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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 08/01/10, and ending 07/31/11

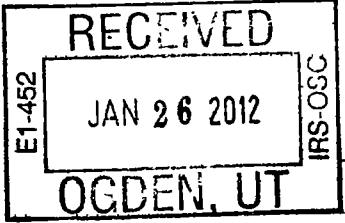
B Check if applicable	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	GAINESVILLE AREA ROWING	59-3541801
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO BOX 357882	352-331-1140
<input type="checkbox"/> Terminated	Room/suite	F Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	GAINESVILLE FL 32635-7882	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B	
I Website. ▶ <u>GAINESVILLEAREAROWING.COM</u>		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 (Form 990, 990-EZ, or 990-PF)		
K Check <input type="checkbox"/> 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 ▶ \$ **198,158**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	33,370
	2	Program service revenue including government fees and contracts	2	75,364
	3	Membership dues and assessments	3	78,980
	4	Investment income	4	12
	5a	Gross amount from sale of assets other than inventory	5a	4,625
	b	Less cost or other basis and sales expenses	5b	455
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,170
	6	Gaming and fundraising events	SEE STMT	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	5,807	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	197,703	
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	2,157
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	54,709
	14	Occupancy, rent, utilities, and maintenance	14	34,267
	15	Printing, publications, postage, and shipping	15	1,595
	16	Other expenses (describe in Schedule O)	16	92,547
	17	Total expenses. Add lines 10 through 16	17	185,275
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,428
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	101,848
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	114,276	



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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	34,551	22	30,938
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	67,297	24	107,218
25 Total assets	101,848	25	138,156
26 Total liabilities (describe in Schedule O)	0	26	23,880
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,848	27	114,276

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

PROMOTION/SUPPORT OF COMPETITIVE YOUTH ROWING

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 TEACHING ROWING & FITNESS TO YOUTH PARTICIPANTS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	89,581
29 PARTICIPATION IN STATE & NATIONAL ROWING COMPETITIONS, PROVIDING BOATS, EQUIPMENT & OTHER SUPPORT FOR EVENTS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	91,541
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	181,122

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TOM ZELLMER PO BOX 357882 GAINESVILLE FL 32635	PRESIDENT 0 00	0	0	0
MARK DUBOSE PO BOX 357882 GAINESVILLE FL 32635	PUBLIC RELATIONS 0 00	0	0	0
KELLY PETRUY PO BOX 357882 GAINESVILLE FL 32635	VICE PRESIDENT 0 00	0	0	0
CINDY FUTRAL PO BOX 357882 GAINESVILLE FL 32635	SECRETARY 0 00	0	0	0
GARY GOOKIN PO BOX 357882 GAINESVILLE FL 32635-7882	TREASURER 0 00	0	0	0
JAY WELCH PO BOX 357882 GAINESVILLE FL 32635	FUNDRAISING 0 00	0	0	0
KELLY BERGDOLL PO BOX 357882 GAINESVILLE FL 32635	MASTERS ROWER LIAISO 0 00	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
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		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
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		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>GARY GOOKIN</u> Telephone no ▶ <u>352-331-1140</u> PO BOX 357882 Located at ▶ <u>GAINESVILLE</u> FL ZIP + 4 ▶ <u>32635</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
			X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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)		X
46 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		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

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

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
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

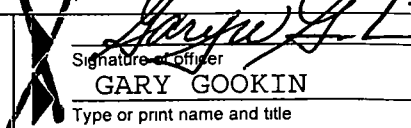

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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.

Sign Here	Signature of officer 	Date <u>1/22/12</u>			
	GARY GOOKIN Type or print name and title	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name MERRY LYNNE WILSON, C P A	Preparer's signature 	Date <u>01/19/12</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00313938
	Firm's name ▶ ALLEN & WILSON, CPAS	Firm's EIN ▶ 59-2897433			
	Firm's address ▶ 2630 NW 41ST ST # B GAINESVILLE, FL 32606-6666	Phone no 352-336-1594			

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

GAINESVILLE AREA ROWING

Employer identification number

59-3541801

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**
- 2 A school described in **section 170(b)(1)(A)(ii)** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	84,551	72,026	53,005	39,389	112,350	361,321
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,734	15,996	3,481	107,778	64,729	225,718
3 Gross receipts from activities that are not an unrelated trade or business under section 513					15,305	15,305
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	118,285	88,022	56,486	147,167	192,384	602,344
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						602,344

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	118,285	88,022	56,486	147,167	192,384	602,344
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4	10	4	12	30
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		4	10	4	12	30
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					5,307	5,307
13 Total support. (Add lines 9, 10c, 11, and 12)	118,285	88,026	56,496	147,171	197,703	607,681

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.12%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III, LINE 12 - OTHER INCOME DETAIL

