

Short Form Return of Organization Exempt From Income Tax

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type See Specific Instructions</p>	<p>C Name of organization</p> <p>TEAM RIVER RUNNER, INCORPORATED</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p>P O BOX 12</p> <p>City or town, state or country, and ZIP + 4</p> <p>CABIN JOHN, MD 20818</p>	<p>D Employer identification number</p> <p>20-3838651</p> <p>E Telephone number</p> <p>(301) 233-8882</p> <p>F Group Exemption Number . . . ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.TEAMRIVERRUNNER.ORG

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

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

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 336,606.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	311,841.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income ATCH 1	4	2,906.
	5 a	Gross amount from sale of assets other than inventory 5a		
	5 b	Less cost or other basis and sales expenses 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ of contributions reported on line 1) 6a	21,859.	
6 b	Less direct expenses other than fundraising expenses 6b	3,022.		
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 2		18,837.	
7 a	Gross sales of inventory, less returns and allowances 7a			
7 b	Less cost of goods sold 7b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9		333,584.	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12	49,492.	
	13	Professional fees and other payments to independent contractors 13	26,493.	
	14	Occupancy, rent, utilities, and maintenance 14	8,785.	
	15	Printing, publications, postage, and shipping 15	5,751.	
	16	Other expenses (describe ▶ ATCH 3) 16	172,485.	
17	Total expenses. Add lines 10 through 16 ▶ 17		263,006.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		70,578.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		109,125.
	20	Other changes in net assets or fund balances (attach explanation) ATCH 4		-5,276.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶ 21		174,427.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments ATCH 5		22	93,250.	152,975.
23	Land and buildings		23	24,332.	32,852.
24	Other assets (describe ▶ ATCH 6)		24	903.	3,322.
25	Total assets		25	118,485.	189,149.
26	Total liabilities (describe ▶ ATCH 7)		26	9,360.	14,722.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	109,125.	174,427.

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

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

What is the organization's primary exempt purpose? ATCH 8
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Table with 3 columns: Program Title, Amount, and Expenses. Rows include ATTACHMENT 9, 28a (204,112), 29, 29a, 30, 30a, 31, 31a, and 32 Total program service expenses (204,112).

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1: ATTACHMENT 10, 18,300., -0-, -0-.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
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 is it 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? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ MD		
42a	The organization's books are in care of ▶ JOSEPH M. HOOBAN, TREASURER Telephone no ▶ 703-856-2902 Located at ▶ 2009 14TH STREET NORTH, STE 302 ARLINGTON, VA ZIP + 4 ▶ 22201		
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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country ▶		
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? X
- 49b If "Yes," was the related organization a section 527 organization? X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

f Total number of other employees paid over \$100,000 ▶ NONE

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

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

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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

Sign Here
 Signature of officer: *Joseph M. Huban* Date: 11/9/10
 Type or print name and title: JOSEPH M. HUBAN, TREASURER

Paid Preparer's Use Only
 Preparer's signature: *Deal D. Osh* Date: 11/9/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: WATKINS MEEGAN LLC, 7700 WISCONSIN AVENUE, # 500 BETHESDA, MD EIN: 52-1297695 Phone no: 301-654-7555

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	25,283	101,615	370,311	123,354	311,841	932,404
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.	25,283	101,615	370,311	123,354	311,841	932,404
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).						68,548
6 Public support. Subtract line 5 from line 4						863,856

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	25,283	101,615	370,311	123,354	311,841	932,404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				4,212	2,906	7,118
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						939,522
12 Gross receipts from related activities, etc (see instructions)					12	31,400
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 2009 (line 6, column (f) divided by line 11, column (f))	14	91.95 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2009. 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 checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	2,906.
TOTAL	<u>2,906.</u>

ATTACHMENT 2

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

:

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BIATHLON REVENUE	21,859.	3,022.	18,837.
TOTALS	<u>21,859.</u>	<u>3,022.</u>	<u>18,837.</u>

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ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

DEPRECIATION	16,335.
KAYAK OUTINGS AND TRIPS	121,731.
KAYAK EQUIPMENT & SUPPLIES	18,554.
INTEREST	11,704.
OTHER EXPENSES	4,161.
TOTAL	<u>172,485.</u>

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT

-5,276.

