See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 1 , 2009, and ending DECEMBER 31 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
RIM TO RIM RESTORATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 297

City or town, state or country, and ZIP + 4
MOAB, UTAH 84532-0297

D Employer identification number
33-1021022

E Telephone number
435-259-6670

F Group Exemption Number ▶

• *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.revegetation.org

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

H Check ▶ ☑ 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 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 ▶ $

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	7,409.36
	2	Program service revenue including government fees and contracts		2	146,066.63
	3	Membership dues and assessments		3	-
	4	Investment income		4	3,483.77
	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)		5c	-
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ - of contributions reported on line 1)	6a -		
	b	Less: direct expenses other than fundraising expenses	6b -		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-
	7a	Gross sales of inventory, less returns and allowances	7a 140		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	140
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	157,099.76
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	16,414.64
	13	Professional fees and other payments to independent contractors		13	-
	14	Occupancy, rent, utilities, and maintenance		14	5.27
	15	Printing, publications, postage, and shipping		15	70
	16	Other expenses (describe ▶ SEE ATTACHMENT)		16	157,099.76
	17	**Total expenses.** Add lines 10 through 16 ▶		17	161,674.66
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(4,574.90)
	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	368,402
	20	Other changes in net assets or fund balances (attach explanation)		20	13.55
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	363,840.65

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	298,945.10	22	282,992.56
23	Land and buildings	39,456.90	23	119,888.74
24	Other assets (describe ▶ SEE ATTACHMENT)	30,000	24	29,798.84
25	**Total assets**	368,402	25	432,680.14
26	**Total liabilities** (describe ▶ SEE ATTACHMENT)	-	26	68,839.49
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	368,402	27	363,840.65

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

What is the organization's primary exempt purpose? **to re-establish native vegetation in the Moab area.**

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	**MILL CREEK UPCD 2009 - SEE ATTACHMENT**		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	56,074.69
29	**COLORADO RIVER UPCD - SEE ATTACHMENT**		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	40,922.50
30	**BLM ASSISTANCE AGREEMENT - SEE ATTACHMENT**		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	17,992.79
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	41,592.00
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	156,581.98

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions 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
SUSAN WHEATON PO BOX 297 MOAB, UT 84532	BOARD MEMBER - 1 HR	-	-	-
JOHN DOHRENWEND PO BOX 297 MOAB, UT 84532	BOARD MEMBER - 1 HR	-	-	-
RAY WILLIAMS PO BOX 297 MOAB, UT 84532	BOARD MEMBER - 1 HR	-	-	-
KARA DOHRENWEND PO BOX 297 MOAB, UT 84532	PROJECT MGR 10 - 20 HR	14,845	-	-

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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
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	36		✓
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 period covered by this return?	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 ▶ - ; 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	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 ▶ -			
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ UTAH			
42a	The organization's books are in care of ▶ KARA DOHRENWEND Telephone no ▶ 435-259-6670			
	Located at ▶ 26 WEST 100 NORTH MOAB, UTAH ZIP + 4 ▶ 84532			
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		✓
	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 ?	42c		✓
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 -			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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 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 . . ▶

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 — Date 09/10/2010

KARA A. DOHRENWEND PROJECT MANAGER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
RIM TO RIM RESTORATION	33 1021022

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 33⅓ % 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 33⅓ % 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

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 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % 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 ▶ ☐

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.")	4,281	17,851	389,968	296.40	7,409.36	419,805.76
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	8,641	7,280	315	35,690.99	146,206.63	198,133.62
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	12,922	25,131	390,283	35,987.39	153,615.99	617,939.38
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				28,747.66	125,766.63	154,514.29
c Add lines 7a and 7b				28,747.66	125,766.63	154,514.29
8 **Public support** (Subtract line 7c from line 6)						463,425.09

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	12,922	25,131	390,283	35,987.39	153,615.99	617,939.38
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			815	7,923.99	3,483.77	12,222.76
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			815	7,923.99	3,483.77	12,222.76
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)	12,922	25,131	391,098	43,911.38	157,099.76	630,162.14

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	74 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1 %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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. Provide any other additional information. See instructions.

RIM TO RIM RESTORATION 33-1021022

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

POSTER SALES	$	140 00
GROSS SALES	$	140 00
LESS RETURNS & ALLOWANCES	$	-
NET SALES	$	140 00
LESS COST OF GOODS SOLD	$	-
GROSS PROFIT FROM SALES OF INVENTORY	$	140 00

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION EXPENSE	$	1,201.16
PROGRAM EXPENSES	$	142,060 23
TRACTOR REPAIR	$	360 00
TRAINING SUPPLIES/MATERIALS	$	713 36
ADVERTISING	$	800.00
ORGANIZATIONAL EXPENSES	$	50 00
TOTAL OTHER EXPENSES	$	145,184 75

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CREDIT BALANCE WITH A VENDOR OUTSTANDING FROM 2008 THAT WAS APPLIED TO AN INVOICE IN 2009	$	13.55
TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES	$	13.55

