

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



2009

OMB No 1545 1150

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 may use this form

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

Open to Public Inspection

Form 990-EZ (2009)2

	Α	For the 20	09 calendar	year, or tax year b	eginning	, 2009	, and er	nding		,			
	B_	Check if appli		С					D Emplo	yer identificat	ion number		
		Address chang	ddress change Please use IRS GRAND CANYON COLORADO RIVER FUND					86-	86-0835679				
		Name change	1	PO BOX 2218					E Telephone number				
	ᅵ	Initial return	type. See	FLAGSTAFF,	AZ 86002				(92	(928) 556-0669			
	F	Termination	Specific										
	Ħ	Amended retu	tions.						F Grou Num	p Exemptio	in _		
-	Щ	Application pe					-	G Accounting					
_		• Sect	ion 501(c)(3 must atta	3) organizations an ach a completed S	d 4947(a)(1) nonexemp chedule Å (Form 990 o	ot charitable trusts r 990-EZ).	; 	Other (spec	ıfy) ►				
1		Website:						H Check ► 2 required to 990-EZ, or	If the attach S	e organizati chedule B (on is not (Form 990,		
4	_		status (check o			4947(a)(1) or	527						
_		Check ► (\$25,000. A	If the org	anization is not a : Z or Form 990 return	section 509(a)(3) supports of the section is not required, but if the	orting organization e organization choos	and its ses to file	gross receipts a e a return, be sur	re norma e to file a	ally not mor complete re	re than eturn.		
		instead of	Form 990-E	Z	ermine gross receipts;				_	\$	111,930.		
	Pa	rt I F	Revenue,	Expenses, and	Changes in Net A	ssets or Fund	Baland	ces (See the	ınstruc	tions for I			
		1 Cont	ributions, gi	fts, grants, and sin	nilar amounts received		•		· · -	1	110,452.		
		2 Prog	ram service	revenue including	government fees and	contracts .				2			
		3 Mem	bership due	s and assessment	s.,.,				_	3			
			stment incor		•				<u></u>	4	1,478.		
	ŀ				other than inventory		5 a						
				er basis and sales	•	•	5 b						
	REVENUE		` '		inventory (Subtract In 5b fro	•	• •			5 c			
	Ě	•			cable parts of Schedule G) If	-	ming, che	ck here .	\sqcup				
	N	a Gros	s revenue (i	not including \$	of	contributions							
	Ĕ	•	rted on line	•	•	•	6a			Ì			
					indraising expenses.	•	6 b						
				•	l activities (Subtract line 6b f	rom line 6a).	1 1		<u> </u>	6c			
	-			-	ns and allowances	•	7a						
			cost of go		•		7b			_			
			-		inventory (Subtract line	e 7b from line /a)	•		· · -	7c			
			revenue (desci						′ ⊢	8			
_				dd lines 1, 2, 3, 4,						9	111,930.		
	ł	10 Gran	ts and simil	ar amounts paid (a	ittach schedule).		SEE SI	CATEMENT 1	1	0	97,000.		
	E	11 Bene	fits paid to	or for members .	RECEIVEL	3			1				
	Σ̈	12 Sala	ries, other c	ompensation, and	employee benefits L	<i>ð</i> .			_1				
	Ė	13 Profe	essional fee	s and other paybe	hts to independent contended 17 2010	tractors			1		400.		
	Š					181 .			1.				
26	S			tions, postage an t	shipping .	ا لأن		•	. 1				
0				cribe - SEE STA		افزا) 1		270,230.		
> -	_4			Add lines 10thro		,		<u> </u>	▶ 1		<u>367,630.</u>		
SCANNED	ı	18 Exce	ss or (defic	it) for the year (Su	otract line 17 from line	9)(•	1	8	<u>-255,700.</u>		
and the second	N S	19 Net a	assets or fur	nd balances at beg	inning of year (from lin	e 27, column (A))	(must a	gree with end-of	-year —				
	ËS	figur	e reported o	n prior year's retui	n)	•		-	· <u>[1</u>		702,240.		
R	Ţ				d balances (attach exp				. 2				
ي	لــ				of year Combine lines				▶ 2		446,540.		
_	<u> Pa</u>	rt II E	<u> Balance S</u>		sets on line 25, column	(B) are \$1,250,00	0 or mo						
0					uctions for Part II.)			(A) Beginning			nd of year		
œ	22	•	•	nvestments	•	• • • •		702,	240.		446,540.		
20	23		buildings		•		•			23			
010	24		sets (descril	pe ►	.) .				24	446 540		
	25	Total ass			•			702,		25	446,540.		
	26		oilities (desc)				26	0.		
	27	Net asse	ts or fund b	alances (line 27 of	column (B) must agre	e with line 21)		702,	240.	2/	446,540.		