VOIDED OLD CHECKS/ACCRUAL ADJ \$ 5,307

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

GAINESVILLE AREA ROWING

Employer identification number

59-3541801

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	\$ 5,770
PRIOR PERIOD INCOME	\$ 37
TOTAL	\$ 5,807

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

DESCRIPTION	AMOUNT
GEAR SALES	
COST OF GOODS SOLD	\$ 6,420
	\$ 0
EVENTS	
CATERING	\$ 2,507
CONCESSION SUPPLIES	\$ 1,375
FACILITIES	\$ 512
RACE MERCHANDISE	\$ 1,492
OTHER DIRECT EXPENSES	\$ 5,140
	\$ 0
RACES	
BOAT TRANSPORTATION	\$ 3,353
BUS TRANSPORTATION	\$ 11,817
ROOMS - COACHES	\$ 485
ROOMS - ROWERS	\$ 19,912
COACH'S MEALS	\$ 387
COACH'S MILEAGE	\$ 834

Name of the organization

GAINESVILLE AREA ROWING

Employer identification number

59-3541801

OTHER FOOD ITEMS	\$	7,774
ENTRY FEES	\$	10,338
CUSTOM SHIRTS/UNIFORMS	\$	548
OTHER DIRECT EXPENSES	\$	1,995
EXPENSES		
ADVERTISING	\$	38
OFFICE SUPPLIES	\$	178
POSTAGE	\$	17
OTHER OFFICE EXPENSES	\$	151
TRAVEL	\$	159
	\$	86
	\$	1,163
LIABILITY INSURANCE	\$	5,683
TAXES & LICENSES	\$	211
MISCELLANEOUS EXPENSES	\$	555
ASSOCIATION DUES	\$	800
RECRUITING	\$	483
BAD DEBTS	\$	1,016
BOAT SELECTION EXPENSES	\$	195
EDUCATION/CERTIFICATIONS	\$	733
DUES & SUBSCRIPTIONS	\$	720
OTHER MISC SERVICE COSTS	\$	810
MERCHANT FEES-CREDIT CARD	\$	2,261
TROPHIES, AWARDS & MEDALS	\$	854
CHARITABLE CONTRIBUTIONS	\$	1,545
TOTAL	\$	92,547

Name of the organization

GAINESVILLE AREA ROWING

Employer identification number

59-3541801

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 0	\$ 1,769
DOCKS	\$ 0	\$ 10,807
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 8,932
SCULLING BOAT RACKS	\$ 0	\$ 717
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 378
KASCHPER - BARE BODKIN 8+	\$ 0	\$ 4,000
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 4,000
VESPOLI-DOMINATRIX 4+	\$ 0	\$ 2,500
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 2,500
KASCHPER 2X	\$ 0	\$ 2,000
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 2,000
KASCHPER-ENGLISHMAN 8+	\$ 0	\$ 4,000
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 4,000
VESPOLI-FALCON	\$ 0	\$ 19,000
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 19,000
VESPOLI-FURY 8+	\$ 0	\$ 3,500
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 3,500
VESPOLI-PHALANX 4+	\$ 0	\$ 13,025
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 13,025
VESPOLI-MAMAS & PAPAS 4+	\$ 0	\$ 13,550
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 13,550
VESPOLI-SOUL TRAIN 8+	\$ 0	\$ 21,900
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 18,251
POCOCK-QUADRILLE 4+	\$ 0	\$ 7,500
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 5,625

Name of the organization

GAINESVILLE AREA ROWING

Employer identification number

59-3541801

'FRANK' WOMENS 8 QUANTUM	\$	0 \$	10,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	6,260
JON BOAT	\$	0 \$	1,400
LESS ACCUMULATED DEPRECIATION	\$	0 \$	843
VESPOLI-GUNGNIR 8+	\$	0 \$	2,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	930
EMPACHER-THE COLONEL 8+	\$	0 \$	15,725
LESS ACCUMULATED DEPRECIATION	\$	0 \$	7,953
WIN TECH QUADRIGO 4+	\$	0 \$	11,960
LESS ACCUMULATED DEPRECIATION	\$	0 \$	4,012
ALDEN CLUB SINGLE, 2008	\$	0 \$	1,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	224
ALDEN OPEN WATER SINGLE, 2008	\$	0 \$	1,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	224
VESPOLI-2 SHAE MATRIX 26	\$	0 \$	5,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	812
ALUMINUM LAUNCH	\$	0 \$	500
LESS ACCUMULATED DEPRECIATION	\$	0 \$	137
WELDRITE CREW BOAT TRAILER	\$	0 \$	6,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	6,000
LAUNCH TRAILERS	\$	0 \$	1,500
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,500
ALUMINUM LAUNCHES	\$	0 \$	3,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	3,000
USED '95 HAULMARK TRAILER	\$	0 \$	628
LESS ACCUMULATED DEPRECIATION	\$	0 \$	416
LAUNCH MOTOR-YAMAHA #310	\$	0 \$	2,720

