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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)Department of the Treasury  
Internal Revenue Service

► 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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b> Jan		<b>, 2008, and ending</b> Dec	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <i>Streams in the Wasteland, C.M. TARC</i> <b>D Employer identification number</b> <i>300-0265119</i> <b>E Telephone number</b> <i>(801) 563-8005</i>	
<b>F Group Exemption Number</b> <i>►</i>		<b>G Accounting method</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>			

<b>I Website:</b> ►
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>K Check</b> ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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 return is not required, but if the organization chooses to file a return, be sure to file a complete return

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)		
RECEIVED MAR 1 2010 OGDEN	1 Contributions, gifts, grants, and similar amounts received	1 29,134
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	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
	b Less: direct expenses other than fundraising expenses	6b
7a Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
b Gross sales of inventory, less returns and allowances	7b	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 29,134	
10 Grants and similar amounts paid (attach schedule)	10 9,766	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12 15,740	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15 1600	
16 Other expenses (describe ►)	16 1786	
17 Total expenses. Add lines 10 through 16	17 28,892	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 242	
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 55,270	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 55,512	

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II.)	
<b>22 Cash, savings, and investments</b> . . . . . <b>23 Land and buildings</b> . . . . . <b>24 Other assets (describe ►)</b> . . . . . <b>25 Total assets</b> . . . . . <b>26 Total liabilities (describe ►)</b> . . . . . <b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	
<b>(A) Beginning of year</b>	<b>(B) End of year</b>
13,270	22 13,572
42,000	23 42,000
	24
55,270	25 55,512
	26
55,270	27 55,512

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

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

	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	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
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 your reason for not reporting the income on Form 990-T.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	36	<input type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	37a	<input type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37b	<input checked="" type="checkbox"/>
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?	38b	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39b	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	<input type="checkbox"/>
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40d	<input type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	<input checked="" type="checkbox"/>
d 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		
41 List the states with which a copy of this return is filed. ► <b>UTAH</b>		
42a The books are in care of ► <b>Glen Crotwell</b> Telephone no. ► (_____)		
Located at ► <b>1417 OLD Hwy 80 Morton, MS</b> ZIP + 4 ► <b>39111</b>		
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)?	42b	<input checked="" type="checkbox"/>
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> .		
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 ► _____	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	43	<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	45	<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	
50 Complete this table for the 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
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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
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.

Sign  
Here

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.

\_\_\_\_\_

Signature of officer

► Robert E. Marshall  
Type or print name and title

Director

**Paid  
Preparer's  
Use Only**

Preparer's  
signature 

| Da

Check if  
self-  
employe

Preparer's Identifying Number (See instructions)

**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**

EIN ► |

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

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

**Name of the organization**

**Employer identification number**

**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. (Please check only **one** organization.)

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)**. (Attach Schedule H)  
 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)**. (see instructions)  
 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 organizations the organization supports

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

**h** Provide the following information about the organizations the organization supports.

**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) 200 <del>0</del> <sup>1</sup> 5	(b) 200 <del>0</del> <sup>1</sup> 6	(c) 200 <del>0</del> <sup>1</sup> 7	(d) 200 <del>0</del> <sup>1</sup> 8	(e) 200 <del>0</del> <sup>1</sup> 9	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	32,352	36,117	62,703	51,049	29,134	238,388
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 1-3	32,352	36,117	62,703	51,049	29,134	238,355
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.	32,352	36,117	62,703	51,049	29,134	238,355

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 200 <del>0</del> <sup>1</sup> 5	(b) 200 <del>0</del> <sup>1</sup> 6	(c) 200 <del>0</del> <sup>1</sup> 7	(d) 200 <del>0</del> <sup>1</sup> 8	(e) 200 <del>0</del> <sup>1</sup> 9	(f) Total
7 Amounts from line 4	32,352	36,117	62,703	51,049	29,134	238,355
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)						
<b>11 Total support.</b> Add lines 7 through 10						238,355
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b>						► <input checked="" type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33½% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33½% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test—2007.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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"/>

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no  
Streams in the Wasteland C.M. Inc  
7129 S Woodgreen Rd  
West Jordan, UT 84084

1 Rents

\$ -0-

2 Royalties

\$ -0-

3 Other income

\$ -0-

5 Fishing boat proceeds

\$ -0-

7 Nonemployee compensation

\$ 15,740

9 Payer made direct sales of  
\$5,000 or more of consumer  
products to a buyer  
(recipient) for resale ►

11

12

13 Excess golden parachute  
payments

\$ -0-

15

16 State tax withheld

\$ -0-

17

14 Gross proceeds paid to  
an attorney

\$ 0-0

18

OMB No 1545-0115

2009

Form 1099-MISC

Miscellaneous  
Income

PAYER'S federal identification  
number

301-0265119

RECIPIENT'S identification  
number

RECIPIENT'S name, address, and ZIP code

Denna M. Marshall  
7129 S Woodgreen Rd  
West Jordan, UT 84084

4 Federal income tax withheld

\$ -0-

6

Medical and health care payments

\$ -0-

Account number (see instructions)

2nd TIN not

8 Substitute payments in lieu of  
dividends or interest

10

Crop insurance proceeds

\$ -0-

15a Section 409A deferrals

15b Section 409A income

\$

\$

14 Gross proceeds paid to  
an attorney

\$ 0-0

17 State/Payer's state no

\$

18 State income

\$

Form 1099-MISC

38-2099803

Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no

1 Rents

\$

2 Royalties

\$

3 Other income

\$

5 Fishing boat proceeds

\$

7 Nonemployee compensation

\$

9 Payer made direct sales of  
\$5,000 or more of consumer  
products to a buyer  
(recipient) for resale ►

11

12

13 Excess golden parachute  
payments

\$

16 State tax withheld

\$

14 Gross proceeds paid to  
an attorney

\$

OMB No 1545-0115

2009

Form 1099-MISC

Miscellaneous  
Income

PAYER'S federal identification  
number

RECIPIENT'S identification  
number

6 Medical and health care payments

\$

RECIPIENT'S name, address, and ZIP code

8 Substitute payments in lieu of  
dividends or interest

\$

10 Crop insurance proceeds

\$

Account number (see instructions)

2nd TIN not

13 Excess golden parachute  
payments

\$

16 State tax withheld

\$

14 Gross proceeds paid to  
an attorney

\$

15a Section 409A deferrals

15b Section 409A income

17 State/Payer's state no

18 State income

\$

Form 1099-MISC

38-2099803

Department of the Treasury - Internal Revenue Service