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# Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

**A** For the 2011 calendar year, or tax year beginning 2011, and ending 20

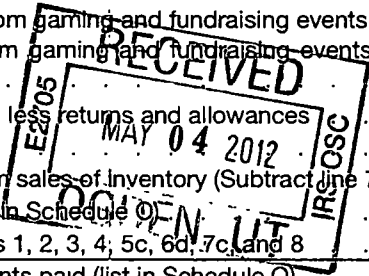
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="font-size: 1.2em; font-weight: bold;">RIVER RATS, INC</div> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <div style="font-size: 1.2em;">P.O. Box 144</div> City or town, state or country, and ZIP + 4 <div style="font-size: 1.2em;">FAIR HAVEN, NJ 07704-0144</div>	<b>D</b> Employer identification number <div style="font-size: 1.2em;">22-6064836</div> <b>E</b> Telephone number <div style="font-size: 1.2em;">(732) 741-7222</div> <b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ RIVER RATS SAILING.ORG		
<b>J</b> 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		

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$

**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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	20926
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	41154
	<b>3</b> Membership dues and assessments	<b>3</b>	27555
	<b>4</b> Investment income	<b>4</b>	1
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	712
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	861
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	(149)
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	2435
<b>b</b> Gross income from fundraising events (not including \$12770 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	10335	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	3151	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	9619	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	99103	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	22785
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	27423
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	1075
	<b>16</b> Other expenses (describe in Schedule O) <i>SEE PAGE ATTACHED</i>	<b>16</b>	31255
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	82538	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	16565	
<b>Net Assets</b>	<b>19</b> 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)	<b>19</b>	80658
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	97223



SCANNED MAY 14 2012

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**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> <u>3250</u>	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . . ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
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. . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>DEBORAH HARMS</u> Telephone no. ▶ <u>(732) 224-9162</u> Located at ▶ <u>21 MCCARTER AVE, FAIR HAVEN, NJ</u> ZIP + 4 ▶ <u>07704</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entry 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) . . . . .		<input checked="" type="checkbox"/>

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 . . . . . 

	Yes	No
46		<input checked="" type="checkbox"/>

**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 . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48	<input checked="" type="checkbox"/>	

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 chartable 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**

<u>John V. Briel</u> Signature of officer	<u>29 APR 2012</u> Date
<u>John V. Briel, Skipper</u> Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

**2011**

**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

**RIVER RATS, INC.**

Employer identification number

**22-6064836**

**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 U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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); 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

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 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 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; 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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.** 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 IV NOT REQUIRED

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

**Schools**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

RIVER PATS, INC

Employer identification number

22-6064836

**Part I**

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. <i>RIVER OFFERS SAILING LESSONS TO ALL AND ENROLLS STUDENTS FROM THE LOCAL COMMUNITY. WE PUBLICIZE OUR NONDISCRIMINATORY POLICY IN FLYERS ANNOUNCING OUR PROGRAMS POSTED IN STOREFRONT WINDOWS, IN OUR TRAINING ENROLLMENT FORMS, AND ON OUR WEBSITE.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <i>NOT APPLICABLE. WE DONT PROVIDE SCHOLARSHIPS OR FINANCIAL ASSISTANCE.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. <i>WE ARE A SMALL SAILING SCHOOL OPEN TO EVERYONE. RACE IS NOT AN ISSUE.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Scholarships or other financial assistance? <i>N/A</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g	Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part II** **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Area with horizontal dashed lines for supplemental information.

**RIVER RATS, INC.**  
**EMPLOYER ID 22-6064836**  
**FORM 990-EZ 2011**

**Part I Line 5--Sale of Assets Other Than Inventory**

This consists of purchases and sales of tee shirts, staff shirts, caps and sweatshirts with River Rats' logo. River Rats also provides shirts to instructors and students without charge.