Name of the organization	Employer identification number		
GAINESVILLE AREA ROWING	59-3541801		
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,639
LAUNCH MOTOR-YAMAHA #450	\$	0 \$	2,420
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,458
LAUNCH MOROR-YAMAHA #435	\$	0 \$	2,420
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,458
YAMAHA 15 ESH OUTBOARD, 2009	\$	0 \$	2,740
LESS ACCUMULATED DEPRECIATION	\$	0 \$	752
HONDA 20 LAUNCH MOTOR	\$	0 \$	1,000
LESS ACCUMULATED DEPRECIATION	\$	0 \$	275
CONCEPT 2 ERGS	\$	0 \$	7,500
LESS ACCUMULATED DEPRECIATION	\$	0 \$	7,500
HATCHET BLADE OARS	\$	0 \$	3,600
LESS ACCUMULATED DEPRECIATION	\$	0 \$	3,600
WEIGHT EQUIPMENT	\$	0 \$	3,124
LESS ACCUMULATED DEPRECIATION	\$	0 \$	3,124
3 ROWING MACHINES	\$	0 \$	645
LESS ACCUMULATED DEPRECIATION	\$	0 \$	645
TV/VCR	\$	0 \$	216
LESS ACCUMULATED DEPRECIATION	\$	0 \$	216
OARS	\$	0 \$	4,160
LESS ACCUMULATED DEPRECIATION	\$	0 \$	4,160
USED MODEL C ERG	\$	0 \$	300
LESS ACCUMULATED DEPRECIATION	\$	0 \$	219
5 NIELSN KELLERMAN COX BOXES	\$	0 \$	3,435
LESS ACCUMULATED DEPRECIATION	\$	0 \$	2,230
8 CONCEPT 2 SWEEP OARS	\$	0 \$	2,700
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,736

Name of the organization	Employer identification number		
GAINESVILLE AREA ROWING	59-3541801		
SQUAT EXERCISE MACHINE	\$	0 \$	425
LESS ACCUMULATED DEPRECIATION	\$	0 \$	216
USED SCULLING OARS	\$	0 \$	775
LESS ACCUMULATED DEPRECIATION	\$	0 \$	393
USED SCULLING OARS	\$	0 \$	640
LESS ACCUMULATED DEPRECIATION	\$	0 \$	231
C2 MODEL D ERGS W/PM4 MONITORS	\$	0 \$	5,100
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,096
C2 SCULLING OARS, 3 SETS	\$	0 \$	600
LESS ACCUMULATED DEPRECIATION	\$	0 \$	98
VESPOLI-PHANTOM ES 8+	\$	0 \$	30,860
LESS ACCUMULATED DEPRECIATION	\$	0 \$	1,837
JENNINGS HW 1X	\$	0 \$	1,500
LESS ACCUMULATED DEPRECIATION	\$	0 \$	143
LITTLE RIVER SEA SHELL 1X	\$	0 \$	440
LESS ACCUMULATED DEPRECIATION	\$	0 \$	52
SWIFT ELITE 2X/ALI WING	\$	0 \$	6,270
LESS ACCUMULATED DEPRECIATION	\$	0 \$	299
SWIFT ELITE 4X ALI WING	\$	0 \$	10,640
LESS ACCUMULATED DEPRECIATION	\$	0 \$	507
SCULLING RACK AWNING	\$	0 \$	1,180
CONCEPT 2 MODEL D ERGS W/PM4 MONITOR	\$	0 \$	5,100
LESS ACCUMULATED DEPRECIATION	\$	0 \$	364
DEGIBTECH AED	\$	0 \$	1,275
LESS ACCUMULATED DEPRECIATION	\$	0 \$	61
SONY HANDYCAM CAMCORDER	\$	0 \$	700
LESS ACCUMULATED DEPRECIATION	\$	0 \$	105

Name of the organization GAINESVILLE AREA ROWING	Employer identification number 59-3541801
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2 NIELSON KELLERMAN COX BOXES	\$	0	\$	1,306
LESS ACCUMULATED DEPRECIATION	\$	0	\$	187
2 NIELSON KELLERMAN COX BOXES	\$	0	\$	1,306
LESS ACCUMULATED DEPRECIATION	\$	0	\$	187
RESTRICTED FOR FIXED ASSET EQUITY	\$	67,297	\$	0
TOTAL	\$	67,297	\$	107,218

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION		BEG. OF YEAR		END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	0	\$	1,257
UNSECURED NOTES AND LOANS PAYABLE	\$	0	\$	22,623

Form **4562**

Department of the Treasury,
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

GAINESVILLE AREA ROWING

Identifying number

59-3541801

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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	7	
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 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II 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	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,970

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 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			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
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	21	
22	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	21,970
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2010)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2