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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

<p><b>B</b> Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>RUSSIAN RIVER RIDERS</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p><b>PO BOX 67</b></p> <p>City or town, state or country, and ZIP + 4 <b>HEALDSBURG, CA 95448</b></p>	<p><b>D</b> Employer identification number <b>68-0027738</b></p> <p><b>E</b> Telephone number</p> <p><b>F</b> Group Exemption Number ▶</p>
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**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(7) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **9,190**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

SCANNED JUN 09 2011

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .</p> <p><b>2</b> Program service revenue including government fees and contracts . . . . .</p> <p><b>3</b> Membership dues and assessments . . . . .</p> <p><b>4</b> Investment income . . . . .</p> <p><b>5a</b> Gross amount from sale of assets other than inventory . . . . .</p> <p><b>5b</b> Less cost or other basis and sales expenses . . . . .</p> <p><b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</p> <p><b>6</b> Gaming and fundraising events</p> <p><b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</p> <p><b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .</p> <p><b>6c</b> Less direct expenses from gaming and fundraising events . . . . .</p> <p><b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</p> <p><b>7a</b> Gross sales of inventory, less returns and allowances . . . . .</p> <p><b>7b</b> Less cost of goods sold . . . . .</p> <p><b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</p> <p><b>8</b> Other revenue (describe in Schedule O) . . . . .</p> <p><b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶</p>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	5,654
		<b>4</b>	
		<b>5a</b>	
		<b>5b</b>	
		<b>5c</b>	
		<b>6a</b>	
		<b>6b</b>	3,536
		<b>6c</b>	1,527
		<b>6d</b>	2,009
		<b>7a</b>	
		<b>7b</b>	
		<b>7c</b>	
		<b>8</b>	
		<b>9</b>	7,663
<b>E</b>	<b>x</b>	<b>10</b>	700
		<b>11</b>	
		<b>12</b>	
		<b>13</b>	
		<b>14</b>	8,180
		<b>15</b>	
		<b>16</b>	3,362
		<b>17</b>	12,242
<b>A</b>	<b>s</b>	<b>18</b>	(4,579)
		<b>19</b>	49,744
		<b>20</b>	
		<b>21</b>	45,165

P 12



Part V Other Information (Note the statement requirements in the instructions for Part V)

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

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

Table with columns Yes, No and row 33 with 'X' in No column.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with columns Yes, No and row 34 with 'X' in No column.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with 'X' in No column.

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

Table with columns Yes, No and row 35b.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with 'X' in No column.

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

37a

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

Table with columns Yes, No and row 37b with 'X' in No column.

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with 'X' in No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a

0

b Gross receipts, included on line 9, for public use of club facilities

39b

0

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

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b.

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

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

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with 'X' in No column.

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

42 a The organization's books are in care of KAREN INDINDOLI Telephone no 707-823-0872 Located at 6290 VINE HILL SCHOOL RD SEBASTOPOL, CA ZIP + 4 95472

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42b with 'X' in No column.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42c with 'X' in No column.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with 'X' in No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with 'X' in No column.

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

Table with columns Yes, No and row 44c with 'X' in No column.

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

Table with columns Yes, No and row 44d.

<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	Yes	No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45a</b>		X
<b>46</b>	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
 Check if the organization used Schedule O to respond to any question in this Part VI

<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	Yes	No
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization a section 527 organization?	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	KAREN INDINDOLI		Date		
	Signature of officer		5/13/11		
<b>Paid Preparer Use Only</b>	KAREN INDINDOLI, TREASURER		Preparer's signature		
	Type or print name and title		Sarah W Harrison CPA		
	Pprint/Type preparer's name		Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Sarah W Harrison CPA		05-10-2011		
Firm's name ▶ SARAH W HARRISON CPA		Firm's EIN ▶			
Firm's address ▶ 175 E CHURCH ST		Phone no 707-462-6467			
UKIAH CA 95482					

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

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

OMB No 1545-0047

**2010**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

**RUSSIAN RIVER RIDERS**

Employer identification number

**68-0027738**

**01. List of grants and similar amounts paid (Part I, line 10)**

ACTIVITY	DONATIONS
GRANTEE	FFA AND HEALDSBURG JUNIOR HIGH
	HEALDSBURG CA 95448
RELATIONSHIP	NONE
AMOUNT	700

**02. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
INSURANCE	1,107
OFFICE EXPENSES	728
TAXES AND LICENSES	1,527

**03. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING	
	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,030	0

**04. Other program services (Part III, line 31)**

MAINTAINING AN OFFICE TO COORDINATE ACTIVITIES, INSURANCE TO PROTECT OUR MEMBERS, AND  
TAXES AND FEES TO REMAIN IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS.

EXPENSES \$3,362

**Statement of Program Service Accomplishments**

**2010 01**

Name(s) as shown on return

Your Social Security Number

**RUSSIAN RIVER RIDERS**

**68-0027738**

**FORM 990EZ, PART III, LINE 31**

<b>PROGRAM SERVICE EXPENSES</b>	<b>\$4889</b>
<b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b>	<b>\$0</b>
<b>INCLUDES FOREIGN GRANTS</b>	<b>NO</b>

**EXPLANATION**

**OTHER PROGRAM SERVICES**