**Part I, Line 16--Other Expenses**

Adult Training Books	256.97
Bank Charges	80.25
Children's Training	452.86
Depreciation (see Schedule)	11810.44
Dues	100.00
Gifts & Acknowledgments	260.46
Gasoline	1821.61
Instructor Training	930.00
Insurance	10770.41
Miscellaneous	276.73
Payroll Preparation	936.75
Preservation Fund Expenses	1849.25
Racing Expense	240.05
Registrations -- Boats & Trailers	40.00
Social Expense	1429.46
	<u>\$31,255.24</u>

**Part IV--Officers & Trustees**

**Officers**

John Briel	Skipper	94 Linden Drive, Fair Haven, NJ 07704
Susan Boyce	Executive Officer	38 Ridge Road, Rumson, NJ 07760
Lora Sgroi	Chief Officer	88 Park Avenue, Fair Haven, NJ 07704
Giuseppe Sgroi	First Officer	88 Park Avenue, Fair Haven, NJ 07704
Cheryl Franzreb	Second Officer	8 Maxson Avenue, Locust NJ 07760
Deb Harms	Purser	21 McCarter Avenue, Fair Haven, NJ 07704
Jeff Snyder	Yeoman	160 Kemp Avenue, Fair Haven, NJ 07704

**Trustees**

Nancy Gravina	111 Battin Road, Fair Haven, NJ 07704
Lou Illiano	324 Fair Haven Road, Fair Haven, NJ 07704
Tim Ross	21 McCarter Avenue, Fair Haven, NJ 07704
Blake Wattenbarger	18 Elmwood Lane, Fair Haven, NJ 07704
Jerry Williamson	28 Forrest Avenue, Rumson, NJ 07760
Richard Witterschein	50 Kemp Avenue, Fair Haven, NJ 07704

No officers or trustees received any compensation. All salaries are paid to high school and college age instructors who run our summer junior training program. River Rats has no directors.

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RIVER RATS, INC.  
 DEPRECIATION SCHEDULE & RECONCILIATION TO FORM 990  
 2011

By Year Asset Ac	Date Placed In Service	Use %	Cost	Rcvry Period (Years)	Method	Deprec. 2010*	Accum. Deprec. 12/31/10	Net 12/31/10	Deprec. 2011*	Accum. Deprec. 12/31/11	Net 12/31/11	990 Line
Prior to 2006												
Bulkhead	1996	100%	27,985.00	20 yrs	SL	1,399.25	6,996.25	20,988.75	1,399.25	8,395.50	19,589.50	23
Capital Assets (various, principally boats and outboards)	pre 2002	100%	45,001.12	5 yrs	SL	9,000.22	45,001.12	0.00	0.00	45,001.12	0.00	24
Totals for Assets purchased before 2006			<u>72,986.12</u>			<u>10,399.47</u>	<u>51,997.37</u>	<u>20,988.75</u>	<u>1,399.25</u>	<u>53,396.62</u>	<u>19,589.50</u>	
2006 Additions												
Boats--Children's Training												
420 (1) Used	2006	100%	1,900.00	5 yrs	SL	380.00	1,710.00	190.00	190.00	1,900.00	0.00	24
420 (1) New	2006	100%	7,405.00	5 yrs	SL	1,481.00	6,664.50	740.50	740.50	7,405.00	0.00	24
420 (2) Used	2006	100%	4,920.00	5 yrs	SL	984.00	4,428.00	492.00	492.00	4,920.00	0.00	24
Optis (3) Used	2006	100%	6,450.60	5 yrs	SL	1,290.12	5,805.54	645.06	645.06	6,450.60	0.00	24
Optis (2) New	2006	100%	5,490.00	5 yrs	SL	1,098.00	4,941.00	549.00	549.00	5,490.00	0.00	24
Sails	2006	100%	2,434.10	5 yrs	SL	486.82	2,190.69	243.41	243.41	2,434.10	0.00	24
Boats--Safety Chase Boat												
AB Marine Rigid Inflatable 15' (donated)			15,000.00	5 yrs	SL	3,000.00	13,500.00	1,500.00	1,500.00	15,000.00	0.00	24
Totals for Assets purchased in 2006			<u>43,599.70</u>			<u>8,719.94</u>	<u>39,239.73</u>	<u>4,359.97</u>	<u>4,359.97</u>	<u>43,599.70</u>	<u>0.00</u>	
Dock												
Pilings	2006	100%	5,025.00	20 yrs	SL	251.25	1,130.63	3,894.38	251.25	1,381.88	3,643.13	23
Bubbler System	2006	100%	3,800.00	5 yrs	SL	760.00	3,420.00	380.00	380.00	3,800.00	0.00	24
Engines												
25 hp Evinrude Outboard	2006	100%	3,200.00	5 yrs	SL	640.00	2,880.00	320.00	320.00	3,200.00	0.00	24
50 hp Yamaha Outboard (donated)	2006	100%	5,000.00	5 yrs	SL	1,000.00	4,500.00	500.00	500.00	5,000.00	0.00	24
Totals for Assets purchased in 2006			<u>60,624.70</u>			<u>11,371.19</u>	<u>51,170.36</u>	<u>9,454.35</u>	<u>5,811.22</u>	<u>56,981.58</u>	<u>3,643.13</u>	
2007 Additions												
Dock												
Bubbler System--Monmouth Electric	2007	100%	3,973.00	5 yrs	SL	794.60	2,781.10	1,191.90	794.60	3,575.70	397.30	24
Dock Rack for Inflatable Boat	2007	100%	2,300.85	10 yrs	SL	230.09	805.30	1,495.55	230.09	1,035.38	1,265.47	24
Totals for Assets purch in 2007			<u>6,273.85</u>			<u>1,024.69</u>	<u>3,586.40</u>	<u>2,687.45</u>	<u>1,024.69</u>	<u>4,611.08</u>	<u>1,662.77</u>	
2008 Additions												
Boats--Children's Training--Laser	2008		3,500.00	5 yrs	SL	700.00	3,012.70	487.30	487.30	3,500.00	0.00	24
2009 Additions												
Boats--Bayliner	2009	100%	7,709.88	5 yrs	SL	1,541.98	2,312.96	5,396.92	1,541.98	3,854.94	3,854.94	24
Flagpole	2009	100%	1,060.00	10 yrs	SL	106.00	159.00	901.00	106.00	265.00	795.00	23
Totals for Assets purchased in 2009			<u>8,769.88</u>			<u>1,647.98</u>	<u>2,471.96</u>	<u>6,297.92</u>	<u>1,647.98</u>	<u>4,119.94</u>	<u>4,649.94</u>	
2010 Additions												
Boats--Whaler	2010	100%	7,200.00	5 yrs	SL	720.00	720.00	6,480.00	1,440.00	2,160.00	5,040.00	24

