

2009

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds 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.

Department of the Treasury Internal Revenue Service

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Friends of the Green River Positive Action Co. D Employer identification number: 80-0079349. E Telephone number: (435) 564-8221. F Group Exemption Number.

G Accounting Method: Cash [ ] Accrual [X]. H Check [X] if organization is not required to attach Sch. B. I Website: www.greenrivercc.tumblr.com. J Tax-exempt status: 501(c)(3).

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. L Add lines 5b, 8b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 296,801

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with columns for Revenue, Expenses, and Assets. Rows include contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross sales of inventory, other revenue, grants paid, benefits, salaries, professional fees, occupancy, printing, other expenses, excess or deficit, net assets at beginning/end of year.

Part II Balance Sheets. Table with columns for (A) Beginning of year and (B) End of year. Rows include cash, savings, land and buildings, other assets, total assets, total liabilities, net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

SCANNED JUL 07 2011

Handwritten marks and numbers at the bottom right of the page.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>See attachment #8</b>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
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, & other relevant information for each program title.	

<b>28 See attachment #9</b> <hr/> <hr/> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	39,926
<b>29</b> <hr/> <hr/> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	94,088
<b>30</b> <hr/> <hr/> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	20,989
<b>31 Other program services (attach schedule)</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	88,551
<b>32 Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>	243,554

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #10				

**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 <b>not</b> 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 <b>Form 990-T</b> for this year?		X
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	▶ <b>37a</b> _____	
b	Did the organization file <b>Form 1120-POL</b> 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	▶ <b>38b</b> _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	▶ <b>39a</b> _____	
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 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or 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	▶ _____	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	▶ _____	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <b>NONE</b>		
42a	The organization's books are in care of ▶ <b>See attachment #12</b> Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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>	Yes	No
		42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ <input type="checkbox"/> <b>43</b> _____	
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.

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

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** ▶ Joni Pace Signature of officer Date 6/23/11

▶ JONI B. PACE EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Angela Kamm CPA Date 6/20/2011 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMUIN RICH & MARSING EIN ▶ \_\_\_\_\_  
294 EAST 100 SOUTH Phone no. ▶ \_\_\_\_\_  
PRICE, UT 84501 435-637-1203

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

OMB No. 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
Friends of the Green River Positive Action Community

**Employer identification number**  
80-0079349

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

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

(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	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.")		164554	159156	323400	245320	892430
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 <b>Total.</b> Add lines 1 through 3.		164554	159156	323400	245320	892430
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 <b>Public support.</b> Subtract line 5 from line 4.						892430

**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		164554	159156	323400	245320	892430
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		13	45	366	12	436
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.)		40405	39900	83158	51469	214932
11 <b>Total support.</b> Add lines 7 through 10						1107798
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.56 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	79.79 %

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

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

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

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

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Friends of the Green River Positive Action Community</b>	Employer identification number <b>80-0079349</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
1b Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
1c Total lobbying expenditures (add lines 1a and 1b) . . . . .														
1d Other exempt purpose expenditures . . . . .														
1e Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No														

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV.			
<b>j</b> Total. Add lines 1c through 1i.			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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Continued on Sch C, page 4

## SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For  
Your Records

For calendar year 2009 or tax period beginning 07-01-2009 , and ending 06-30-2010.

Name of Organization

Employer Identification Number

Friends of the Green River Positive Action Community Te 80-0079349

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Thrift Store Goods	16,704		16,704
<b>Total</b>	<b>16,704</b>		<b>16,704</b>

**SCHEDULE OF OTHER REVENUE**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization Friends of the Green River Positive Action Community Te Employer Identification Number 80-0079349

Description of Other Revenue	Amount
APARTMENT RENTALS & DEPOSITS	27,404
MISCELLANEOUS	683
Total	28,087

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.		
Name of Organization		Employer Identification Number	
Friends of the Green River Positive Action Community Te		80-0079349	

Description of Changes	Total Amount
PRIOR PERIOD ADJUSTMENT	-18,553
<div style="display: flex; justify-content: flex-end;"> <span style="margin-right: 20px;">Total</span> <span>-18,553</span> </div>	

**SCHEDULE OF OTHER ASSETS**

Attachment 6: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
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<b>Name of Organization</b> Friends of the Green River Positive Action Community Te	<b>Employer Identification Number</b> 80-0079349
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Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
GRANTS RECEIVABLE	1,603	10,956	
<b>Totals</b>	1,603	10,956	

