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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		
35b			
c	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"/>
35c			
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 ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
37b			
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"/>
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <input checked="" type="checkbox"/> ; section 4912 ▶ <input type="checkbox"/> ; section 4955 ▶ <input type="checkbox"/>		
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"/>
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <input type="checkbox"/>		
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"/>
40e			
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			<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"/>
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44a			
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"/>
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44c			
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		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
45b			

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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

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

b If "Yes," was the related organization a section 527 organization? 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 title of each employee paid more than \$100,000	(b) 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 charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here Date
4/6/2013
 Signature of officer: *[Signature]*
 Type or print name and title: **KENN PFAUTZ, SKIPPER**

Paid Preparer Use Only

Pnnt/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

2012

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

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)(vii)**. (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—Non-functionally integrated
 - 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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

2012

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 RATS, 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	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>RIVER RATS OFFERS SAILING LESSONS TO ALL AND ENROLLS STUDENTS FROM THE LOCAL COMMUNITY. WE PUBLICIZE OUR NONDISCRIMINATORY IN FLYERS ANNOUNCING OUR PROGRAMS POSTED IN STOREFRONT WINDOWS, IN OUR TRAINING ENROLLMENT FORMS, AND ON OUR WEBSITE.</i></p>		
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 DON'T 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? <i>N/A - WE DON'T SOLICIT CONTRIBUTIONS.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>WE ARE A SMALL SAILING SCHOOL OPEN TO EVERYONE. RACE IS NOT AN ISSUE.</i></p>		
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?	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.</p>		
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?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered "Yes" to either line 6a or line 6b, explain on Part II.</p>		
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.
DEPRECIATION SCHEDULE & RECONCILIATION TO FORM 990
2012

