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Form 990
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 black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization
RIVERFRONT RECAPTURE INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
50 COLUMBUS BOULEVARD 1ST FLOOR
City or town, state or country, and ZIP + 4
HARTFORD, CT 061061984

D Employer identification number
06-1045653
E Telephone number
(860) 713-3131
G Gross receipts \$ 3,198,626

F Name and address of principal officer
JOSEPH R MARFUGGI
50 COLUMBUS BOULEVARD 1ST FLOOR
HARTFORD, CT 061061984

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW RIVERFRONT ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1981 M State of legal domicile CT

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, membership counts, revenue breakdown, and expenses.

Part II Signature Block

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.

Sign Here
Signature of officer: JOSEPH R MARFUGGI PRESIDENT & CEO
Date: 2012-05-14

Paid Preparer's Use Only
Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, EIN, Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

RIVERFRONT RECAPTURE'S MISSION HAS THREE GOALS 1) CREATE ACCESSIBLE RIVERFRONT PARKS AND PUBLIC RECREATIONAL FACILITIES TO IMPROVE QUALITY OF LIFE IN METROHARTFORD, 2) MAKE THE RIVERFRONT AN ATTRACTIVE DESTINATION FOR VISITORS AND RESIDENTS, AND 3) USE THE REVITALIZED RIVERFRONT AS A CATALYST FOR INVESTMENT AND JOB CREATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,451,980 including grants of \$) (Revenue \$ 826,046)

PARK RECREATION AND PUBLIC EVENTS THE ORGANIZATION PRODUCES A NUMBER OF EVENTS AND ONGOING PARK ACTIVITIES THESE RANGE FROM MAJOR FESTIVALS SUCH AS RIVERFEST - A CELEBRATION OF INDEPENDENCE DAY WITH FIREWORKS AND OTHER ENTERTAINMENT TO ATHLETIC EVENTS SUCH THE HEAD OF THE RIVERFRONT ROWING REGATTA AND OUR ASIAN FEST AND DRAGON BOAT RACE WE PARTNERED WITH GROUPS WHO USED THE STAGE PERFORMANCE FACILITY IN DOWNTOWN HARTFORD FOR CULTURAL EVENTS SUCH AS THE TASTE OF THE CARIBBEAN AND SAMBA FEST 2011 ARTS EVENTS INCLUDED GUITAR UNDER THE STARS AND PERFORMANCES BY THE CT BALLET AND PILOBOLUS WE OPERATE A ROPES COURSE AND TEACH ROWING AND DRAGON BOATING ALL PUBLIC EVENTS ARE FREE TO THE PUBLIC WE CHARGE FEES FOR SOME OF THE PROGRAMS AND ENTRY FEES FOR THE REGATTA AND DRAGON BOAT RACE WE PROVIDE MANY PROGRAMS AT NO CHARGE TO YOUTH, INCLUDING THE ROPES COURSE AND ROWING OVERALL, APPROXIMATELY 904,000 PEOPLE VISITED THE PARKS BOTH FOR PASSIVE ENJOYMENT SUCH AS WALKING OR PICNICKING, AS WELL AS PARTICIPATING IN ONE OR MORE OF THE ACTIVITIES WE OFFER

4b (Code) (Expenses \$ 381,461 including grants of \$) (Revenue \$ 33,572)

RIVERFRONT PARK DEVELOPMENT OVERSAW THE DESIGN, CONSTRUCTION, AND MAINTENANCE OF VARIOUS ELEMENTS OF THE RIVERFRONT PARK SYSTEM ON 148 ACRES OF LAND ON THE HARTFORD AND EAST HARTFORD RIVERBANKS A MAJORITY OF THE 2011 EXPENSES RELATE TO THE RIVERWALK SOUTH PROJECT FOR DESIGN THIS SECTION IS THE LAST MAJOR PORTION OF RIVERWALK TO COMPLETE THE LOOP SYSTEM IN HARTFORD AND EAST HARTFORD THIS PROJECT WILL ONE DAY CONNECT MORTENSEN RIVERFRONT PLAZA IN DOWNTOWN HARTFORD TO CHARTER OAK LANDING AND THE COLTSVILLE PROJECT THE MDC PROVIDES DAY-TO-DAY MAINTENANCE OF THE PARK SYSTEM OUTSIDE OF THE RIVERFRONT RECAPTURE BUDGET, BUT EXPENSES RELATED TO THE UPKEEP OF THE BOATHOUSE ARE PAID BY RIVERFRONT RECAPTURE IN 2011, THIS INCLUDED SOME STRUCTURAL REPAIRS AND EXTERIOR PAINTING AS WELL AS RENOVATIONS TO THE ROWING SPACE TO IMPROVE STORAGE, SAFETY AND EFFICIENCY OF THE PROGRAM