Form 990-EZ (2009) GRAND CANYON CO				<u>-08356</u>	79 Page 2
Part III Statement of Program Se		s (See the instruction	ons.)	(Danis	Expenses
What is the organization's primary exempt purpose? SE	E STATEMENT 3			501(c)(3)	a for section and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	ne organization's exempt purp f nersons benefited, or other	poses. In a clear and co relevant information for	oncise manner,	organîża 4947(a)(d for section and (4) tions and section to trusts; optional s)
program title	· - · · · · · · · · · · · · · · · · · ·			for other	s)
28 SEE STATEMENT 4				- 1	
·	nis amount includes foreign g	rants, check here .	_	28 a	265,739.
29 SEE STATEMENT 5				İ	
·					
(Grants \$ 97,000.) If the	iis amount includes foreign g	rants, check here	<u> </u>	29 a	
30					
			}	ł	
	ns amount includes foreign g	rants, check here	· •	30 a	
31 Other program services (attach schedule			:		
(Grants \$) If th	is amount includes foreign g	rants, check here .	·	31 a	26E 720
32 Total program service expenses (add II Part IV List of Officers, Directors		mlovogo Luturali an			265,739.
Part IV List of Officers, Directors	(b) Title and average hours				Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans	s and I and	d other allowances
	to position		deferred compensat	ion	
GAYLORD STAVELY	PRESIDENT	0.		0.	0.
PO BOX 2997	0			1	
FLAGSTAFF, AZ 86004					
GARRETT SCHNIEWIND	VICE PRESIDENT	0.		0.	0.
PO_BOX_310] 0				
FLAGSTAFF, AZ 86002					
BRUCE WINTER	SECRETARY/TREAS	0.		0.	0.
PO BOX 4788]				
PHOENIX, AZ 85068					
		ĺ			
					_
	1				
	j				
]			
				İ	
	 			_	
					
		-			
BAA	TEEA0812L 0	01/30/10	<u> </u>	F	orm 990-EZ (2009)
	i CERTOU I ZE U			•	

	m 990-EZ (2009) GRAND CANYON COLORADO RIVER FUND 86-083567 IT V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA			age 3
Га	SEE STA	TEMI	Yes	6 Na
22	Did the exception of the last of the IDC2 If IV-1 there is detailed in		165	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		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
	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		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	27.		V
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a 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?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	,		
	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.			<u> </u>
	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	40 b		Х
,	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 □ 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	and the second s	400		
71	District states with which a copy of this return is fined			
42	a The organization's			
	books are in care of MARK GRISHAM Telephone no.	- -	-	
	Located at ► 119 E TERRACE AVENUE STE A FLAGSTAFF, AZ ZIP + 4 ► 86001			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[Yes	No
	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)? .	42 b		X
	If 'Yes,' enter the name of the foreign country.			
		' I	l	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
į	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		Х
	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		► □	N/A
.•	and enter the amount of tax-exempt interest received or accrued during the tax year.			N/A
	·			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u> _
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		Х_

	Z (2009) GRAND					86-0835679	
Part VI	Section 501(c	(3) orga	nizations ar	nd section	on 4947(a)(1) nonexemp	ot charitable trusts only. A	II section

Page 4

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt charital	ole trusts must answ	er quest	ions	•
46 Did t	the evantization engage in direct or indire	et political campaign a	ctuation on bohalf of	or in apparition to condis	datas	Yes	No
for p	the organization engage in direct or indire public office? If 'Yes,' complete Schedule	C, Part I	· · · · · · ·	or in opposition to candic	. 46	;	X
47 Did t	the organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		47	,	X
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete So	hedule E.	48	3	Х
49 a Did t	the organization make any transfers to an	exempt non-charitable	related organization	7	49	a	X
b If 'Ye	es,' was the related organization a sectior	n 527 organization?	•		49	ь	
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	employees (other that from the organization	n officers, directors, trust in If there is none, enter	tees and k 'None'	еу	
	n) 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 and deferred compensation	e (e)	Expense count and allowance	÷s
NONE							
f Total	I number of other employees paid over \$1	00,000 .		_			
51 Com	plete this table for the organization's five pensation from the organization. If there i	highest compensated i s none, enter 'None.'	ndependent contracto	ors who each received me	ore than \$	100,000	of
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Co	mpensatio	n
NONE							
					<u> </u>		
					1		
	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
					 		