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

COLUMN (A) BEGINNING OF YEAR		
SOLAR PANELS	$	30,000.00
TOTAL COLUMN A	$	30,000.00
COLUMN (B) END OF YEAR		
SOLAR PANELS	$	30,000.00
CARGO TRAILER	$	1,000 00
DEPRECIATION OF ASSETS	$	(1,201.16)
TOTAL COLUMN B	$	29,798.84

STATEMENT 5
FORM 990-EZ, PART II, LINE 25
TOTAL LIABILITES

COLUMN (A) BEGINNING OF YEAR	
NONE	$ -
COLUMN (B) END OF YEAR	
PAYROLL LIABILITIES	$ 769 56
DEPOSITS/GRANT FUNDS PROVIDED IN 2009 FOR WORK IN 2010	$ 68,069.93
TOTAL COLUMN B	$ 68,839.49

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
PROGRAM DESCRIPTION

MILL CREEK UPCD 2009 - Collaboration with public and private land owners along Mill Creek in Moab Utah focused on removing Russian olive, tamarisk and other large woody invasive plants from the riparian corridor and replanting with native plants. The project is opening the floodway of the creek and reducing fire danger along the creek corridor, which are both benefits to the entire Moab community

STATEMENT 7
FORM 990-EZ, PART III, LINE 29
PROGRAM DESCRIPTION

COLORADO RIVER UPCD - Collaboration with BLM and State lands as well as some private land owners to remove invasive trees that are not tamarisk along the Colorado River Moab Daily section (approximately 40 river miles) The project is helping protect the riparian zone of the river from the spread of non native tree species as the recently released tamarisk leaf beetle kills the tamarisk trees which are currently dominating much of the river bank This project benefits the public land managers, and the recreational users of the river corridor (which can be more than 1000 people a day in the spring and summer months)

STATEMENT 8
FORM 990-EZ, PART III, LINE 30
PROGRAM DESCRIPTION

BLM ASSISTANCE AGREEMENT - Working with the local Bureau of Land Management field office to provide follow up work in tamarisk biomass removal areas along the Colorado River Corridor –most specifically the Moab Daily section This project is helping to ensure the biomass removal efforts by the BLM in key areas results in healthy native plant communities Work focuses in campsites along the river, as well as boat ramps The project benefits the public land users in these areas – which can be more than 100 people a day in the spring and summer months

STATEMENT 10
FORM 990-EZ, PART III, LINES 31 AND 31A
OTHER PROGRAM SERVICES

PACK/MILL CREEK UPCD 2010 $ 17,693 01
Collaboration with public and private land owners along Mill Creek in Moab Utah focused on removing Russian olive, tamarisk and other large woody invasive plants from the riparian corridor and replanting with native plants. The project is opening the floodway of the creek and reducing fire danger along the creek corridor, which are both benefits to the entire Moab community

TAMARISK MONITORING $ 14,353.73
Monitoring vegetation response to tamarisk bioremoval and other activities in an effort to determine if specific removal or follow up actions result in more diverse and stable native plant communities. Work involves running line intercept transects at 14 sites along the Colorado River and Mill Creek within 50 miles of Moab Utah Project is planned to occur over the next 4 years, with results being published and presented at regional conferences

MAYBERRY $ 3,857.72
Maintenance and repair of the Mayberry Orchard with the intent to convert the Orchard into a location for a native plant nursery focused on providing plants for regional revegetation projects along the Colorado River and Upper Colorado Plateau.

PROPOSALS $ 2,146.17
Time spent writing grants and proposals for projects including Mayberry property acquisition, UPCD projects, and monitoring work

SEUTP/TAMARISK GROUP $ 1,855 85
Working with upwards of 10 local government agencies and non profits to coordinate work related to tamarisk and Russian olive removal in the Moab region Work in 2009 included co-chairing the meetings and writing annual plans and reports.

TAMARISK REMOVAL - DWR $ 883.55
Working with Utah Department of Wildlife Resources on a small tamarisk removal project

PACK/MILL CREEK 2011 $ 543 60
Working with the Utah Division of Forestry Fire and State Lands on a proposal to continue work along Mill Creek and Pack Creek in 2009 and 2010

CURTIS ISLAND $ 258 37
Working with a land owner on the Green River who is interested in revegetating her property along the Green River near a Wilderness Study Area

TOTAL OTHER PROGRAM SERVICES: $ 41,592.00

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	Rim to Rim Restoration	**33 1021022**
	Number, street, and room or suite no If a P.O. box, see instructions. **PO Box 297**	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. **Moab, Utah 84532**	

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

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **Kara Dohrenwend**

Telephone No. ► **(435) 259-6670** FAX No. ► (435) 1596670

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☑ calendar year 20**09** or
► ☐ tax year beginning _____, 20_____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. 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.	**3c**	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐

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	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ 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 ▶ .....
  Telephone No. ▶ (.....) ..... 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.

4 I request an additional 3-month extension of time until ....., 20.....

5 For calendar year ....., or other tax year beginning ..... , 20....., and ending ....., 20.....

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension .....

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**	$
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**	$
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**	$

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 ▶ [signature] Title ▶ Program Director Date ▶ 05/13/2010