4c (Code) (Expenses \$ 321,787 including grants of \$) (Revenue \$ 288,976)

RIVERFRONT RANGERS RANGERS PROVIDE HOSPITALITY AND INFORMATION, IN ADDITION TO CREATING A SECURE ENVIRONMENT FOR PARK VISITORS RANGERS ARE RESPONSIBLE FOR OPENING AND CLOSING THE PARKS ON A DAILY BASIS THROUGHOUT THE YEAR BETWEEN MAY AND OCTOBER, THE BUSY SEASON FOR THE PARKS, THE RANGERS HAVE AN INCREASED PRESENCE THEY PROVIDE INFORMATION TO PARK VISITORS, ASSIST WITH PARKING AND BOAT LAUNCHACTIVITIES, AND ENFORCE PARK RULES THEY ARE IN RADIO CONTACT WITH THE POLICE DEPARTMENTS OF HARTFORD AND EAST HARTFORD SHOULD A PUBLIC SAFETY ISSUE OR MEDICAL EMERGENCY OCCUR THE RANGERS PROGRAM IS FUNDED BY THE METROPOLITAN DISTRICT COMMISSION IN 2011, 22 INDIVIDUALS WERE EMPLOYED AS RANGERS, RANGING FROM SEASONAL PART-TIME TO THE YEAR-ROUND, FULL-TIME DIRECTOR OF THE PROGRAM

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,155,228

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	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? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (54), 1b (54), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. RIVERFRONT RECAPTURE INC, 50 COLUMBUS BOULEVARD 1ST FLOOR, HARTFORD, CT 06106, (860) 713-3131

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							217,346	0	16,062	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ASCOT CATERING 136 MAIN STREET WETHERSFIELD, CT 06109	FOOD SERVICE	132,662
RICHTER & CEGAN INC 8B CANAL COURT AVON, CT 06001	LANDSCAPE ARCHITECT	129,371

