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205196877 05/12/2010 1 15 PM

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2009 Open to Public

	TIGIT TICY CITIGO		The organization may have to deed a dopy of this retain to surisfy state reporting requ	an officiato.	inspection
<u>A</u>	For the 2009	9 calendar y	ar, or tax year beginning , and ending	_	
B (Check if applicat		C Name of organization	D Empl	oyer identification number
	Address change	use IRS label or	ROCK SPRINGS RENEWAL FUND, INC.	.	
	Name change	print or	Doing Business As	20.	-5196877
\equiv	Initial return	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite		hone number
\equiv		See Specific	233 C STREET	30	7-352-1434
	Termination	Instruc-	City or town, state or country, and ZIP + 4	G Gross red	eepts\$ 82,521
	Amended return	tions.	ROCK SPRINGS WY 82901		
$\overline{\sqcap}$	Application pend	F Name	and address of principal officer	H(a) Is this	s a group return for
ш	Application pend	.		atfiha	les? Yes X No
				H(b) Are a	ll affiliates Yes No
]		If "No	o," attach a list (see instructions)
$\overline{}$	Tax-exempt :	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		, ,
	Website: ▶			H(c) Grou	p exemption number
$\overline{}$	Type of organiz		oration Trust Association Other ► L Year of formation	11(4) 0.00	M State of legal domicile
	art I	Summa			The Case of legal dominate
÷			ne organization's mission or most significant activities.		
	I.	=	AS A FUNDRAISING ORGANIZATION TO SOLELY BENEFIT		• •
ည	Ł.	•		•	
Паг			L PRUPOSES AND GOALS OF THE ROCK SPRINGS RENEWAL	•	•
& Governance		•	Y SUPPLEMENTING THE BUDGET OF THAT AGENCY TO ALLOW		
Ĝ	ì		If the organization discontinued its operations or disposed of more than 25% of its net as	ssets.	1 _
જ	1	-	members of the governing body (Part VI, line 1a)	3_	5
Activities	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)	. 4	5
₹	5 Total	number of	employees (Part V, line 2a)	. 5	0
Act	6 Total	number of	volunteers (estimate if necessary)	_6	40
-	7a Total	gross unre	ated business revenue from Part VIII, column (C), line 12	7a	
	b Net u	ınrelated bu	siness taxable income from Form 990-T, line 34	7b	0
			Prior Y		Current Year
a	8 Cont	ributions an	grants (Part VIII, line 1h)	30,238	83,008
Š	9 Prog	ram service	revenue (Part VIII, line 2g)		1,553
Revenue	10 Inves	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)	636	352
Œ	li .			36,250	-2,392
	1			57,124	
			ar amounts paid (Part IX, column (A), lines 1–3)		
	1		or for members (Part IX, column (A), line 4)		
		•	ompensation, employee benefits (Part IX, column (A), lines 5–10)		
uses	t		Iraising fees (Part IX, column (A), line 11e)		
ë	ľ			* (J. 1. 192 5 7 7 7 7 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
Expe				0 172	
	17 Otne	r expenses	Part IX, column (A), lines 11和使的压力性的	58,172	40,281
	18 Total	expenses.	(1)	8,172	
- 10		nue less ex	penses. Subtract line 18 from line, 12	1,048	
ts or	00		Beginning of C		End of Year
isse 3alai	1	•	17.1	54,050	196,290
¥8	21 Total	-	art X, line 26) OGDEN, UT	- A A - A - A	105 200
€ 9	22 Net a			54,050	196,290
P	art II	Signatu			
eg 			ies of perjury, I declare that I have examined this return, including accompanying schedules and statements is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which		
	j	and Demand			
Sig	jn	X	Mulhomacol	<u> </u>	<u>5-19-10</u>
He	re		e of officer	Date	e
		N X Pa	ula Wonnacott Treasurer		
Ž			print name and title		
He		Preparer's	Date Chec	k if	Preparer's identifying number
₽ ai	id	signature	self-	oyed ▶ [(see instructions) P00144727
	eparer's		Heyborne, Radakovich & Company, PC	EIN	83-0288275
Us	e Only	Firm's name	1575 Donne Dr. Cho 200		
		if self-emplo address, and	, ,	Phone	• ▶ 307-382-8510
				no	
			turn with the preparer shown above? (see instructions)		Yes No
		t and Pape	work Reduction Act Notice, see the separate instructions.		Form 990 (2009)
DAA	•				\ \

