charity	Status (All organizations m	ust complet	te this pa	art) See	instructio	ns	
The o	rganization is not a priva	ite foundation becau	se it is (For lines 1 through 11	, check only	one box	()			
1 [A church, convention	of churches, or asso	ciation of churches described i	n section 1	70(b)(1)((A)(ı).		1	
2	A school described in	section 170(b)(1)(A	(ii) (Attach Schedule E)						
3	A hospital or a cooper	ative hospital service	e organization described in sec	tion 170(b)	(1)(A)(ni	i)			
4	A medical research or	ganization operated	in conjunction with a hospital of	fescribed in	section	170(b)(1)(A)(iii)	Enter the ho	spital's name,
	city, and state		•						
5	An organization opera	ted for the benefit of	f a college or university owned	or operated	by a gov	vernmer	ntal unit de	escribed in s	ection
	170(b)(1)(A)(ıv). (Con		,	·					
6	1		vernmental unit described in se	ection 170(b)(1)(A)('v)			
7		-	ubstantial part of its support fro	-			om the ae	neral public	
٠ ــــــ	described in section	•		= 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	· · · · · · · · · · · · · · · · · · ·	
8	1		70(b)(1)(A)(vi) (Complete Part	11)					
9 X	i '		more than 33 1/3 % of its sup		ntributio	ns. men	nbership f	ees, and ard	oss
٠ اــــــــــــــــــــــــــــــــــــ		• • • • • • • • • • • • • • • • • • • •	ot functions - subject to certain					_	
			d unrelated business taxable in						
			, 1975 See section 509(a)(2)						
10			xclusively to test for public safe						
11	, ,	•	xclusively for the benefit of, to	•			to carry or	it the	
·	_	•	d organizations described in se				-		•
			e type of supporting organizati						
	a Type I	b Type II	c Type III - Functi			d T			tionally integrated
е			anization is not controlled direct						, ,
·			and other than one or more put						
	509(a)(1) or section 50	_	and other than one or more put	mony suppor	iou oigu	iiii.		, a 000ti 01.	
f			mination from the IRS that it is	a Type I T	vne II or	Type III	supportin	n	
•		eived a willten deten	mination from the five that it is	a rype i, i	ypc ii oi	Type III	Supportin	9	
		is hav							
a	organization, check th		on accepted any gift or contribu	ition from a	ny of the	followin	na person		
g	Since August 17, 2006	6, has the organization	on accepted any gift or contributions either alone or together w						Yes No
g	Since August 17, 2006 (i) A person who dire	6, has the organization of the contraction of the c	trols, either alone or together v					 §?	Yes No
g	Since August 17, 2006 (i) A person who dire and (iii) below, the	6, has the organization of the state of the	trols, either alone or together vine supported organization?						11g(ı)
g	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member of	6, has the organization of the control of the contr	trois, either alone or together v the supported organization? d in (i) above?						11g(ı) 11g(ıı)
	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iiii) A 35% controlled	6, has the organization of the control of the contr	trols, either alone or together viche supported organization? d in (i) above? scribed in (i) or (ii) above?						11g(ı)
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iiii) A 35% controlled Provide the following in	6, has the organization ctly or indirectly confugering body of the of a person describer entity of a person de information about the	trols, either alone or together vithe supported organization? d in (i) above? scribed in (i) or (ii) above? e supported organization(s)	vith persons	describe	ed in (ii)			11g(i) 11g(ii) 11g(iii)
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trols, either alone or together vithe supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization	(iv) Is the o	describe	ed in (ii)	ou (vi) Is the	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iiii) A 35% controlled Provide the following in	6, has the organization ctly or indirectly confugering body of the of a person describer entity of a person de information about the	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9	(iv) Is the or	describe	ed in (ii) (v) Did you notify the	ou ('	vi) Is the anızatıon in	11g(i) 11g(ii) 11g(iii)
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization ctly or indirectly confugering body of the of a person describer entity of a person de information about the	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or	rgan- bur o	ed in (ii) (v) Did you notify the organization	ou (' ∍ org	vi) Is the anization in col (i)	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization ctly or indirectly confugering body of the of a person describer entity of a person de information about the	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9	(iv) Is the or ization in or governing	rgan- ol our o	ed in (ii) (v) Did you notify the	ou (' e org n in	vi) Is the anization in col (i)	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youngling the organization only of the organization only of youngling or only only only only only only only only	ou (' e org n in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
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h (i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i) (A) (B)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i) (A) (B)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of
h (i) (A) (B) (C)	Since August 17, 2006 (i) A person who dire and (iii) below, the (iii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization of the control of the contr	trois, either alone or together vine supported organization? d in (i) above? escribed in (i) or (ii) above? esupported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the or ization in or (i) listed in you governing document	rgan- bl bur o	(v) Did youndlift the organization cold (i) of y support.	ou (' e org n in rour O ? in	vi) Is the anization in col (i) rganized the US.?	11g(i) 11g(ii) 11g(iii) (vii) Amount of