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	183,934				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,294,492				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	1,478,426				
Program Service Revenue			Business Code				
	2a	GOVERNMENT GRANTS	541900	596,095	596,095		
	b	WATER RELATED LESSONS	713990	211,504	211,504		
	c	ROPES COURSE TRAINING	713990	96,362	96,362		
	d	VENDOR FEES	713990	88,451	88,451		
	e	FEES-REGATTA/DAGON BO	713990	72,673	72,673		
	f	All other program service revenue		24,800	24,800		
g	Total. Add lines 2a-2f		1,089,885				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		66,151		66,151	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss)				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	260,750			
		c	Less cost or other basis and sales expenses	244,430			
		d	Net gain or (loss)	16,320			16,320
	8a	Gross income from fundraising events (not including \$ 183,934 of contributions reported on line 1c) See Part IV, line 18					
		a		25,599			
		b	Less direct expenses b	54,491			
	c	Net income or (loss) from fundraising events		-28,892		-28,892	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b	Less direct expenses b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a		3,188				
	b	Less cost of goods sold b	1,693				
c	Net income or (loss) from sales of inventory		1,495	1,495			
Miscellaneous Revenue		Business Code					
11a	FOOD AND BEVERAGE/BANQ	722320	274,627	57,214	217,413		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		274,627				
12	Total revenue. See Instructions		2,898,012	1,148,594	217,413	53,579	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	217,346	123,785	57,200	36,361
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,122,330	930,062	31,883	160,385
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	113,248	83,774	8,900	20,574
10	Payroll taxes	134,645	105,891	8,953	19,801
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,018	1,018		
c	Accounting	32,363	22,331	2,786	7,246
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	10,000		10,000	
12	Advertising and promotion	100,870	56,674	946	43,250
13	Office expenses	35,042	22,054	2,335	10,653
14	Information technology	31,726	23,807	1,654	6,265
15	Royalties				
16	Occupancy	77,640	53,573	6,683	17,384
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,104	1,772	93	239
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	97,711	96,837	243	631
23	Insurance	180,957	177,379	994	2,584
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PROGRAM AND EVEN	381,571	381,571		
b	DESIGN AND CONSTRUCTION	74,700	74,700		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,613,271	2,155,228	132,670	325,373
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	178,693	1	167,557
	2 Savings and temporary cash investments	51,179	2	7,725
	3 Pledges and grants receivable, net	576,897	3	846,513
	4 Accounts receivable, net	28,989	4	38,137
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,876	8	8,767
	9 Prepaid expenses and deferred charges	39,485	9	35,040
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,021,250		
	b Less accumulated depreciation	793,905	189,190	10c 227,345
	11 Investments—publicly traded securities	2,020,826	11	1,773,165
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,090,135	16	3,104,249	
Liabilities	17 Accounts payable and accrued expenses	234,739	17	109,127
	18 Grants payable		18	
	19 Deferred revenue	97,696	19	102,607
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	332,435	26	211,734
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,737,984	27	1,567,737
	28 Temporarily restricted net assets	819,716	28	1,124,778
	29 Permanently restricted net assets	200,000	29	200,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,757,700	33	2,892,515	
34 Total liabilities and net assets/fund balances	3,090,135	34	3,104,249	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,898,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,613,271
3	Revenue less expenses Subtract line 2 from line 1	3	284,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,757,700
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-149,926
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,892,515

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
RIVERFRONT RECAPTURE INC

Employer identification number

06-1045653

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 **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 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?
- h Provide the following information about the supported organization(s)

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

(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,899,968	2,331,803	2,031,321	2,066,624	2,074,521	12,404,237
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	3,899,968	2,331,803	2,031,321	2,066,624	2,074,521	12,404,237
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)						1,813,945
6 Public Support. Subtract line 5 from line 4						10,590,292

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,899,968	2,331,803	2,031,321	2,066,624	2,074,521	12,404,237
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,953	51,236	40,680	75,654	66,151	285,674
9 Net income from unrelated business activities, whether or not the business is regularly carried on	342,450	326,549	210,943	228,562	217,413	1,325,917
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						14,015,828

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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	75.560%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	83.740%

16a 33 1/3% support test—2011. 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 **b 33 1/3% support test—2010.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2011.** 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 **b 10%-facts-and-circumstances test—2010.** 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 **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

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that 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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization RIVERFRONT RECAPTURE INC

Employer identification number 06-1045653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,229,269	1,109,259	927,937	1,304,769	
b Contributions				210	
c Investment earnings or losses	-43,392	171,857	231,592	-331,625	
d Grants or scholarships					
e Other expenditures for facilities and programs	-53,620	-51,847	-50,270	-45,417	
f Administrative expenses					
g End of year balance	1,132,258	1,229,269	1,109,259	927,937	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 43 000 %
- b** Permanent endowment ▶ 18 000 %
- c** Term endowment ▶ 39 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,500	555	8,945
c Leasehold improvements		117,972	34,862	83,110
d Equipment		893,778	758,488	135,290
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				227,345

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,898,012
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,613,271
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	284,741
4	Net unrealized gains (losses) on investments	4	-149,926
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-149,926
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	134,815

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,758,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-149,926
b	Donated services and use of facilities	2b	10,175
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-139,751
3	Subtract line 2e from line 1	3	2,898,012
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,898,012

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,623,446
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	10,175
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	10,175
3	Subtract line 2e from line 1	3	2,613,271
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,613,271