		ROCK SPRINGS				0-5196877	Page 2
Pá	art III St	atement of Progra	ım Service A	ccomplishmer	its		
1		ibe the organization's mi	ission.				
S	See Sche	edule _. O					
		· · · · · · · · · · · · · · · · · · ·					
2	Did the orgai	nization undertake any s	ignificant progra	m services during t	he year which we	re not listed on	
	the prior For	m 990 or 990-EZ?					Yes X No
	If "Yes," des	cribe these new services	s on Schedule O				
3	Did the organ	nization cease conductir	ng, or make sign	ıfıcant changes ın h	ow it conducts, ai	ny program	
	services?				_		Yes X No
	If "Yes," des	cribe these changes on	Schedule O		•		— —
4	Describe the	exempt purpose achiev	ements for each	of the organization	's three largest pi	rogram services by expenses.	
	Section 501(c)(3) and 501(c)(4) orga	nizations and se	ection 4947(a)(1) tru	sts are required t	o report the amount of grants and	
	allocations to	o others, the total expens	ses, and revenue	e, if any, for each p	rogram service re	ported	
				<u></u> -			
	(Code) (Expenses \$		591 including g		.) (Revenue \$)
I	PROVIDE	FUNDING TO	THE ROCK	SPRINGS	RENEWAL A	AGENCY	
							_
					•	•	••
	_			••			•
					•	•	
4b	(Code.) (Expenses \$		including g	rants of \$.) (Revenue S	\$)
4b	(Code.) (Expenses \$		including g	rants of \$.) (Revenue \$,)
4b	(Code.) (Expenses \$		including g	rants of \$) (Revenue \$,)
4b	(Code.) (Expenses \$		including g	rants of \$) (Revenue \$)
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4b) (Expenses \$		including g	rants of \$) (Revenue \$)
46) (Expenses \$		including g	rants of \$) (Revenue \$)
) (Expenses \$		including g) (Revenue \$	
4c	(Code.) (Expenses \$					
4c	(Code.	m services (Describe in		including g) (Revenue \$	
4c	(Code.	m services (Describe in	98 including	including g			

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 2 Is the organization required to complete Schedule B. Schedule of Contributors? X 2 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 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D. Part IV Х 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х If "Yes," complete Schedule G, Part III 19

Form 990 (2009) ROCK SPRINGS RENEWAL FUND, INC. 20-5196877 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form **990** (2009)

197 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009) ROCK SPRINGS RENEWAL FUND, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

20519	96877 05/12/2010 1 15 PM				
Forn	n 990 (2009) ROCK SPRINGS RENEWAL FUND, INC. 20-5196877			Р	age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	h 7b bel	ow, ar	nd	
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processe	s, or ch	anges	in	
	Schedule O. See instructions.				
Sec	ction A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body	5	-	-	
ь	Enter the number of voting members that are independent	5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	any other officer, director, trustee, or key employee?		2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1	.
4	supervision of officers, directors or trustees, or key employees to a management company or other person?		3	<u> </u>	X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets?	•	5	 	X
6	Does the organization have members or stockholders?		6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		-	-	<u> </u>
	of the governing body?		7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•	1.5		
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	•	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	:	X
	ction B. Policies (This Section B requests information about policies not required by the Internal				
Rev	/enue Code.)			.	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	•	10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ł	
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b	ļ	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
44-	form?	•	11	X	<u></u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	-	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		106]	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		12b	 	
•	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		x
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				12
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None			•	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply				
40	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				

State the name, physical address, and telephone number of the person who possesses the books and records of the