		·			 		
d Tatal			100,000	<u> </u>	1		
d rotai	I number of other independent contractors	s each receiving over \$	100,000 .				
	Under penalties of perjury, I declare that I have exam true, correct, and complete, Declaration of preparer (nined this return, including acco other than officer) is based on	mpanying schedules and sta all information of which prep	atements, and to the best of my knowledge	nowledge and	belief, it i	5
Sian	1 y Mil Sul	•		M Yhny	19.	201	\mathcal{O}
	N 2			Date	· ·		
Here	Signature of officer						
Here	,	\					
Sign Here		<u> </u>					
Paid	MARK GRISHAM	1	Date 51,21		Preparer's Ide See instruction		ımber
Paid Pre-	Type or print name and title Preparer's signature And C for	OCIATES PC	1 // 1		Preparer's Ide See instruction P001016		ımber
Paid Pre- parer's	Type or print name and title Preparer's signature Firm's name (or yours if self-employed), NORDSTROM & ASSI with a surface and title NORDSTROM & ASSI	OCJATES PC	1 // 1			21	imber
Paid Pre-	Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address and address a		1 // 1	employed ► I	86-08 <u>9</u>	21	
Paid Pre- parer's Use Only	Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address and address a	STE 2 6001	5/12/1	employed ► I	86-089 28) 774	98871	

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

CRA	יי ניוני		ORADO RIVER FU	MID						83567			
Part				us (All organizations	must (comple	te this	nart `					
				use it is (For lines 1 thro					, 000 1	i i sti u ci	10/13		
1	٣	•		sociation of churches des	_			-					
2	H			(A)(ii). (Attach Schedule				· · / · / · / · /	,-				
3	H			ce organization described		on 1700	bx1xax	(iii).					
4	Н	•	•	ed in conjunction with a h		•	• • • • •		0(БУ1У/	AXiii) Ei	nter the ho	spital'	s
	ш	name, city, and	-	ou in conjunction into a c					-1-11-11	<i>y</i> (<i>y</i> = .			_
5		An organization		t of a college or university	owned	or oper	ated by	a gove	rnmenta	I unit de	scribed in	sectio	n –
6	\Box			governmental unit descri									
7		An organization in section 170(b)	that normally receives (X1)(A)(vi). (Complete F	a substantial part of its su Part II.)	upport fr	om a go	vernme	ntal uni	t or fron	n the ge	neral publi	c desc	ribed
8	닏	-		170(b)(1)(A)(vi). (Comple									
9	X	from activities relatives from activities relatives from activities relatives from activities relatives and activities relatives.	ated to its exempt functio	more than 33-1/3 % of its ins – subject to certain exceess taxable income (less Complete Part III.)	eptions.	and (2) r	no more	than 33-	1/3 % of	its supp	ort from arc	SS	after
10	Ш	•	•	d exclusively to test for pu		-		٠.					
11	Ш	more publicly su	pported organizations	d exclusively for the bene described in section 509(ization and complete lines	a)(1) or	section	509(a)(octions of 2) See	of, or ca section	rry out ti 509(a)(3	he purpose 3). Check t	s of o he bo	ne or x that
		a Type I	b Type II			ctionally		ted		d \sqcap	Type III-	Othe	r
е				organization is not control an one or more publicly s					or more ed in se	disqual ction 509			
f		If the organization check this box	on received a written de	etermination from the IRS	that is a	a Type I	, Type II	l or Typ	e III sup	porting	organizatio	n, ·	
g		Since August 17	, 2006, has the organiz	ation accepted any gift o	r contrib	oution fro	om any	of the f	gniwollo	persons	57		
												Yes	No
		(i) a person w below, the	tho directly or indirectly governing body of the	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11 g (i)		
		(ii) a family m	ember of a person des	cribed in (i) above?							11 g (ii)	_	ļ
		(iii) a 35% con	trolled entity of a perso	n described in (i) or (ii) a	bove?	•	•				11 g (iii)	<u> </u>	<u></u>
<u> </u>		Provide the follo	wing information about	the supported organization	ons		r———						
	(0)	Name of Supported Organization	(iı) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col d in your erning ment?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in cot (i) organized in the US?		(VII) Amou	nt of Sup	oport
					Yes	No	Yes	No	Yes	No			
		· 											
			 										