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ACCORDING TO THE ENDOWMENT SPENDING POLICY, 5% OF THE AVERAGE ENDING BALANCE OF THE PREVIOUS 12 QUARTERS IS AVAILABLE TO SUPPORT PROGRAMS TWO DONORS HAVE SET SPECIFIC REQUIREMENTS ON THE USE OF PROCEEDS RELATED TO THEIR GIFTS THESE INCLUDE YOUTH PROGRAMMING (\$20,676 AVAILABLE IN 2011) AND CONCERTS IN EAST HARTFORD (\$5,160 IN 2011)
		PART X, LINE 2 FOOTNOTE - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RRI HAS NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2011 AND 2010 RRI'S U S FEDERAL INFORMATION RETURNS PRIOR TO CALENDAR YEAR 2008 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS IF RRI HAD UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Department of the Treasury Internal Revenue Service

Name of the organization RIVERFRONT RECAPTURE INC

Employer identification number 06-1045653

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ROW TO MIDDLETOWN</u> (event type)	<u>GALA EVENT</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	11,378	191,125	7,030	209,533
	2 Less Charitable contributions	11,378	165,526	7,030	183,934
	3 Gross income (line 1 minus line 2)		25,599		25,599
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages		25,471		25,471
	8 Entertainment		800		800
	9 Other direct expenses	755	27,265	200	28,220
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(54,491)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-28,892	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RIVERFRONT RECAPTURE INC

Employer identification number

06-1045653

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ONCE THE FORM 990 IS PREPARED BY THE FINANCE DIRECTOR AND REVIEWED BY THE AUDITORS, THE FINANCE AND HUMAN RESOURCES COMMITTEE WILL MEET TO REVIEW THE FORM IN DETAIL AND TAKE RESONSIBILITY FOR APPROVING IT PRIOR TO ITS FILING A COPY OF THE FORM 990 IS THEN FILED AND A COPY IS DISSEMINATED TO THE FULL BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS OBTAIN A COPY OF THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING IN APRIL AND IT MUST BE COMPLETED ON AN ANNUAL BASIS THE VICE CHAIR OF MANAGEMENT AND THE PRESIDENT WILL REVIEW THE DISCLOSURES TO ASCERTAIN POTENTIAL CONFLICTS OF INTEREST WHICH WILL BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE THE SECRETARY WILL FILE COPIES OF ALL DISCLOSURE STATEMENTS WITH THE OFFICIAL CORPORATE RECORDS
	FORM 990, PART VI, SECTION B, LINE 15	DUE TO ECONOMIC CONDITIONS, COMPENSATION LEVELS WERE FROZEN FOR MOST POSITIONS, INCLUDING THE PRESIDENT & CEO IN PAST YEARS, THE COMPENSATION FOR THE PRESIDENT WAS DETERMINED DURING A SPECIAL SESSION OF THE EXECUTIVE COMMITTEE THE GROUP CONSISTS OF INDIVIDUALS WITH STRONG BUSINESS EXPERIENCE AS WELL AS EXPERIENCE WITH OTHER NON-PROFITS
	FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC CAN INSPECT THE FORM 990 ONLINE AT RIVERFRONT RECAPTURE'S WEBSITE OR IT AND OTHER GOVERNING DOCUMENTS, INCLUDING THE FORM 1023 AND CONFLICT OF INTEREST POLICY WILL BE MADE A VAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -149,926
	PART XII, LINE 2C EXPLANATION	NO CHANGE FROM PRIOR YEAR RETURN