233 C STREET

WY 82901

ROCK SPRINGS

organization > PAULA WONNACOTT

20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

|X| Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A) (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Individual trustee or director nstitutional week from from related other ighest employee the organizations compensation est compensated loyee from the organization (W-2/1099-MISC) organization (W-2/1099-MISC) trustee and related organizations LYNNE DEMSHAR VICE PRES 0 0 0 PAULA WONNACOTT TREASURER 0 0 JANA PASTOR PRESIDENT 0 0 0 RENNARD JENSEN BOARD MEMBER 0 0 0 JACK COSTANTINO BOARD MEMBER 0 0

Part VII	Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)	,			
Na	(A) ime and Title	(B) Average	(C) Position (check all that ap				(vlaa	(D) Reportable	(E) Reportable	(F) Estimated				
		hours per week			cc	amount of other compensation from the organization and related organizations								
	· .					_							_	
													_	
·						_						· · · · ·		
· ·														
·· ·														
· ·	··													
1b Total					41			>		0400.000	İ			
	ole compensation from	=		_	tnos	e as	ted a	IDOV	e) who received more than	1 \$ 100,000 in				
	-										١		Yes	No
	organization list any fo se on line 1a? If "Yes,"								oyee, or highest compensa	ted		3		x
									on and other compensation					
ine orga individu		rganizations grea	ater	ınan	⊅1 5	0,00	07 II	re	s," complete Schedule J fo	or such		4	ŀ	X
									ny unrelated organization fo	or				x
	rendered to the organ independent Contract		COI	пріе	ie Si	cned	iule .	ior	such person			5		
1 Comple		ve highest comp	ensa	ated	ındep	pend	lent o	conti	ractors that received more	than \$100,000 of		-		
		(A) business address							Descrip	(B) otion of services		Co	(C) mpensa	ition
								_						
	•	•	-	-			ed to	tho	se listed above) who receive	ved		<u> </u>		
more th	an \$100,000 in compe	risation from the	org	anıza	ation					 			990	(200

	(III Statement o	n reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
amounts d b c	Federated campaigns Membership dues Fundraising events		1a 1b 1c					
E e	Related organizations Government grants (contribution All other contributions, grits, gra and similar amounts not include	ants,	1d 1e	4,000				
and a	Noncash contributions included Total, Add lines 1a-1f	d in lines 1a-1f	\$	75,000	4			
	7 Total: Add in less far 11			Busn. Code				
2a b c d	•	HANDISE,	, ADVER		1,553	1,553		
b					ļļ.			
C					ļ			
} d	l				ļ <u></u>			
ј е								
r f	All other program serv	vice reveni	Je .					
: g	Total. Add lines 2a-2f	f		<u> </u>	1,553	,		
3	Investment income (in	ncluding di	vidends,	interest, and		350		
	other similar amounts	•		P	352	352		
4	Income from investme	ent of tax-e	exempt b	ond proceeds >				
5	Royalties .	(ı) Real		(II) Personal				
6a	Gross Rents	(i) Neai		(ii) Personal	1			
Ь	Less rental exps	· -] ,	•		, '
c								,
١.	· · · · · · · · · · · · · · · · · · ·	loca)		•			······································	
	d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) C		(II) Other	48. 1		٠, ٠		
b	other than inventory Less cost or other						,	
~	basis & sales exps					,		_
l c	Gain or (loss)							
d				>				
8a	Gross income from fundra	aising event	s	· · · · · · · · · · · · · · · · · · ·			-	
b	(not including \$ of contributions reported of	on line 1c)				-	ŕ	
:	See Part IV, line 18	,	a		1			'
<u> </u>	Less direct expenses	•	ь				•	}
ני נ		•	~	ents •				
			using eve	ants P				
9a	Gross income from gamin	ng activities					,	1
	See Part IV, line 19		a]		
	Less: direct expenses	-	b					
	Net income or (loss) fr	_	ig ac <u>tiviti</u>	es 🕨				
10a	Gross sales of invento	-					,	
	returns and allowance		a			ļ		
Ь	Less, cost of goods so	old	ь					
L c	Net income or (loss) fr	rom sales	of invent	ory >	<u></u>			<u> </u>
	Miscellaneous			Busn. Code	,			
11a	TRAVEL REIMB-CI	ITY OF R	s		3,141	3,141		
Ь	•				-5,533	-5,533		
c			- .					
	·		• •		 	-	· - ··	
d		114		L	-2,392			
e		-		7		-487		
112	Total Revenue. See in	nstructions	<u> </u>	<u> P</u>	82,521	-40/		<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