RIVER RATS, INC.  
DEPRECIATION SCHEDULE & RECONCILIATION TO FORM 990  
2011

Date Placed In Service	Use %	Cost	Rcvry Period (Years)	Method	2010*		2011*		Net 12/31/11		990 Line
					Deprec.	Accum. Deprec.	Deprec.	Accum. Deprec.	Net 12/31/10	Net 12/31/11	
Totals					25,863.33	112,958.79	11,810.43	124,769.22	46,395.76	34,585.33	
2011 Additions -- None											
* = Half year in year placed in service											
<b>Summary By Type of Asset</b>											
Bulkhead	1996	27,985.00			1,399.25	6,996.25	1,399.25	8,395.50	20,988.75	19,589.50	23
Capital Assets	pre 2002	45,001.12			9,000.22	45,001.12	0.00	45,001.12	0.00	0.00	24
Boats	various	62,009.58			11,681.92	45,285.40	7,829.25	53,114.64	16,724.18	8,894.94	24
Dock											
Pilings	2006 & 07	5,025.00			251.25	1,130.63	251.25	1,381.88	3,894.37	3,643.12	23
Bubbler System	2006 & 07	7,773.00			1,554.60	6,201.10	1,174.60	7,375.70	1,571.90	397.30	24
Dock Rack for Inflatable Boat	2006 & 07	2,300.85			230.09	805.30	230.09	1,035.38	1,495.55	1,265.47	24
Engines	2006	8,200.00			1,640.00	7,380.00	820.00	8,200.00	820.00	0.00	24
Grounds - Structures - Flagpole	2009	1,060.00			106.00	159.00	106.00	265.00	901.00	795.00	23
Totals through 12/31/11					25,863.33	112,958.80	11,810.44	124,769.22	46,395.75	34,585.33	

RIVER RATS, INC.  
 DEPRECIATION SCHEDULE & RECONCILIATION TO FORM 990  
 2011