Additional Data

Software ID:
Software Version:
EIN: 06-1045653
Name: RIVERFRONT RECAPTURE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ALFONSO BOARD MEMBER	20	X					0	0	0	
ROBERT ANNON JR BOARD MEMBER	20	X					0	0	0	
JAMES BARNES BOARD MEMBER, EXEC COMMITTEE	50	X					0	0	0	
JODI BRENNAN BOARD MEMBER, EXEC COMMITTEE	50	X					0	0	0	
JAY BRUNS III BOARD MEMBER	20	X					0	0	0	
CHRISTOPHER BYRD BOARD MEMBER	20	X					0	0	0	
RANJANA CHAWLA SECRETARY	1 00	X		X			0	0	0	
SUSAN CLEMON BOARD MEMBER	20	X					0	0	0	
CHRISTOPHER CLOUD BOARD MEMBER, EXEC COMMITTEE	50	X					0	0	0	
THOMAS CODY CHAIRMAN	2 00	X		X			0	0	0	
FRANK COLLINS BOARD MEMBER	20	X					0	0	0	
MELODY CURREY BOARD MEMBER	20	X					0	0	0	
PAUL EDDY BOARD MEMBER	20	X					0	0	0	
DONNA FRITZER BOARD MEMBER	20	X					0	0	0	
DONALD GERSHMAN BOARD MEMBER	20	X					0	0	0	
JAMES GLEASON VICE CHAIR	1 00	X		X			0	0	0	
MARGARET GREGG BOARD MEMBER	20	X					0	0	0	
ASTRID HANZALEK BOARD MEMBER	20	X					0	0	0	
MARY HOBART BOARD MEMBER	20	X					0	0	0	
DAVID JENKINS BOARD MEMBER	20	X					0	0	0	
RAQUEL KENNEDY BOARD MEMBER	20	X					0	0	0	
DAVID KLEIN TREASURER	1 00	X		X			0	0	0	
BARRY LASTRA BOARD MEMBER	20	X					0	0	0	
ROBERT LAUTENSACK JR BOARD MEMBER	20	X					0	0	0	
KATHLEEN LILLEY BOARD MEMBER	20	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH MARFUGGI PRESIDENT & CEO	37.50	X		X				131,566	0	6,194
MARJORIE MORRISSEY VICE CHAIR	1.00	X		X				0	0	0
THOMAS MULLANEY JR BOARD MEMBER	20	X						0	0	0
C RODERICK O'NEIL BOARD MEMBER	20	X						0	0	0
RITA ORTIZ BOARD MEMBER	20	X						0	0	0
LESLIE PERRY BOARD MEMBER	20	X						0	0	0
MARILYN PET BOARD MEMBER	20	X						0	0	0
MICHAEL PETRUZZELLO BOARD MEMBER, EXEC COMMITTEE	50	X						0	0	0
KENNETH POUCH BOARD MEMBER	20	X						0	0	0
MICHAEL PUCKLY BOARD MEMBER	20	X						0	0	0
JOHN RIEGE BOARD MEMBER	20	X						0	0	0
CHRISTINA RIPPLE BOARD MEMBER	20	X						0	0	0
DAVID ROBB IMMEDIATE PAST CHAIR, EXEC COMMITTEE	1.00	X		X				0	0	0
RICHARD RODRIGUEZ BOARD MEMBER	20	X						0	0	0
SHELLEY RUBINO BOARD MEMBER	20	X						0	0	0
CAMILO SERNA VICE CHAIR	1.00	X		X				0	0	0
ROBERT SIMPSON BOARD MEMBER	20	X						0	0	0
JOYCE SMITH BOARD MEMBER	20	X						0	0	0
MARGARET TEDONE BOARD MEMBER	20	X						0	0	0
TOBIN TREICHEL BOARD MEMBER	20	X						0	0	0
ANDREW WALLACE BOARD MEMBER	20	X						0	0	0
DONALD WILSON JR BOARD MEMBER	20	X						0	0	0
WILLIAM DIBELLA EX-OFFICIO BOARD, EXEC COMMITTEE	50		X					0	0	0
MARCIA LECLERC EX-OFFICIO BOARD, EXEC COMMITTEE	50		X					0	0	0
DAVID PANAGORE EX-OFFICIO BOARD, EXEC COMMITTEE	50		X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES SHEEHAN EX-OFFICIO BOARD	20		X					0	0	0
DONALD TRINKS EX-OFFICIO BOARD	20		X					0	0	0
MARC WEINBERG EX-OFFICIO BOARD	20		X					0	0	0
LYLE WRAY EX-OFFICIO BOARD, EXEC COM	50		X					0	0	0
PETER MORSE FINANCE DIRECTOR	37 50			X				85,780	0	9,868