TOTAL

-5,276.

ATTACHMENT 5

FORM 990EZ; PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	93,250.	152,975.
TOTALS	<u>93,250.</u>	<u>152,975.</u>

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES RECEIVABLE	903.	0.
INVENTORIES FOR SALE OR USE	0.	794.
PREPAID EXPENSES OR DEFERRED CHARGES	0.	2,528.
TOTALS	<u>903.</u>	<u>3,322.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	9,360.	14,722.
TOTALS	<u>9,360.</u>	<u>14,722.</u>

FORM 990EZ; PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE HEALTH AND HEALING FOR DISABLED VETERANS THROUGH WHITE WATER BOATING AND OTHER RELATED ACTIVITIES. THIS INCLUDES WORKING IN PARTNERSHIP WITH THE WOUNDED WARRIOR PROJECT AND DISABLED SPORTS USA TO ASSIST RECUPERATING VETERANS AT WALTER REED ARMY MEDICAL CENTER (WRAMC).

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 1

TEAM RIVER RUNNER (TRR), ESTABLISHED IN AUGUST 2004 BY KAYAKERS IN THE WASHINGTON, DC, AREA, IS AN ALL-VOLUNTEER ORGANIZATION RUN BY A COUNCIL OF KAYAKERS AND OVERSEEN BY A BOARD OF DIRECTORS. WORKING IN PARTNERSHIP WITH THE WOUNDED WARRIOR PROJECT AND DISABLED SPORTS USA, TRR HELPS VETERANS OF THE IRAQ AND AFGHAN WARS RECUPERATING AT WALTER REED ARMY MEDICAL CENTER (WRAMC) AND OTHER FACILITIES THROUGHOUT THE UNITED STATES FIND HEALTH, HEALING, AND NEW CHALLENGES THROUGH WHITEWATER BOATING ON THE NATION'S RIVERS. WHILE THE FOCUS OF TRR'S WORK IS ON SOLDIERS RECUPERATING AT MILITARY AND VETERANS' ADMINISTRATION FACILITIES, TRR ALSO PROVIDES WHITEWATER BOATING OPPORTUNITIES FOR FAMILY MEMBERS AS WELL AS FOR OTHER WOUNDED VETERANS. IN 2009, TRR HELD 956 POOL SESSIONS, RIVER TRIPS AND OTHER CHAPTER EVENTS. TOTAL ATTENDANCE AT SUCH EVENTS WAS 4,119 AND THE UNIQUE PATIENT COUNT WAS 617. CUMULATIVELY, TRR HAS TOUCHED THE LIVES OF OVER 1,000 VETERANS AND THEIR FAMILIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
JOSEPH MORNINI P O BOX 12 CABIN JOHN, MD 20818	EXECUTIVE DIRECTOR 30.00	18,300.	0.	0.
PHILIP SAYRE P O BOX 12 CABIN JOHN, MD 20818	DIRECTOR 20.00		0.	0.
ERIC JOHNSON P O BOX 12 CABIN JOHN, MD 20818	DIRECTOR 10.00		0.	0.
RICHARD LAMPORTE P O BOX 12 CABIN JOHN, MD 20818	DIRECTOR 15.00		0.	0.
HAL ROACH P O BOX 12 CABIN JOHN, MD 20818	DIRECTOR 10.00		0.	0.
JOSEPH HOOBAN P O BOX 12 CABIN JOHN, MD 20818	DIRECTOR/TREASURER 20.00		0.	0.
WALTER WEISS P O BOX 12	DIRECTOR 10.00		0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
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CABIN JOHN, MD 20818

KRISA JOHNSON
P O BOX 12
CABIN JOHN, MD 20818

DIRECTOR/TREASURER	15.00	0.	0.	0.
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GRAND TOTALS

18,300.	0.	0.	0.
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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868:
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization TEAM RIVER RUNNER, INCORPORATED	Employer identification number 20-3838651
	Number, street, and room or suite no. If a P O box, see instructions. P O BOX 12	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CABIN JOHN, MD 20818	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JOSEPH HOOBAN**
Telephone No. **301 233-8882** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/2010**.
- For calendar year **2009**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Paul D. Osh** Title **CPA** Date **8/6/10**

WATKINS MEEGAN LLC
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