**SCHEDULE OF OTHER LIABILITIES**

Attachment 7: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.	
Name of Organization	Employer Identification Number	
Friends of the Green River Positive Action Community Te	80-0079349	

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE	8,313	7,609
LINE OF CREDIT/CREDIT CARD		8,066
ACCRUED LIABILITIES	4,126	9,389
RENT DEPOSITS PAYABLE		760
NOTE PAYABLE	274,025	294,371
<b>Totals</b>	<b>286,464</b>	<b>320,195</b>

**SCHEDULE OF OTHER EXPENSES**

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.	
Name of Organization	Friends of the Green River Positive Action Community Te	Employer Identification Number 80-0079349

Description of Other Expenses	Amount
SUPPLIES	8,097
PROGRAM EXPENSES	13,947
FOOD EXPENSE	5,211
CONFERENCE, WORKSHOPS, TRAVEL	5,922
INCENTIVES	2,110
INTEREST & OVERAGE	9,555
INSURANCE	5,952
BANK SERVICE FEES	460
MISCELLANEOUS	7,349
DEPRECIATION	11,304
<b>Total</b>	<b>69,907</b>

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2010.

**Name of Organization**

Friends of the Green River Positive Action Community Team

**Employer Identification Number**

80-0079349

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
DONATIONS PAID OUT	VARIOUS NONE Green River UT 84525	25	NOT AFFILIATE
Relationship	Description of Property	Book Value	How Book Value is Determined
NONE	CASH DONATION	25	CASH
Total		25	



**PRIMARY EXEMPT PURPOSE**

Attachment 8: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization Friends of the Green River Positive Action Community Te	Employer Identification Number 80-0079349

Primary Purpose

To increase physical & mental healths of the residents of the community of Green River, Utah and surrounding areas.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
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Name of Organization	Employer Identification Number
Friends of the Green River Positive Action Community Te	80-0079349

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	39,926
Exempt Purpose Achievements			

Cottonwoods on the Green is an 8 unit apartment complex which is rented to low income individuals and families.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
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Name of Organization Friends of the Green River Positive Action Community Te	Employer Identification Number 80-0079349
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	94,088
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Exempt Purpose Achievements

Activities and programs are offered at the Community Center for the youth. These activities give the youth opportunities to associate together in a safe, drug-free and productive environment. Physical and mental health are promoted and increased and leadership training and experiences are held.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
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Name of Organization	Employer Identification Number
Friends of the Green River Positive Action Community Te	80-0079349

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	20,989
Exempt Purpose Achievements			

A thrift store is operated which allows residents to purchase slightly used goods at an affordable price.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 9: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
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Name of Organization	Employer Identification Number
Friends of the Green River Positive Action Community Te	80-0079349

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	88,551
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Exempt Purpose Achievements

Other Programs and Services provided include: Americorp volunteers, Saegers Foundation, EPI Center, Eccles Foundation and tenant based rent assistance.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 10: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
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Name of Organization Friends of the Green River Positive Action Community Te	Employer Identification Number 80-0079349
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JONI PACE 165 S. BROADWAY Green River, UT 84525-0191	EXECUTIVE DIRECTOR 40.00	36,383	0	0
ZINA E WILLARD 165 S. BROADWAY Green River, UT 84525-0191	PROGRAM DIRECTOR 40.00	32,381	0	0
AMANDA LARSEN 165 S. BROADWAY Green River, UT 84525-0191	BOOKKEEPER 30.00	29,686	0	0
THOMAS BURR 165 S. BROADWAY Green River, UT 84525-0191	CHAIRMAN 2.00	0	0	0
NANCY DUNHAM 165 S. BROADWAY Green River, UT 84525-0191	TREASURER 2.00	0	0	0
BILL ADAMS 165 S. BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0
CHAR UPTAIN 165 S. BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0
LARRY EKKER 165 S BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0
BLAINE EVANS 165 S BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0
JUDY EVANS 165 S. BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0
JUDY BISHOP 165 S BROADWAY Green River, UT 84525-0191	BOARD MEMBER 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 12 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization Friends of the Green River Positive Action Community Te Employer Identification Number 80-0079349

Part V - Line 42a

Individual Name ..... JONI PACE
or
Business Name.

Street Address ..... 165 S. BROADWAY

U.S. Address:

Zip code 84525-0191 City Green River State UT

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (435) 564-8221

Fax Number .....