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					:	
	membership fees received (Do not						
	include any "unusual grants ")	1949.	5824.	630.	133398.	121410.	263211.
2	Tax revenues levied for the organization's					-	
	benefit and either paid to or expended on						005400
	its behalf	58695.	112973.	97193.	15209.	11059.	295129.
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		110000	0.000	140607	100460	<u> </u>
	Total. Add lines 1 through 3	60644.	118797.	97823.	148607.	132469.	558340.
5	The portion of total contributions by each					i	
	person (other than a governmental unit	, .					
	or publicly supported organization)	r ;		-		-	
	included on line 1 that exceeds 2% of	· ,			,	,	
	the amount shown on line 11,		,			•	
	column (f)	£	<u></u>			<u></u>	E E O 2 4 O
	Public support. Subtract line 5 from line 4						558340.
	tion B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2009 60644.	(b) 2010 118797.	(c) 2011 97823.	(d) 2012 148607.	(e) 2013 132469.	(f) Total 558340.
	Amounts from line 4	60644.	110/9/.	9/023.	140007.	132409.	336340.
8	Gross income from interest, dividends,					•	
	payments received on securities loans,						
	rents, royalties and income from similar	1384.	715.	3049.	184.	165.	5497.
	Net income from unrelated business	1304.	710.	3049.	104.	105.	<u> </u>
9							
	activities, whether or not the business is						
40	regularly carried on				<u> </u>		
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)	1063.	2197.		-40689.	1304.	-36125.
44	Total support. Add lines 7 through 10.	7-7-1003	2171		10005.	,	527712.
	Gross receipts from related activities, etc. (se	e instructions)			· ·····	12	133938.
	First five years. If the Form 990 is for the org	•	econd third fou	rth or fifth tay ve	ar as a section		133330:
15	organization, check this box and stop here	gamzation's inst, s	econa, uma, ioa	itii, oi iiitii tax ye			▶ □
Sect	tion C. Computation of Public Sup	nort Percenta	ne ·	·		• • • • • • • • • • • • • • • • • • • •	··
	Public support percentage for 2013 (line 6, co			(f))		14 1	00.00 %
	Public support percentage from 2012 Schedu		=	. (///			00.00 %
	33 1/3% support test - 2013. If the organization			3. and line 14 is	33 1/3% or mor	<u> </u>	
	and stop here The organization qualifies as			.,			. ► X
b	33 1/3% support test - 2012. If the organizat		=	or 16a, and line	15 is 33 1/3% o	r more, check thi	_
	and stop here The organization qualifies as			•			▶ □
17a	10% facts-and-circumstances test - 2013.		•	box on line 13, 1	6a, or 16b, and	line 14	
	is 10% or more, and if the organization meets	-					
	in Part IV how the organization meets the "fa-						
	organization			,		•••	▶ □
b	10%-facts-and-circumstances test - 2012.		did not check a i	box on line 13, 1	6a, 16b, or 17a,	and line	_
	15 is 10% or more, and if the organization me	•					
	Explain in Part IV how the organization meets						
		.,				••	. ▶ □
18	Private foundation. If the organization did no				eck this box and	d see	
	and a set on a		•				▶ 🗍
BCA		<u></u>		···	Schedu	le A (Form 990	or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the					r Part II	
Sect	If the organization fails to qualify u ion A. Public Support	inder the tests in	sted below, plea	se complete Par	[][]		
	dar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(a) 2011	(d) 2012	(0) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(u) 2012	(e) 2013	(i) Iolai
•	_			i	1		
	membership fees received (Do not	1040	5004	630	133398.	121410.	262211
2	include any "unusual grants")	1949.	5824.	630.	133396.	121410.	263211.
2	Gross receipts from admissions, merchan-					•	
	dise sold or services performed, or facilities						
	furnished in any activity that is related to	50005	110073	07100	15000	11050	205120
3	the organization's tax-exempt purpose Gross receipts from activities that	58695.	112973.	97193.	15209.	11059.	295129.
•	are not an unrelated trade or business						
	under section 513			 			
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1 through 5	60644.	118797.	97823.	148607.	132469.	558340.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						ļ
b	Amounts included on lines 2 and 3		İ				
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b .						
8		1	a - 6-44	<u> </u>			558340.
Sect	on B. Total Support		<u></u>		,	•	· · · · · · · · · · · · · · · · · · ·
Calend	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	60644.	118797.	97823.	148607.	132469.	558340.
10a	Gross income from interest, dividends,]		İ	
	payments received on securities loans,						
	rents, royalties and income from similar			ì			
	sources	1384.	715.	3049.	184.	165.	5497.
b	Unrelated business taxable income (less					ı	
	section 511 taxes) from businesses				1		
	acquired after June 30,1975						
С	Add lines 10a and 10b	1384.	715.	3049.	184.	165.	5497.
11	Net income from unrelated business						
	activities not included in line 10b, whether			İ			
	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.				2197.
13	Total support. (Add lines 9, 10c, 11, and 12)	62028.	121709.	100872.	-40689.	132634.	566034.
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here		, , , , , , , , , , , , ,		,		▶ [
Secti	on C. Computation of Public Suppo	ort Percenta	ae				- l
15	Public support percentage for 2013 (line 8, co		-	nn (fl)		15	98.64 %
16	Public support percentage from 2012 Schedul		=	\//		\rightarrow	00.00 %
	on D. Computation of Investment I				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2013 (line			3 column (fl)		17	0.97 %
18	Investment income percentage for 2013 (inte		-		•	18	1.27 %
	33 1/3 % support tests - 2013. If the organiza						
134	_						e 17 is ▶ X
h	not more than 33 1/3 %, check this box and st		-				
D	33 1/3 % support tests - 2012. If the organization of more than 33 1/3 %, shock this bay and						
20	is not more than 33 1/3 %, check this box and	•	-	=		=	> [
20	Private foundation. If the organization did no	icneck a box or	i iine 14, 19a, 01	190, Check this	nox and see ins	แนะแบทร	▶

