

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

A For the 2008 calendar year, or tax year beginning <u>July 1</u> , 2008, and ending <u>June 30</u> , 20 <u>09</u>										
B Check if applicable: <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width: 55%;"> C Name of organization Friends of the Green River Positive Action Community Team </td> <td style="width: 30%;"> D Employer identification number 80 0079349 </td> </tr> <tr> <td></td> <td> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 191 </td> <td> E Telephone number (435) 564-8221 </td> </tr> <tr> <td></td> <td> City or town, state or country and ZIP + 4 Green River, UT 84525-0191 </td> <td> F Group Exemption Number </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Friends of the Green River Positive Action Community Team	D Employer identification number 80 0079349		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 191	E Telephone number (435) 564-8221		City or town, state or country and ZIP + 4 Green River, UT 84525-0191	F Group Exemption Number
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Friends of the Green River Positive Action Community Team	D Employer identification number 80 0079349								
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 191	E Telephone number (435) 564-8221								
	City or town, state or country and ZIP + 4 Green River, UT 84525-0191	F Group Exemption Number								
G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶										
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)										
I Website: ▶ http://greenrivercc.tumblr.com/										
J Organization type (check only one) -- <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Check <input type="checkbox"/> 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.										
L 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 ▶ \$ 406,824										

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	323,400
	2 Program service revenue including government fees and contracts	2	1,152
	3 Membership dues and assessments	3	
	4 Investment income	4	366
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c 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"/>		
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b Less: direct expenses other than fundraising expenses	6b	
6c 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	28,806	
7b Less: cost of goods sold	7b	0	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	28,806	
8 Other revenue (describe ▶ RENT, MISCELLANEOUS)	8	53,200	
9 Total revenue. Add lines 1, 2, 3, 5c, 6c, 7c, and 8.	9	406,824	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	125
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	182,902
	13 Professional fees and other payments to independent contractors	13	2,625
	14 Occupancy, rent, utilities, and maintenance	14	45,671
	15 Printing, publications, postage, and shipping	15	258
	16 Other expenses (describe ▶ SEE ATTACHMENT)	16	73,411
	17 Total expenses. Add lines 10 through 16	17	304,992
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	101,832
	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	(37,561)
	20 Other changes in net assets or fund balances (attach explanation)	20	(93)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,178

Part II Balance Sheets. 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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,261	4,917
23 Land and buildings	229,703	344,122
24 Other assets (describe ▶ GRANTS RECEIVABLE)	18,902	1,603
25 Total assets	258,866	350,642
26 Total liabilities (describe ▶ SEE ATTACHMENT)	296,317	286,464
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(37,451)	64,178

RECEIVED
OGDEN, UT

M

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		✓
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		✓
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE		
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		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ NONE		
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. ▶ NONE		
42a	The books are in care of ▶ JONI PACE Telephone no ▶ (435) 564-8221 Located at ▶ 165 S. BROADWAY, GREEN RIVER, UT ZIP + 4 ▶ 84525-0191		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
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: ▶	Yes	No
42c			✓
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		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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
NONE				
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
NONE		
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 Signature of officer Joni Pace Date 5-18-10

Type or print name and title Joni Pace Executive Director

Paid Preparer's Use Only

Preparer's signature <u>T. Ludington</u>	Date <u>5/14/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>585-98-6435</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>SMUIN, RICH & MARSING 294 EAST 100 SOUTH, PRICE, UT 84501</u>	EIN <u>87</u> <u>0358247</u>	Phone no <u>435</u> <u>637-1203</u>	

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			164,554	159,156	323,400	647,110
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 1-3			164,554	159,156	323,400	647,110
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						647,110

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4			164,554	159,156	323,400	647,110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			13	45	366	423
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)			40,405	39,900	83,158	163,463
11 Total support. Add lines 7 through 10						810,996
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 ▶ <input 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	79.79 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.99 %
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

SUPPLIES	14,167
PROGRAM EXPENSES	3,996
FOOD EXPENSE	7,570
CONFERENCES & WORKSHOPS	1,316
TRAVEL	9,878
INCENTIVES	3,451
INTEREST & OVERAGES	9,576
INSURANCE	7,897
FUND RAISING	38
BANK SERVICE FEES	868
DEPRECIATION	9,781
MISCELLANEOUS	<u>4,873</u>
TOTAL	<u><u>73,411</u></u>

FORM 990-EZ, PART I, LINE 20 -- OTHER CHANGES IN NET ASSETS

PRIOR YEAR ADJUSTMENT	<u>(93)</u>
TOTAL	<u><u>(93)</u></u>

FORM 990-EZ, PART II, LINE 26 -- OTHER LIABILITIES

	PY	CY
ACCOUNTS PAYABLE	5,068	8,313
LINE OF CREDIT	11,989	-
ACCRUED LIABILITIES	3,005	4,126
NOTE PAYABLE	<u>276,255</u>	<u>274,025</u>
	<u><u>296,317</u></u>	<u><u>286,464</u></u>

FRIENDS OF THE GREEN RIVER PACT
YE 6/30/2009

FORM 990-EZ, PART III, LINE 31 – OTHER PROGRAM SERVICES

AMERICORP	\$ 2,417
ECCLES FOUNDATION	\$ 24,260
SEAGERS FOUNDATION	\$ 13,753
AVOLON	\$ 12,656
	<hr/>
TOTAL	\$ 53,086
	<hr/> <hr/>

**Friends of Green River Positive Action Community Team
2008-2009 Board Member List**

Chairman
Thomas Burr
Effective 2-21-07

Vice-Chairman
Dale Johnson
Effective 2-21-07

Treasurer
Nancy Dunham
Effective 5-16-07

Secretary
Mary Wilmarth
Effective 1-17-07

Bill Adams
Effective 2-21-07

Maxine Baker
Resigned 7-15-08

Cam Weihing

Connie Copenhaver
Resigned 7-18-07

Char Uptain

Howard Hastings
Resigned 8-15-07

Larry Ekker

Marcy Thayn

Blaine Evans
Judy Evans

Olive Anderson

Judy Bishop
Effective 2-20-08

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- 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 <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization FRIENDS OF THE GREEN RIVER POSITIVE ACTION COMMUNITY TEAM	Employer identification number 80 0079349
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 191	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GREEN RIVER, UT 84525-0191	

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

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

• The books are in the care of ▶ **JONI PACE**

Telephone No. ▶ (**435**) **564-8221** 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning **JULY 1**, 20**08**, and ending **JUNE 30**, 20**09**

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 File by the extended due date for filing the return See instructions	Name of Exempt Organization FRIENDS OF THE GREEN RIVER POSITIVE ACTION TEAM	Employer identification number 80 : 0079349
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 191	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions GREEN RIVER, UT 84525-0191	

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

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

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

- The books are in the care of **JONI PACE**
Telephone No. **(435) 564-8221** 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 MAY 15, 2010.
- 5 For calendar year _____, or other tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.
- 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
**CERTAIN INFORMATION NEEDED TO COMPLETE THE RETURN
HAS NOT BEEN RECEIVED IN TIME TO COMPLETE THE RETU**

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 ▶ _____ Title ▶ _____ Date ▶ _____