By Year Asset A	Date Placed	In Service	Use %	Cost	Rcvy Period (Years)	Method	Deprec. 2011*	Accum. Deprec. 12/31/11	Net 12/31/11	Deprec. 2012*	Accum. Deprec. 12/31/12	Net 12/31/12	990 Line
Prior to 2006													
Bulkhead	1996	100%	100%	27,985.00	20 yrs.	SL	1,399.25	8,395.50	19,589.50	1,399.25	9,794.75	18,190.25	23
Capital Assets (various, principally boats and outboards)	pre 2002	100%	100%	45,001.12	5 yrs	SL	0.00	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>1,399.25</u>	<u>53,396.62</u>	<u>19,589.50</u>	<u>1,399.25</u>	<u>54,795.87</u>	<u>18,190.25</u>	
2006 Additions													
Boats--Children's Training													
420 (1) Used	2006	100%	100%	1,900.00	5 yrs	SL	190.00	1,900.00	0.00	0.00	1,900.00	0.00	24
420 (1) New	2006	100%	100%	7,405.00	5 yrs	SL	740.50	7,405.00	0.00	0.00	7,405.00	0.00	24
420 (2) Used	2006	100%	100%	4,920.00	5 yrs	SL	492.00	4,920.00	0.00	0.00	4,920.00	0.00	24
Optis (3) Used	2006	100%	100%	6,450.60	5 yrs	SL	645.06	6,450.60	0.00	0.00	6,450.60	0.00	24
Optis (2) New	2006	100%	100%	5,490.00	5 yrs	SL	549.00	5,490.00	0.00	0.00	5,490.00	0.00	24
Sails	2006	100%	100%	2,434.10	5 yrs	SL	243.41	2,434.10	0.00	0.00	2,434.10	0.00	24
Boats--Safety Chase Boat													
AB Marine Rigid Inflatable 15' (donated)				15,000.00	5 yrs	SL	1,500.00	15,000.00	0.00	0.00	15,000.00	0.00	24
Dock				43,599.70			4,359.97	43,599.70	0.00	0.00	43,599.70	0.00	
Pilings	2006	100%	100%	5,025.00	20 yrs	SL	251.25	1,381.88	3,643.13	251.25	1,633.13	3,391.88	23
Bubbler System	2006	100%	100%	3,800.00	5 yrs	SL	380.00	3,800.00	0.00	0.00	3,800.00	0.00	24
Engines													
25 hp Evinrude Outboard	2006	100%	100%	3,200.00	5 yrs	SL	320.00	3,200.00	0.00	0.00	3,200.00	0.00	24
50 hp Yamaha Outboard (donated)	2006	100%	100%	5,000.00	5 yrs	SL	500.00	5,000.00	0.00	0.00	5,000.00	0.00	24
Totals for Assets purchased in 2006				<u>60,624.70</u>			<u>5,811.22</u>	<u>56,981.58</u>	<u>3,643.13</u>	<u>251.25</u>	<u>57,232.83</u>	<u>3,391.88</u>	
2007 Additions													
Dock													
Bubbler System--Monmouth Electric	2007	100%	100%	3,973.00	5 yrs	SL	794.60	3,575.70	397.30	397.30	3,973.00	0.00	24
Dock Rack for Inflatable Boat	2007	100%	100%	2,300.85	10 yrs	SL	230.09	1,035.38	1,265.47	230.09	1,265.47	1,035.38	24
Totals for Assets purch in 2007				<u>6,273.85</u>			<u>1,024.69</u>	<u>4,611.08</u>	<u>1,662.77</u>	<u>627.39</u>	<u>5,238.47</u>	<u>1,035.38</u>	
2008 Additions													
Boats--Children's Training--Laser	2008			3,500.00	5 yrs	SL	487.30	3,500.00	0.00	0.00	3,500.00	0.00	24
2009 Additions													
Boats--Bayliner	2009	100%	100%	7,709.88	5 yrs	SL	1,541.98	3,854.94	3,854.94	1,541.98	5,396.92	2,312.96	24
Flagpole	2009	100%	100%	1,060.00	10 yrs	SL	106.00	265.00	795.00	106.00	371.00	689.00	23
Totals for Assets purchased in 2009				<u>8,769.88</u>			<u>1,647.98</u>	<u>4,119.94</u>	<u>4,649.94</u>	<u>1,647.98</u>	<u>5,767.92</u>	<u>3,001.96</u>	
2010 Additions													
Boats--Whaler	2010	100%	100%	7,200.00	5 yrs	SL	1,440.00	2,160.00	5,040.00	1,440.00	3,600.00	3,600.00	24
Totals				<u>159,354.55</u>			<u>11,810.43</u>	<u>124,769.22</u>	<u>34,585.33</u>	<u>5,365.86</u>	<u>130,135.08</u>	<u>29,219.47</u>	

RIVER RATS, INC.
EMPLOYER ID 22-6064836
FORM 990-EZ 2012

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	245.75
Bank Charges	100.25
Children's Training	355.90
Depreciation (see Schedule)	5365.87
Dues	225.00
Gifts & Acknowledgments	82.00
Gasoline	1140 90
Instructor Training	
Insurance	10933.36
Miscellaneous	
Payroll Preparation	461.76
Preservation Fund Expenses	135.60
Racing Expense	173.28
Registrations -- Boats & Trailers	
Social Expense	530.20
	<u>\$19,749.87</u>

Part IV--Officers & Trustees

Officers

Penn Pfautz	Skipper	425 Dwight Rd, Middletown, NJ 07748
Susan Boyce	Executive Officer	38 Ridge Rd, Rumson, NJ 07760
Lora Sgroi	Chief Officer	88 Park Ave, Fair Haven, NJ 07704
Giuseppe Sgroi	First Officer	88 Park Ave, Fair Haven, NJ 07704
Liza Doonan	Second Officer	28 Parker Ave, Fair Haven NJ 07704
Deb Harms	Purser	21 McCarter Ave, Fair Haven, NJ 07704
Frank Munn	Yeoman	34 Lennox Ave, Rumson, NJ 07760

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.