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, PartIV, line 11a See Form 990, Part X, line 10

Description of property

(a) Cost or other
(b) Cost or other
(c) Accumulated
(d) Book value

basis (investment)

basis (other)

Depreciation

 1a Land
 ...
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Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising events.

	_					
			(a) Event#1 RowingEvents	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c)
nne			06.150			06 150
Revenue	1	Gross receipts	86,152.			86,152.
<u>د</u> ا	•	Less Contributions				
	2 3	Gross income (line 1				
	Ů	minus line 2)	86,152.			86,152.
						1
	4	Cash prizes				
			•			
es	5	Noncash prizes	· · · · · · · · · · · · · · · · · · ·			
ens	e	Doot/footh, sorts				
Direct Expenses	6	Rent/facility costs				
g	7	Food and beverages				
ة						
ı	8	Entertainment,				
ļ	Ť	see Exhibite				
	9	Other direct expenses	28,180.			28,180.
	10	· · · · · · · · · · · · · · · · · · ·	Add lines 4 through 9 in colu	· ·		28,180.
	11 -11		ubtract line 10 from line 3, colu		<u> </u>	57,972.
Pa	rt III	Ine 6a	e if the organization answered	"Yes" to Form 990, Part IV, line	e 19, or reported more than	\$15,000 on Form 990-EZ,
F		inte oa	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Jue			(a) omgo	bingo/progressive bingo	(e) canor gammig	col (a) through col (c)
Revenue				<u> </u>		
<u> </u>	1	Gross revenue .				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
X	Ť	Noncasii prizes				
l ed	4	Rent/facility costs				
۵						
	5	Other direct expenses				
	-		Yes0.0%	Yes0.0%	Yes0.0%	
	6	Volunteer labor .	No	No I	No	
	7 8	-	Add lines 2 through 5 in colui mary Subtract line 7 from line			
1		Net gaining income sum	mary Subtract line / from line	T, column a		
	ls t	he organization licensed to	e organization operates gamino o operate gaming activities in e			. Yes No
	_					
		re any of the organization' Yes," explain	's gaming licenses revoked, su	spended or terminated during	the tax year?	Yes No
		· 		. <u>.</u>		

SCHEDULE'O (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 **Open to Public**

Inspection Internal Revenue Service Name of the organization Employer identification number 58-2223024 Lake Lanier Rowing Club Inc 1- Form 990, Part VI, Live 11(b): The complete Form 990 is presented to the Board of Directors for review. 2- Form 990. Part VI. Line 12(c): The subject of conflict of interest is routinely discussed at Board meetings, if the matter is applicable. 3- Form 990, Part VI. Line 15: The compensation matter is presented to the Executive Committee for final determination.

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2013

Attachment Sequence No

179

Business or activity to which this form relates Identifying number Name(s) shown on return Lake Lanier Rowing Club Inc 179 SUMMARY 58-2223024 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 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 deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depr (b) Month and (d) Recovery (g) Depreciation (e) (a) Classification of property (f) Method year placed in (business/investment use period Convention deduction service only - see instructions) 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property S/L 25 yrs h Residential rental MM 27 5 yrs S/L property 27 5 yrs MM S/L i Nonresidential real MM S/L 39 yrs property MM Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 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 22 For assets shown above and placed in service during the current year, enter

23

Form 4562 (2013)

the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

4562

Department of the Treasury
Internal Revenue Service (99

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No 1545-0172

Attachment

Attachment Sequence No

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Take Tarrier Powing Club Inc.

Descript Club Inc.

Lá	ake Lanier Rowing	g Club In	c Rowing (Club				58-2223024
P			Property Under S					-
			roperty, complete P	art V before y	ou complet	e Part I		
	Maximum amount (see instru	•					1	500,000.
	Total cost of section 179 pro						2	1
	Threshold cost of section 17				tions)		3	2,000,000.
	Reduction in limitation Subt						4	
5	Dollar limitation for tax year		from line 1 If zero	or less, enter -0	 If married 			
	filing separately, see instruct						5	
6	(a) Description of pro	perty	(b) Cost (bus	siness use only)	(c) Ele	cted cost		
_					_			
	Listed property Enter the ar				7		_	
	Total elected cost of section			mn (c), lines 6 a	and 7		8	
	Tentative deduction Enter to			1500			9	
	Carryover of disallowed dedu		<u> </u>				10	
	Business income limitation Ent					tructions)	11	***
	Section 179 expense deduct			_		···	12	r
	Carryover of disallowed deduction				3			<u> </u>
	te: Do not use Part II or Parart II Special Depreciation		istea property instea I Other Depreciation (ξ		tod proporty	\ /Soo instr		
							ucuc	7
14	Special depreciation allowan during the tax year (see instr	•	property (other than	listed property)	piaceu in se	ervice	14	
	Property subject to section 1	•	, n				15	
	Other depreciation (including		И				16	
			: include listed prop	orty \ /See ins	tructions \		10	
	MACKS Deprecia	וטוו טבו ווטוו	Sectio		structions /			
17	MACRS deductions for asset	ls placed in set			n13		17	17,007.
	If you are electing to group a		-	-	010		···	<u> </u>
. •	into one or more general ass	•	-	ne lax year		▶ □	į	
			rvice During 2013 To	ax Year Using	the Genera	l Depreci	atio	n Svstem
(a) Clássification 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		(g) Depreciation deduction
19	a 3-year property							
	5-year property		4,526.	5	HY	S/L		453.
(c 7-year property	. ,						
_	d 10-year property	. ,	21,394.		HY	S/L		1,070.
•	e 15-year property	<u> </u>						
	f 20-year property							. ,
ç	25-year property			25 yrs		S/L		
ł	n Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
	i Nonresidential real			39 yrs	MM	S/L		
	property			<u> </u>	MM	S/L		
		Placed in Serv	rice During 2013 Tax	Year Using th	ne Alternati	1	ciat	ion System
	a Class life					S/L		<u> </u>
	o 12-year			12 yrs		S/L		
	40-year			40 yrs	MM	S/L		
	art IV Summary (See in							
21	Listed property Enter amo						21	
22	Total. Add amounts from lu							10 500
	Enter here and on the appropr				- see instruct	tions .	22	18,530.
23	For assets shown above ar	-		ent year, enter				
	the portion of the basis attri	butable to sect	ion 263A costs		23			l

	•														
Forn	n 4562 (2013)		e Lan										<u> 2230</u>		age 2
Pa	rt V Liste	ed Property (In	clude au	ıtomobil	es, cer	tain otl	ner ve	hicles, d	certain c	comp	uters, a	and pro	perty	used fo	r
	enter	rtainment, recrea	ation, or a	amusen	nent.)										
	Note	For any vehicle	for which	you are	using th	ne stand	dard mi	leage ra	ate or dec	ducting	g lease	expens	e, com	plete or	ıly
	24a, 2	24b, columns (a) t	hrough (d) of Sect	ion A, a	all of Se	ction B	, and Se	ection C i	if appl	cable				
	Section A	-Depreciation an	d Other I	nformat	ion (Ca	ution:	See th	ne instru	ctions fo	rİımıts	for pas	ssenger	autom	obiles.)	
24a	Do you have e	evidence to support t	he busn/ın	vestment	use clai	med?	Yes	No	24b If	"Yes,"	is the e	vidence	written?	Ye	s No
	(a)	(b)	(c) Busn	1	(d)		(e)		(f)	1	g)		h)		(1)
	ype of property	Date placed in	investmen use	(Cost or		Basis for Jisn /inve		Recovery	Me	thod/	Depre	eciation		ected on 179
(lı	st vehicles first)	service	percentage	∍ oth	er basis	'-	use o	,	period	Conv	vention	ded	uction	l l	cost
25	Special depred	ciation allowance f	or qualifie	ed listed	property	y placed	ın ser	vice dur	ing the ta	ax yea	r				
	and used more	e than 50% in a qu	alıfied bu	siness u	se (see	ınstruc	tions)				25				
26	Property used	more than 50% in	a qualifie	d busine	ss use										
			0.0	%		i		-							
			0.0	%											
			0.0	%											
27	Property used	50% or less in a q	ualified b	usiness	use						-				
			0.0							S/L-					
		***************************************	0.0							S/L-				7	
			0.0	%		<u> </u>				S/L-				- ·	
28	Add amounts i	n column (h), lines	25 throu	igh 27 E	Inter he	ere and	on line	21. pag	e 1		28			· ·	_
		n column (ı), line 2		_				., .	,				29		-
		(7),						Jse of V	ehicles	-			!		· · ·
Com	plete this section	n for vehicles used b	v a sole p							related	d persor	n If you	provide	d	
		loyees, first answer	-	-											s
	<u> </u>		,	(a		1 "	b)	T	c)		d)		2)	(1	
30	Total business/in	vestment miles drive	en during	Vehic	cle 1	Veh	ıcle 2	Veh	ıcle 3	Veh	icle 4	Veh	icle 5	Veh	icle 6
1	the year (do not	t include commuting	miles)												
31	Total commuting	miles driven during	the year												
		sonal (noncommu									-	1			
	miles drıven														
33	Total miles driv	en during the yea	r Add												
	lines 30 throug														
	_	e available for per	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-	•													
		e used primarily b	v a												
		owner or related p	'												
		cle available for pe													
	•	-												1	
		Section C	-Questio	ns for E	mploye	ers Who	Provi	ide Veh	icles for	Use I	y The	ir Empl	oyees		
\ns\	wer these question ers or related pe	Section Consto determine if yrsons (see instruction	ou meet a ns).	n exception	on to con	npleting	Section	B for vel	hicles use	d by er	nployee	s who ar	e not m	ore than	5%
	-	n a written policy	statemen	t that pro	hibits a	II perso	nal use	of vehi	cles, incl	uding	commi	uting,		Yes	No
1	by your employ	/ees? .							•						
	• •														
	Do you maintain	a written policy state								ıg, by y	our em	ployees?	•		
;	Do you maintain See the instruction	a written policy state ons for vehicles used	by corpor	rate office	rs, direc	tors, or 1				ıg, by y	our em	ployees?	•		
: 1 9	Do you maintain See the instruction Do you treat all	a written policy state ons for vehicles used t use of vehicles b	i by corpor y employ	rate office ees as p	rs, direc ersonal	tors, or 1 luse?	l% or m	ore owne	ers						
: 19 10	Do you maintain See the instruction Do you treat all Do you provide	a written policy state ons for vehicles used use of vehicles b more than five ve	l by corpor y employ chicles to	rate office ees as p your em	rs, direc ersonal ployees	tors, or 1 luse?	l% or m	ore owne	ers						
9 10 1	Do you maintain See the instruction Do you treat all Do you provide of the vehicles,	a written policy state ons for vehicles used t use of vehicles b	t by corpor y employ hicles to ormation	rate office ees as p your em received	rs, direc ersonal ployees ?	tors, or 1 use? s, obtair	l% or m	ore owner	ers om your	emplo	yees a	bout the			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Amortization (a) (b) (d) (e) (c) Amortization Amortization for Code Description of costs Date amortization Amortizable period or amount section this year begins percentage 42 Amortization of costs that begins during your 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report

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D. Description A	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current FMT	Gain/ Prıce 	Sales Price	Date Sold
Form: Rowing Club	쉮														
Rental Property: N/A	Y: N/	¥,													
Depreciation Class:	Class	: Machinery		and eq	equipment	other									
In Service Year:	ear:	1996													
Pocock Trail 10,	10/96	549	100		549	SL	5.0 HY	549							
Cox Box 12,	12/96	192	100		192	SL	3.0 HY	192							
		1]			 							
		741			741			741							
In Service Year	ear:	1997													
1994 Carolin 08,	16/80	2850	100		2850	SI	10.0 HY	2850			2850				
Trailer for 08,	16/80	200	100		200	SL	10.0 HY	200			500				
1994 Carolin 08,	16/80	2850	100		2850	SL	10.0 HY	2850			2850				
Trailer for 08,	16/80	200	100		200	SL	10.0 HY	500			500				
1994 Carolin 08/	/6/	2850	100		2850	SL	10.0 HY	2850			2850				
Trailer for 08,	16/80	200	100		200	SL	10.0 HY	500			500				
Quad Riggers 09,	/6/	1475	100		1475	SL	10.0 HY	1475			1475				
						SL									
50hp Ho	16/60	3000	100		3000	SL	5.0 HY	3000			3000				
1997 Hudson 09,	16/60	2051	100		2051	SI	10.0 HY	2051			2051				
Little River 09,	16/60	2051	100		2051	SL	10.0 HY	2051			3051				
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!]			 				
		18627			18627			18627			19627				
In Service	Year:	1998													
Rate Mnt	01/98	394	100		394	SL		394			394				
50hр но	01/98	2775	100		2775	SL	10.0 HY	2775			2775				
1994 50hp Ho 01,	01/98	2775	100		2775	SL	10.0 HY	2775			2775				