_	All other organizations must of	complete column (A) but a	re not required to comple	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ <u>/B</u>			expenses	general expenses	expenses
'	-				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	 -			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	į			
	persons (as defined under section 4958(f)(1)) and	-			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes			· · · · · · · · · · · · · · · · · · ·	· <u> </u>
11	Fees for services (non-employees)				
а	Management				
b	Legal	28		28	
С	Accounting	655		655	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	207		207	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			-	•
16	Occupancy		··		
17	Travel	2,728		2,728	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		····		
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98	98		
23	Insurance				
23					Ç.,
24	Other expenses Itemize expenses not		, -		,
24	•				· -
	covered above (Expenses grouped together and labeled miscellaneous may not exceed		}	× × ,	
	1			, l	
_	5% of total expenses shown on line 25 below)	25,251	25,251		<u> </u>
a	PRIZES, GRANTS TO OTHERS	3,783	3,783		
b	SUPPLIES	3,783	3,783		
C	FACILITY EXPENSES	1,474	3,100	1,474	
d	OFFICE EXPENSES	1,382	1 202	1,4/4	
е	PRINTING		1,382	500	
f	All other expenses	1,575	1,075		
25	Total functional expenses. Add lines 1 through 24f	40,281	34,689	5,592	
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	1	<u> </u>		Form 990 (2009

_	Balance Sheet	(A)		(B)
_		Beginning of year		End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	122,230	2	119,485
3	Pledges and grants receivable, net	31,519	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
,	Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	1,325
. 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis Complete Part VI of Schedule D 10a 75,5			
b	Less: accumulated depreciation 10b	98 301	10c	75,480
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	-	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34) .	154,050	16	196,29
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	_
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
21 22	Payables to current and former officers, directors, trustees, key	, 4 3		
	employees, highest compensated employees, and disqualified	,, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
:	Organizations that follow SFAS 117, check here ▶ X and			*
27 28	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	31,290
28	Temporarily restricted net assets	154,050	28	90,000
29	Permanently restricted net assets		29	75,000
	Organizations that do not follow SFAS 117, check here ▶	,		
	and complete lines 30 through 34.	,		,
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
30 31 32 33 34	Total net assets or fund balances	154,050	33	196,290
34	Total liabilities and net assets/fund balances	154,050		196,290

Form **990** (2009)

orm	990 (2009) ROCK SPRINGS RENEWAL FUND, INC. 20-5196877		Pag	ge 12
Pa	rt XI : Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			,
	Schedule O			,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			j
	issued on a consolidated basis, separate basis, or both	1		*
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>		ا مد
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ROCK SPRINGS RENEWAL FUND, INC.

Employer identification number

20-5196877

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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: 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). \mathbf{x} 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. b Type II c Type III-Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes 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? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) is the organization (vi) Is the (vii) Amount of organization (described on lines 1-9 the organization in anization in col in col (i) listed in your support col (i) of your above or IRC section (I) organized in the governing document? support? 1157 (see instructions)) Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

Sche	dule A (Form 990 or 990-EZ) 2009 ROC					-5196877	Page 2
Pa	Support Schedule for O (Complete only if you che	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	ecked the box	011 11116 3, 7, 0	i o oi i ait i.j			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	your (or noon your cogg, y	(4) 2000	(8) 2000	(0) 2007	(4) 2000	(0) 2003	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")			100 000	20 020	22 222	
	include any difusual grants.			192,832	30,238	83,008	306,078
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						
Ū	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			192,832	30,238	83,008	306,078
5	The portion of total contributions by each			132,032	30,238	83,008	300,078
•	person (other than a governmental unit or		-				
	publicly supported organization) included			1	,		
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,	,			100 554
6	Public support. Subtract line 5 from line 4		-				180,554 125,524
	tion B. Total Support			<u> </u>		<u> </u>	125,524
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(=) = 000	(2) 2000	192,832	30,238	83,008	306,078
8	Gross income from interest, dividends,			192,032	30,230	03,000	300,070
•	payments received on securities loans,						
	rents, royalties and income from similar			221	636		857
	sources	-		221	636		837
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on .					<u> </u>	
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
11	(Explain in Part IV) Total support. Add lines 7 through 10						206.025
12			<u> </u>	<u> </u>			306,935
13	Gross receipts from related activities, etc	•		with or fifth tour was		(-)(2)	81,681
13	First five years. If the Form 990 is for the organization, check this box and stop her	-	, secona, mira, io	unin, or min tax year	r as a section 501((C)(3)	▶ □
Sec	tion C. Computation of Public St		ane			•	
14	Public support percentage for 2009 (line 6	. * *		nn (fl)		14	40.90%
15	Public support percentage from 2008 Sch			(1))	• •	15	45.05%
16a	33 1/3 % support test—2009. If the organ			12 and line 14 is 2	2 1/2 % or more /		43.03 /8
104	and stop here. The organization qualifies				5 1/5 /6 0/ III.O/e, (CHECK THIS DOX	▶ X
b	33 1/3 % support test—2008. If the organ		•		5 is 33 1/3 % or m	ore check this	
_	box and stop here. The organization quali				3 13 33 173 78 01 111	ore, cricox uns	▶ □
17a	10%-facts-and-circumstances test—200	•			a or 16h and line	 14 is 10% or	- 4
174	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums			-	•		▶ □
b	10%-facts-and-circumstances test—200		=		-		. • 🗀
	more, and if the organization meets the "fa	-					
	organization meets the "facts-and-circums			•	·		▶ □
18	Private foundation. If the organization did		•	, , ,			
	iounium in the organization die	Gricon a box o		ε,α, οι 17ο, οποί	Jino Don and Set		

18

18

Investment income percentage from 2008 Schedule A, Part III, line 17

33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	
		•
• • • •		
•		
•		
•		
•		

SCHEDULE D (Form 990) '

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Inspection Name of the organization Employer identification number ROCK SPRINGS RENEWAL FUND, INC. 20-5196877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		NGS RENEWAL				96877	Page 2
Pa	art (II : Organizations Maintaining	Collections of A	rt, Histori	cal Treas	sures, or Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records,	check any of	the followin	ig that are a significa	ant use of its	
а	Public exhibition	d \square Lo	an or exchar	ae program	ıs		
b	Scholarly research		ther	3- F3	-		
c	Preservation for future generations	• _ •					-
4	Provide a description of the organization's coll Part XIV.	lections and explain h	ow they furth	er the orgar	nization's exempt pu	ırpose ın	
5	During the year, did the organization solicit or	receive donations of	art, historical	treasures, o	or other similar		
_	assets to be sold to raise funds rather than to					% / ". E	Yes No
Pa	Escrow and Custodial Arra IV, line 9, or reported an am				ation answered	"Yes" to For	m 990, Part
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contribu	tions or oth	er assets not		——————————————————————————————————————
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the folio	wing table			••	
	, ,		•				Amount
c	Beginning balance					1c	
4	Additions during the year				•	1d	
•				-	• • • • • • • • • • • • • • • • • • • •		
	Distributions during the year	• •	•	٠		1e	
1	Ending balance			•		1f	
	Did the organization include an amount on For	m 990, Part X, line 2	17				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV			101			
Pa	art V Endowment Funds. Comple	· · · · · · · · · · · · · · · · · · ·	<u>n answere</u>	d "Yes" t			
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Three years	back (e) Four years back
1a	Beginning of year balance						
b	Contributions				•		
С	Net investment earnings, gains,					,	
	and losses					, ,	,
d	Grants or scholarships						,
	Other expenditures for facilities		<u> </u>			75	
Ī	and programs		İ			l ,	
f	Administrative expenses		 - -			 	
· ~	End of year balance				<u></u>		
y			_			<u> </u>	• •
2	Provide the estimated percentage of the year	end balance neld as.					
a	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	sion of the organization	on that are he	eld and adm	inistered for the		
	organization by						Yes No
	(i) unrelated organizations				_		3a(i)
	(ii) related organizations				·		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?		•	•	3b
4	Describe in Part XIV the intended uses of the	•			•		
Pa	art VI Investments—Land, Buildin			Form 990) Part X line 1	Ö	<u>-</u> -
	Description of investment	(a) Cost or other ba	ı	b) Cost or oth		cumulated	(d) Book value
	=	(investment)		basis (other)	1 '	eciation	/=/ ===: . =:
4 -	Lond			- (3)			
	Land			7 6	000		75 000
	Buildings			13,	,000		75,000
	Leasehold improvements						
	Equipment	 					
	Other				L		
ota	I. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part X	l, column (B),	line 10(c))		•	75,00 <u>0</u>

Schedule D (Form 990) 2009 ROCK SPRINGS RENEWAL		20-5196877	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	•
Financial derivatives			
Closely-held equity interests			
Other			
		" -	
		· · · · · · · · · · · · · · · · · · ·	
~			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>	<u> </u>	
Part VIII Investments—Program Related. See Form 99	00, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation.	
		Cost or end-of-year market value	•
		1	
			
	 		
		•	
			·
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Boo	ok value
	· · · · · · · · · · · · · · · · · · ·		
Total (Column (h) much as yell Form 2000 Part V and (P) has 45			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2	<i>-</i>	<u> </u>	
	T		
1 (a) Description of liability	(b) Amount		
Federal income taxes		<u>.</u>	
		<u> </u>	
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Table (Column (b) must some Forms 000 Park V (1994 007)	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization of the footnote to the organization of the footnote to the organization.	nization's financial statem	ents that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 ROCK SPRINGS RENEWAL FUND, INC. 20-519687	7	Page 4
Pa	ort XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	rt XII 🧍 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	<u> </u>	
- а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c	1	
с С	Other (Describe in Part XIV.)	1	
đ	· · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	ł	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 900, Part I, line 12.)	5	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>
	rt XIII 🤄 Reconciliation of Expenses per Audited Financial Statements With Expenses per I		n
	Total expenses and losses per audited financial statements. With Expenses per I		n
Pa	rt XIII 🤄 Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	n
Pa 1	Total expenses and losses per audited financial statements. With Expenses per I	Retur	n
1 2	Total expenses and losses per audited financial Statements With Expenses per I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	Retur	n
Pa 1 2 a	Total expenses and losses per audited financial Statements With Expenses per I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a	Retur	n
Pa 1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Prior year adjustments Prior year adjustments Prior year adjustments	Retur	n
Pa 1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Prior year adjustments Other losses	Retur	n
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Pa 1 2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	Retur 1	n
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Sched	ule () <u>(Fo</u>	<u>m</u> 9	90)	2009	R	OC.	K	SPI	RII	NG	3 R	EN.	SWA	Т	FU	ND	•	IN	C.			20-	-51	.96	87	7						Page 5
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SCHEDULE'M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROCK SPRINGS RENEWAL FUND, INC

Employer identification number 20-5196877

Pa	irt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determining			
		applicable		Form 990, Part VIII, line 1g	revenues			
1	Art—Works of art .							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures .		-					
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial	X	1	75,000				
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		<u></u>		1.8-2-			
24	Archeological artifacts							
25	Other ►(
26	Other ► ()							
27	Other ►(
28	Other ►(<u>. </u>		, , , , , ,				
29	Number of Forms 8283 received by	_	= -		00			
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	eagement	29		Yes	No
20-	During the year did the experiment		. contribution only proper	turonatad in Dart Linea	1 38 that	-	163	110
30a	During the year, did the organization		• • •	•		- 1		!
	it must hold for at least three years f			on, and which is not requir	ed to be	30a		X
h	used for exempt purposes for the en		g periou?			30a		 -
ь 31	If "Yes," describe the arrangement in Does the organization have a gift ac		values that requires the re	www.of.anv.non-etandard				, [
31	contributions?	серіапсе і	oncy that requires the re	eview of any non-standard		31		X
32a	Does the organization hire or use the	rd narties	or related organizations	to solicit process or sell n	oncash	_ <u>~</u> -		_
JZA	contributions?	iu paines	or related organizations	to solicit, process, or sell ti	5,104511	32a		x
b	If "Yes," describe in Part II		•		•	u		_ _
33	If the organization did not report reve	enues in co	olumn (c) for a type of pr	operty for which column (a) is checked.			1
	describe in Part II.		(2) -2- 2 3/22 21 21		,			

Schedule M (Forr	n 990) 2009	ROCK	SPR	INGS	RENEWA	L FUNI	, INC	. 2	20-5196	877		Page 2
Part II	Supplen 32b, and	n <mark>ental li</mark> d 33. Als	nforma so com	tion. Co	omplete this part for	his part to any addi	provide	the information.	ation requ	ired by Par	t I, lines	30b,
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ROCK SPRINGS RENEWAL FUND, INC.

Employer identification number 20-5196877

Form 990 - Organization's Mission or Most Significant Activities TO SERVE AS A FUNDRAISING ORGANIZATION TO SOLELY BENEFIT THE LAWFUL PRUPOSES AND GOALS OF THE ROCK SPRINGS RENEWAL AGENCY, BY SUPPLEMENTING THE BUDGET OF THAT AGENCY TO ALLOW IT TO COMPLETE ITS URBAN RENEWAL PALN FOR THE CITY OF ROCK SPRINGS, WYOMING. Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 REVIEWED AT REGULAR BOARD MEETING. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

			Specia	al Events	Schedu	le			
Form 99	0								2009
		For calendar year 2009, o	or tax year begini	ning		, and e	ending		
me								Employ	er Identification Number
ROCK SE	RINGS	RENEWAL FUND	, INC.					20-5	196877
		(A)	(B)	_	(C)	_	Others		Total
Fross receipts	-	76,635						0	76,635
Less contrib	-	0				0		0	0
Pross revenue	-	76,635		<u> </u>		<u> </u>		0	76,635
Less direct e	-	82,168	·	0		<u> </u>		0	82,168
Net income (loss)				()		0		0	-5,533
let income (ic	=					<u> </u>			
let income (id	(A) (B) (C)	RENEWAL BAL	L/CHOC F	ESTIVAL	<u>. </u>	<u> </u>			
	(A) (B)		L/CHOC F	ESTIVAL	<u>; </u>				
	(A) (B) (C)		L/CHOC F	ESTIVAL	<u>.</u>				
	(A) (B) (C)		L/CHOC F	ESTIVAL	<u>-</u>				

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Identifying number

	ROCK SI	PRINGS RENE	WAL FUND	, INC	·			20-	<u>519</u>	6877
	ess or activity to which this form relates									
	ndirect Depreciat				. = -					
Pá	Election To Expen	•	•				mlata Di	1		
	Note: If you have a				etore you	ı com	piete Pa	art I.	_	250.000
1	Maximum amount. See the instruc			esses	•				1	250,000
2 3	Total cost of section 179 property		•	.notruot.					2	800,000
4	Threshold cost of section 179 prop		•			•		. }	3	800,000
5	Reduction in limitation Subtract lii Dollar limitation for tax year Subtract lir			-	. congrataly a	oo inotn			5	
6	(a) Description		11 1635, enter -0- 11 111a		(business use			lected cost	ວ	
	(a) Description	, or property		(5) 5031	(00311033 030	, oy,	(0) =	100100 0031		_
		-				+				. !
7	Listed property Enter the amount	from line 29		_		7				-
8	Total elected cost of section 179 p	• •	ts in column (c) lin	nes A ser	17	<u> </u>		<u> </u>	8	
9	Tentative deduction. Enter the sm	• •	• • •	ics o and		•		į	9	
10	Carryover of disallowed deduction		•	•		•			10	,
11	Business income limitation Enter	•		ss than z	ero) or line !	5 (see i	nstruction	ري (11	<u> </u>
12	Section 179 expense deduction A		•		•	o (555 i		.,	12	
13	Carryover of disallowed deduction					13			:	,
	: Do not use Part II or Part III below					1				<u> </u>
Pa	art II Special Depreciat	on Allowance a	nd Other Depi	reciation	on (Do no	t incl	ude liste	ed prope	ertv.)	(See instr.)
14	Special depreciation allowance for									<u>'</u>
	during the tax year (see instruction	ns)	•						14	
15	Property subject to section 168(f)(1) election	•					•	15	
16	Other depreciation (including ACF	IS)	•••	·		•			16	98
Pa	rt III MACRS Depreciat	ion (Do not incl	ude listed prop	erty.) (See instr	uctior	າຣ.)			
			Secti	ion A						
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	efore 200	9				17	0
18	If you are electing to group any assets p								,	
	Section B—/	Assets Placed in Se			ar Using the	Gene	al Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ent use	(d) Recovery period	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	'								
b	5-year property	,	<u>-</u>			<u></u>				
<u> </u>	7-year property									
d	10-year property	, ,				ļ				
е	15-year property									
f	20-year property	,	,			ļ				
g	25-year property				25 yrs.	ļ		S/L		
h					27 5 yrs	1	мм	S/L		
	property				27 5 yrs		MM	S/L		
i	Nonresidential real				39 yrs.		MM	S/L		
	property		L	l			MM I	S/L		
		sets Placed in Serv	rice During 2009 T	ax Year	Using the /	Alterna	tive Depr		ysten	n 1
	Class life	,						S/L		
	12-year				12 yrs.	ļ		S/L		
	40-year	tructions \	L		40 yrs.		MM	S/L		L
	Irt IV Summary (See ins							····		<u> </u>
21	Listed property Enter amount from			aalum = 1	- سالسممارم	04 504		٠	21	
22	Total. Add amounts from line 12, I	-					er nere		20	98
22	and on the appropriate lines of you For assets shown above and place	· · · · · · · · · · · · · · · · · · ·			ະກາຣແພບແວກຮ	Т			22	36
23	portion of the basis attributable to	=	ne current year, er	itel (He		23				
	portion of the basis attributable to	SECTION ZOOM COSTS				23				4-00

5/12/2010 1:15 PM Fund Raising ٠ 473 500 Management & General S Form 990, Part IX, Line 24f - All Other Expenses 65 1,075 1,010 Program Service 205196877 ROCK SPRINGS RENEWAL FUND, INC. Federal Statements 1,010 473 65 27 1,575 Total Expenses ٠S Description STAFF DEVELOPMENT MEMBERSHIPS OTHER FYE: 12/31/2009 Total POSTAGE

205196877 ROCK SPRINGS RENEWAL FUND, INC.
20-5196877 Federal Statements

FYE: 12/31/2009

5/12/2010 1:15 PM

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	Excess				
RED HORSE OIL COMPANY OTHER	\$ 141,000 51,832	\$	134,861 45,693			
Total	\$ 192,832	\$	180,554			

Rock Springs Renewal Fund, Inc. Member Contact Sheet

As of December, 31st, 2009

RSRF Members

Jana Pastor, President 211 College Court Rock Springs, WY 82901 307-382-1666 jpastor@wwcc.wy.edu

Paula Wonnacott, Treasurer 711 C Street Rock Springs, WY 82901 307-362-7452 Paulaace1@msn.com

Lynne Demshar, Vice President 1552 Walnut Street Rock Springs, WY 82901 307-382-2594 thedemshars@wyoming.com

Rennard Jensen, Member 412 Soulsby Rock Springs, WY 82901 307-362-7374 randcjensen@sweetwaterhsa.com

Jack Costantino, Member 1317 Virginia Rock Springs, WY 82901 307-352-0407 Jack.costantino@rsnb.com

Lisa Mueller, Fiscal Agent 450 South Main Street Rock Springs, WY 82901 307-352-1434 lisa mueller@rswy.net