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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

**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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>SAWYER COUNTY DEVELOPMENT CORPORATION</b>		<b>D Employer identification number</b> <b>39-1814802</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>10638 HAYWARD COURT</b>	<b>E Telephone number</b> <b>715-634-7226</b>	
		City or town, state or country, and ZIP + 4 <b>HAYWARD, WI 54843</b>		<b>F Group Exemption Number</b> ▶

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

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.scdc.us

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **157362**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	50700	10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts . . . . .	2	99653	11	Benefits paid to or for members . . . . .	11	
3	Membership dues and assessments . . . . .	3	6800	12	Salaries, other compensation, and employee benefits . . . . .	12	115605
4	Investment income . . . . .	4	209	13	Professional fees and other payments to independent contractors . . . . .	13	2102
5a	Gross amount from sale of assets other than inventory . . . . .	5a		14	Occupancy, rent, utilities, and maintenance . . . . .	14	8000
b	Less: cost or other basis and sales expenses . . . . .	5b		15	Printing, publications, postage, and shipping . . . . .	15	1424
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		16	Other expenses (describe ▶ SCHEDULE ATTACHED) . . . . .	16	38516
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>			17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	165647
a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(8285)
b	Less: direct expenses other than fundraising expenses . . . . .	6b		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	6803
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	1482
b	Less: cost of goods sold . . . . .	7b		<div style="border: 1px solid black; padding: 5px; display: inline-block;">           RECEIVED            MAY 17 2010            OGDEN, UT            IRS-OSC         </div>			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c					
8	Other revenue (describe ▶ ) . . . . .	8					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	157362				

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	16487	22 6018
23	Land and buildings . . . . .	1652	23 1172
24	Other assets (describe ▶ ) . . . . .		24
25	<b>Total assets</b> . . . . .	18139	25 7190
26	<b>Total liabilities</b> (describe ▶ P/R LIABILITIES & REVOLVING LOAN PAYABLE) . . . . .	11336	26 8672
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	6803	27 (1482)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	N/A	
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 outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ WISCONSIN		
42a	The organization's books are in care of ▶ MARK BECKMAN Telephone no. ▶ 715-634-2653 Located at ▶ PO BOX 986, HAYWARD, WI ZIP + 4 ▶ 54843		
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.		
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: ▶ _____		
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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 . . . . . 

Yes	No
46	✓
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . 

Yes	No
47	✓
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

Yes	No
48	✓
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

Yes	No
49a	✓
- b If "Yes," was the related organization a section 527 organization? . . . . . 

Yes	No
49b	✓
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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**

▶ Mark N Beckman CIA Date 5-11-10  
 Signature of officer

▶ Mark N Beckman Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Mark N Beckman CIA Date 5-11-10 Check if self-employed  Preparer's identifying number (See instructions) P00269053

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANDERSON HAGER & MOE S.C. EIN ▶ 39-1248105

PO BOX 986, HAYWARD, WI 54843 Phone no ▶ 715-634-2653

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

**SUPPLEMENTAL STATEMENT**

**TAXPAYER: SAWYER COUNTY DEVELOPMENT CORPORATION, INC.**

**TAX YEAR: 2009**

**FEIN: 39-1814802**

**FORM: 990 EZ**

**LINE 16: OTHER EXPENSES**

DEPRECIATION	584 00
ADVERTISING GENERAL	805.00
DUES/SUBSCRIPTIONS	138 00
I & E EXPENSE	226.00
INSURANCE	2,555.00
TELEPHONE	2,533.00
MAINT/SIGN PAINT/ETC	45 00
TRAVEL	2,092.00
ANNUAL DINNER	208 00
REVOLVING LOAN	8,000.00
PROJECT EXPENSES	21,305.00
MEETING ROOM EXPENSE	<u>25.00</u>
TOTAL OTHER EXPENSES	<u><u>38,516.00</u></u>

# SCDC Board of Directors

<u>NAME</u>	<u>PHONE</u>	<u>CELL</u>	<u>PHONE</u>	<u>FAX</u>	<u>ADDRESS</u>	<u>EMAIL</u>	<u>Term Expires</u>
Mike BeBeau	682-6936		682-6921		Xcel Energy 301 E Lakeshore Dr., Ashland 54806	michael.s.bebeau@xcelene rgy.com	12/31/2010
*Mark Beckman, Treasurer	634-2653		634-2456		Anderson, Hager & Moe P.O. Box <del>287</del> 586	mbeckman@ahmcpa.com	12/31/2010
Dustin Beckwith	634-7653				10631 Hayward Court Hayward, WI 54843	dbeckwith@c21woodstowa ter.com	12/31/2011
*Scott Chapin, President	634-6513		634-4124		RJF Agencies P.O. Box 989	chapins@rjfagencies.com	12/31/2011
Lynn Fitch	634-5167		634-8387		WITC 15618 Windrose Lane, Suite 106	lynn.fitch@witc.edu	12/31/2011
Mike Gehrke	266-8951				6272 W Everson Road Winter, WI 54896	treefarm@centurytel.net	12/31/2009
Linda Graham	634-4274				Beehive Botanicals 16297W Nursery Road	linda@beehivebotanicals.c om	12/31/2009
Steve Helmers	266-2041				6416W Hunter Lake Road Winter, WI	badger46@gmail.com	12/31/2011
*Jeff Homuth, Vice President	634-7179		934-2011		Hayward Mercantile Co. P.O. Box 226	hayward merc@cheqnet.net	12/31/2010
Will LaBreche	634-1661h -4882w		634-8191		Sawyer County Record P.O. Box 919	wlabreche@hotmail.com	12/31/2009
Gary Nathan	634-3585	699-4040	634-2884		8540N Woodland Road	nathan@cheqnet.net	12/31/2011
Carol Oiler	466-2201		466-2205		North Woods Community Health Center 600 Shell Creek Road Minong, WI 54859	coller@nwchc.org	12/31/2010

*Dave Reardon, Secretary	634-2674	634-8027	Peoples Bank of WI P.O. Box 391	dreardon@pnbnet.com	12/31/2009
Joe Timmerman	558-6571		10411 Sorenson Drive Hayward, WI 54843	jtimmerman3444@charter.net	12/31/2011
Tom Turngren	934-8223	634-4888	Johnson Bank P.O. Box 745	tturngren@johnsonbank.com	12/31/2009
Matt Vandelac	634-4648		16160W Woodland Hills Drive	yandy@pga.com	12/31/2011
Cliff Williams	634-8931	634-1358	Hayward Community Credit Union P.O. Box 876	cliffhccu@cheqnet.net	12/31/2010
Shirley Riedmann	634-9281		15536W County Road B, Unit A3	sjriedmann@centurytel.net	S.C. Board of Directors' Representative

#### Committees

Budget and Finance: Jeff H. chair, Dave R., Tom T., Mark B., Scott A.

Business Incubator: Dave B., Scott C., Gary N., Kevin Ruetten, Mike G., Lynn F. Scott A.

Housing: Gary N., Dave R., Cliff W., Tom T., Scott A.

Lake Country Community Foundation: Gary N., Cliff W., Jeff H., Scott A.

Nominating: Gary N. chair, Cliff W., Jeff H., Dave R., Mark B., Scott A.

Public Relations: Will L. chair, Scott C., Matt V.

Tuscobia Trail: Jeff H., Kris M., Steve H., Scott A.