Date Description Acqd	Bus Cost Use	. 179+ Spec.	Basis Method	Rec. Per. Cv	Prior Cu Depr. [Current N Depr. Y	Next Year	Prior AMT	Current AMT	Gaın/ Prıce	Sales Price	Date Sold
97 50hp Ho 01/9	175 1		2775 ST.	10 0 HY	2775			2775				
997 50hp Ho 01/	2775 100		775 S		2775			2775				
97 50hp Ho 01/9	775 1		775	0	2775			2775				
997 50hp Ho 01/9	775 1			10.0 HY	2775			2775				
997 50hp Ho 01/9	775 1		775	10.0 HY	2775			2775				
50hp Ho 01/9	775 1		7	10.0 HY	2775			2775				
995 Pocock 01/9	571 1		5	10.0 HY	3571			3571				
995 Pocock 01/9	571 1		571	10.0 HY	3571			3571				
95 Pocock 01/9	571 1		571	10.0 HY	3571			3571				
995 Pocock 01/9	571 1		571		3571			3571				
995 Pocock 01/9	571 1		571	10.0 HY	3571			3571				
995 Pocock 01/9	571 1		57	10.0 HY	3571			3571				
995 Pocock 01/9	571 1		571	10.0 HY	3571			3571				
peaker Sys 02/9	70 1		70 S	5.0 HY	170			170				
998 Marine 05/9	60 1		s 09	10.0 HY	860			860				
998 Marine 05/9	60 1		9	10.0 HY	860			860				
986 Pocock 07/9	6000 100		00	10.0 HY	0009			0009				
ocock 8 196 07/9	000		00	10.0 HY	0009			0009				
1995 Vespoli 07/98	0		7000 SL	10.0 HY	7000			7000				
01/6	3000 100		3000 ST	10.0 HY	3000			3000				
Shell Traile 07/98	2000 100		2000 SL	10.0 HY	2000			2000				
	1		1 1 1		 			 				
	73481		73481		73481			73481				
In Service Year:	1999											
1998 Hudson 02/99	5200 100		5200 SL	10.0 MM	5200			5200				
999 Hudson 02/9	000 10		0	0	7000			7000				

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Description	Date Acqd	Cost U	. se .	179+ Spec.	Basıs	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gaın/ Price	Sales Prıce	Date Sold
Coache	04/99	682 1	00		682		0	682			683		! ! ! !	 	-
/espoli	11/99	0	00		14000			14000			14000				
Vespoli 1	1/9		100		7850	SL	10.0 MM	7850			7850				
ludson 1	2/99	3000 1	00		3000	SL		3000			3000				
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			 			1 1 1			1 1 1				
		37732			37732			37732			37732				
In Service Year	Year:	2000													
Slings	01/00	104 1	00-		104	SL		104			104				
Marıne	11/00	2	100		882	SL		α			885				
2000 Marine 1	11/00		100		882	SL	10.0 MM	882			885				
Marıne	11/00	885 1	00		885	SL		ω			885				
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			 			1 1			!!!				
		2759			2759			2759			2759				
In Service	Year:	2001													
Hudson	02/01	8500 1	00		8500	SL	10.0 HY	8500			8500				
Kaschpe	03/01	500	100		8500	SL	10.0 HY	8500			8500				
Kaschpe 0	13/01	1740 1	100		1740		10.0 HY	1740			1740				
Speed Coache 0	14/01	554 1	00		554	SL	5.0 HY	554			554				
		! ! !			 			1 1 1 1			1 1				
		19294			19294			19294			19294				
In Service	Year:	2002													
Sculling Oar 0	04/02	1045 1	00		1045	SL	0.	1045			1045				
ver	12/02	3600 1	100		3600	SL	5.0 HY	3600			3600				
		1 1			 						1 1				
		4645			4645			4645			4645				
In Service Year:	Year:	2003													

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Bus. Use
7700 ST
TS 888 ST
2000 SL
18100 SL
2338 SL
1010 SL
1 1 1 1
32536
6871 SL
3125 S
625 S1
2000 SL
1700 SI
1 1 1 1
14321
200 SL
499 SL
2400 SL
8399

2013 ASSET DETAIL REPORT

Date. Sold		
Sales Price		
Gain/ Prıce		
Current AMT	1377 261 1638 1048 1048 1048 1174 223 326 1174 223 53 725 729 720 200 200 200 200	
Prior AMT	8446 1641 10087 179 4846 179 179 1846 1846 1846 18470 18470 1851 1851 1851 1951 808 1822 235	
Next Year	1377 261 1638 1048 1048 1083 725 1174 223 223 223 220 200 200 200	
Current Depr.	1377 261 1638 1048 1083 600 336 725 1174 223 53 769 769 769 200 200 200 29	
Prior (Depr.	8446 1641 10087 179 4846 179 4846 179 1470 3051 4940 2222 135 1091 808 808 122	
Rec. Per. Cv	0.0 HY 0.0 WM 0.	
ıs Method	772 SL 1 505 SL 1 175	
179+ Spec. Bas	104 108 108 109 109 109 109 109 109 109 109 109 109	
Bus. 1 Use S	1000 1000 1000 1000 1000 1000 1000 100	
Cost	13772 2605 16377 2008 348 10475 10823 2009 6004 3360 7251 11737 2226 525 323 323 123 123 123 123 123 123	
Date Acqd	04/07 12/07 12/07 12/07 05/08 11/08 11/08 04/09 04/09 04/09 04/09 04/09 04/09 06/09 06/09	
Description	Hudson 4x Bu 04 Concept II S 12 In Service Y Sweep Oar Po 05 ConceptII Mo 11 ConceptII Mo 02 Wintech 4x 04 Wintech 4x 04 Wintech 4x 04 Wintech 2x 04 Wintech 2x 04 Wintech 2x 04 Wintech 2x 04 Wintech 2x 04 Wintech 2x 04 Walkie Talki 04 Walkie Talki 04 Walkie Contain 06 Dreher Sweep 06 Course Winde 06 Shelter Tent 06	

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Description Ad	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis I	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	ate old
acks - Lifts Dutbd Dosier Dntcon Service Kes - TADOCK Actor Motor Motor Welg Service Ax 20		256 2779 200 600 900 52251 2010 1230 4488 4000 12148 2011 6657 6657 6657 6657 6657 2011	100 100 100 100 100 100 100 100			і дырыы дыдын ыны н	0.0 0 MM 0.0 MM MM MM MM MM MM MM MM MM MM MM MM MM	1	26 278 20 20 60 60 180 180 400 1787 1331 1331 1331 1331 2716	26 278 20 60 60 180 180 131 1331 1331 1331 1331 1331	1 2 21 1 1 4 8 8 1 9 1 1	26 278 20 60 60 90 180 63 898 400 1787 1331 1331 1331 2716	 	 	
1x de	/12	2700	100			SL	5.0	270	54 11 58	54 11 58	270	54 1 - 1 58			

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Sales Date. Price Sold	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																									
Gain/ Price	1 1 1 1 1 1 1 1 1 1																									
Current AMT	1 1 1 1		735	35	300	1	1070)) 	90	300	63		453)											 - - -	18530
Prior AMT	! ! !															1284		500	399	4000	1	4899		567	1	264203
Nex Yea	 		1469	70	009	1	2139		180	009	125		905												 	19670
ب	 		735	35	300	1	1070		06	300	63	1 1	453												! ! !	18530
Prior Depr.	! ! ! ! !															1284		200	399	4000		4899		267	 	263944
Rec. Per. Cv	 		10.0 HY	10.0 HY	5.0 HY				5.0 HY	10.0 HY	5.0 HY					3.0 HY		3.0 MM	3.0 MM					3.0 MM		
Method			SL	SL	SL				SL	SL	SI					SL		SL	SL	SL				SL		
Basis			14694	700	3000		18394		900	0009	626		7526			1284		500	399	4000	1 1 1	4899		567		373762
179+ Spec.														equipment	1											
Bus. Use			4 100	0010	0 100		Ţ.			0010	9 100	,	ιo			1 100		001 0	9 100	001 (0		7 100		01
Cost		2013	14694	700	3000	1	18394	2014	006	0009	626	1 1	7526	s: Office	2002	1284	2006	200	399	4000	i ! !	4899	2009	567		373762
Date Acqd		Year:	08/13	12/13	12/13			Year:	02/14	03/14	06/14			n Clas	Year:	12/05	Year:	04/06	90/90	12/06			Year:	D 10/09		
Description		In Service Year:	Edon Scullin 08/13					In Service Year		Carolina Ski (Cox Box & M1 (Depreciation Class:	In Service Year:	HP Notebook 12/05	In Service Year:	Copier (Printer (Toshiba Prin			In Service Year:	Computer - D		Form Totals:

Detail Sheet 2013 ID: 58-2223024 Name: Lake Lanier Rowing Club Inc Description: Revenue from Fund Raising Events Type Amount Training Fees 27,395. 2,600. Learn To Row Fees Summer Youth Camps 2,700. 5,967. 11,681. Events Attended Revenue Events Hosted Revenue - Club Regattas Events Hosted Revenue - Other Regattas 35,809.

Total .

USWDET\$1

Name: Lake Lanier Rowing Club Inc ID: 58-2223024 Description: Contributions Received Туре Amount Contributions - Unrestricted 4,091. Contributions - Row for Good News - Unrestricted 2,256. Contributions - Junior Fundraising 450. Contributions - Temp Restricted 500. 7,297. Total

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58-2223024

		xpenses: Page	· • ; = 1110 ET	2013
December of the Asset		Program	Management	S day
Description of the Asset Fund Raising Expense Program Expenses Telephone Expense Email & Web Site Exp Registration & Titles Venue Course Maint Shell Repair & Maint Motor Boat Maint Venicle Expense Gas for Motor Boats Spring Train Gas Mtrb Facility Maint Exp Learn To Row Exp Meeting Expenses Membership Dues Club Regatta Exp Other Regatta Exp Events Attended Exp Prior Period Adjustmt Rounding	958. 1,600. 5,104. 386. 1,307. 2,555. 771. 68. 330. 534. 4,747. 17,361. 6,072.	Services 1,882. 2,778. 1,382. 729. 258. 958. 1,600. 5,104. 386.	and General	Fundraising
2013 CCH Small Firm Services All rights reserved		USSTX431 Exhi	bit C	

USWDET\$1

Name: Lake Lanier Rowing Club Inc ID: 58-2223024 Description: Accounts Payable Accrued Expenses 5,786. Wages Payable Payroll Taxes Payable 808. 121. Direct Deposit Payable (670.)6,045. Total

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Name: Lake Lanier Rowing Club Inc	ID: 58-2223024
Description: Other Direct Exp - Sch G, Part II, Line S	9
Туре	Amount
Club Regatta Expense	A 7 4 7
Other Regatta Expense	4,747 17,361
Events Attended Expense	6,072
bvents Accended Expense	6,072
· · · · · · · · · · · · · · · · · · ·	
W-1	
Total 2013 CCH Small Firm Services All rights reserved Exhibit	
2013 CCH Small Firm Services All rights reserved	

Form **8868**

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

internal Revenue	information about Form 6	ooo anu its	mstructions is alway	w.irs.yov/iorinoooo.			_				
 If you ar 	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this	box			<u>▶ X</u>				
If you ar	e filing for an Additional (Not Automatic) 3-Mont	h Extensior	, complete only Par	t II (on page 2 of this form)							
Do not com	plete Part II unless you have already been grante	d an automa	itic 3-month extension	n on a previously filed Form 8	868						
Electronic f	filing (e-file). You can electronically file Form 8868	ıf you need	a 3-month automatic	extension of time to file (6 mg	onths	for a corp	oration				
required to f	īle Form 990-T), or an additional (not automatic) 3-	month exten	sion of time. You can	electronically file Form 8868	to re	quest an	extension				
of time to file	e any of the forms listed in Part I or Part II with the	exception of	Form 8870, Informat	ion Return for Transfers Asso	ciate	ed With Ce	rtain				
Personal Be	nefit Contracts, which must be sent to the IRS in pa	aper format	(see instructions) For	r more details on the electroni	ic filii	ng of this					
form, visit w	ww irs gov/efile and click on e-file for Charities & N	onprofits									
Part I	Automatic 3-Month Extension of Tim	e. Only s	ubmit original (no	copies needed)							
A corporatio	n required to file Form 990-T and requesting an au	tomatic 6-m	onth extension - chec	k this box and complete Part	only	У	▶ 🗌				
All other corp	porations (including 1120-C filers), partnerships, Ri	EMICs, and	trusts must use Form	7004 to request an extension	of t	ıme					
to file ıncom	e tax returns			Enter filer's identifying nu	mbe	r, see ins	tructions				
Type or	Name of exempt organization or other filer, see in	nstructions		Employer identification num	ber (EIN) or					
print	Lake Lanier Rowing Club	Inc		58-2223024							
File by the due date for	due date for Number, street, and room or suite no lif a PO box, see instructions Social security number (SSN)										
filing your return See 3105 Clarks Bridge Road											
instructions	City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instruction	ons							
	GAINESVILLE GA 30506										
Enter the Re	eturn code for the return that this application is for (file a separa	te application for eacl	h return) .			01				
Application		Return	Application				Return				
ls For		Code	Is For				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 (other than individual) 09											
Form 990-PF 04 Form 5227 10											
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069				11				
Form 990-T	(trust other than above)	06	Form 8870				12				
	ks are in the care of ▶										
•		x No ▶					. —				
-	ganization does not have an office or place of busin		_			•	▶ [_]				
	for a Group Return, enter the organization's four di					-	•				
check this bo	ox ▶ ☐ If it is for part of the group, check this bo	k ▶ ∐ an	d attach a list with the	e names and EINs of all mem	bers	the exten	sion is for				

1 I request	t an automatic 3-month (6 months for a corporation					_					
	FEB 15 , 20 15 , to file the	exempt orga	nization return for the	e organization named above	The	extension	is for the				
	ition's return for										
calendar year 20 or T. 1. 0.1. as 1.2											
$\blacktriangleright \overline{X}$ tax year beginning Jul 01 , 20 13 , and ending Jun 30 , 20 14											
_	year entered in line 1 is for less than 12 months, o	heck reason	Initial return	Final return							
Char	nge in accounting period										
			 								
-	plication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, en	ter the tentative tax, I	ess any nonrefundable							
	See instructions				3a	3					
	plication is for Form 990-PF or 990-T, 4720, or 606	-	refundable credits ai	nd estimated tax payments	_						
	clude any prior year overpayment allowed as a cre				3b	*					
	due. Subtract line 3b from line 3a. Include your p	-		ı							
	EFTPS (Electronic Federal Tax Payment System)			0.00000000000	3c						
Caution. If y	ou are going to make an electronic fund withdrawa	i (direct debi	t) with this Form 8868	8, see Form 8453-EU and Fo	ım 8	019-EU 10	n payment				