					 	 							
otal													

16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you ched	cked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr 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 'unusual grants.')	78,081.	84,684.	168,923.	98,160.	110,452.	540,300.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0.
6	Total. Add lines 1 through 5	78,081.	84,684.	168,923.	98,160.	110,452.	540,300.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0.
	year	0.1	0.	0.	0.	0.	0.
	Add lines 7a and 7b	U.		<u> </u>			
8	Public support (Subtract line						540,300.
500	7c from line 6) tion B. Total Support	<u> </u>	<u></u>				340,300.
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ndar year (or fiscal yr beginning in)	78,081.	84,684.	168,923.	98,160.	110,452.	540,300.
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	20,483.	33,335.	31,910.	8,577.	1,478.	95,783.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b .	20,483.	33,335.	31,910.	8,577.	1,478.	95,783.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3	636,083. B □
Sec	tion C. Computation of Pul		ercentage	•			
	Public support percentage for 20			e 13 column (f))		. 15	84.9%
				e 13, coluini (1))	• •	16	81.6%
	Public support percentage from tion D. Computation of Inv						
	Investment income percentage f				mn (fl)	. 17	15.1%
17 18	Investment income percentage if	rom 2008 Schedu	e A, Part III, line	17	• •	18	18.4%
						0/ 11 . 17	
19 a	33-1/3 support tests - 2009. If the comore than 33-1/3%, check this b	ox and stop nere .	The organization	qualifies as a pu	bliciy supported d	organization	, <u>v</u>
19 a	33-1/3 support tests - 2009. If the o	oox and stop here. he organization di t this box and sto j	The organization dinot check a box bere. The organi	on line 14 or 19a zation qualifies a	blicly supported o a, and line 16 is m s a publicly suppo	organization nore than 33-1/3%, orted organization	, W

Schedule A	(Form 990 or	990-EZ) 2	009	GRAND	CANYON	COL	ORADO	RIVE	ER I	FUND		86-08	35679		Page 4
Part IV	Supplemer Part II, line	ital Infor	matic	n. Com	plete thi	s part	to pro	ovide	the	explana	tions rec	uired by	Part II	, line 10);
	Part II, line	1/a or	1/b; a	and Parl	III, line	12. P	rovide	any c	othe	r additio	nal infor	mation.	See ins	truction	<u>. </u>
					. -										
									-						
															- -
									_						
					. – – – .					-			- -		
							- -								
								_ -							
- 		- -			 .				-		_				-
					. – – – -								- -		
	- 														
					. -								- -		
	- -									 -					
					. .		- - -			. 			-		
				 -	- 										-
															
- -											-		- -		
	. -				. _										

2009	FEDERAL STATEMENTS	• •	PAGE 1
	GRAND CANYON COLORADO RIVER FUND		86-0835679
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	. 10 OUNTS PAID		
DONEE'S NAME: CASH AMOUNT GIVEN:	GRAND CANYON TRUST	\$	12,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	GRAND CANYON RIVER GUIDES	\$	20,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	GRAND CANYON YOUTH	\$	15,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	THE PEREGRINE FUND	\$	15,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	NATIONAL ABILITY CENTER	\$	10,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	GRAND CANYON WILDLANDS COUNCIL	\$	10,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	CRF - HISTORIC BOATS PROJECT	\$	15,000.
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES ADMIN EXPENSE BANK CHARGES RESOURCE PROJECTS	16	\$ TOTAL <u>\$</u>	4,000. 491. 265,739. 270,230.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ACTS AS A THIRD PARTY ACCOUNT MANAGER APPROVED BY THE NATIONAL PARK SERVICE TO RECEIVE AND MANAGE FUNDS ASSESSED BY CONTRACT TO COLORADO RIVER RAFTING OUTFITTERS. ALL FUNDS WILL ULTIMATELY BE USED ON PROJECTS THAT BENEFIT GRAND CANYON NATIONAL PARK.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ACTS AS THIRD PARTY ACCOUNT MANAGER APPROVED BY THE NATIONAL PARK SERVICE TO MANAGE FUNDS PREVIOUSLY ASSESSED BY CONTRACT TO COLORADO RIVER RAFTING OUTFITTERS. THE FUNDS EXPENDED IN THE CURRENT YEAR WERE USED ON PROJECTS THAT BENEFIT GRAND CANYON NATIONAL PARK.

2009

FEDERAL STATEMENTS

PAGE 2

GRAND CANYON COLORADO RIVER FUND

86-0835679

STATEMENT 5
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ACCEPTS PRIVATE DONATIONS FROM GRAND CANYON NATIONAL PARK RIVER PARTICIPANTS FOR DISTRIBUTION AS GRANTS TO APPROVED NON-PROFIT ORGANIZATIONS WORKING FOR THE PROTECTION AND CONSERVATION OF GRAND CANYON NATIONAL PARK.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO