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SCANNED APR 16 2010

## Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-1150

Open to Public

Depa Inter	artment nal Rev	of the Treasury venue Service		► The organiz	ation may have to use a	may use to a copy of t		fy state rep	orting	requirements			Inspection
_	For t	he 2009 calend	dar vo:	ar, or tax year beg	inning		2009	e, and er	ndino				
	Check Addres	if applicable ss change change return type	ISSE SI IRS SI I or 7 S	WEETWATER CO WINSTON DI OCK SPRINGS	D. BOARD OF R. STE #129	REAL		,		D	83 Teler	-02 phone	identification number 271810 number 362-6460
		ded return linstrations	ruc-							F		up E nber	xemption
	• 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 Other (specify) ▶										X	Cash Accrual	
	Web	site: ► N/A			- · · · - · · ·		-			Check ► X			ganization is <b>not</b> edule B (Form 990,
		xempt status (che		one) - X 501(c)	( 6 ) ◀ (insert r	10)	4947(a)(1) or	527		990-EZ, or 99	0-PF)	).	
K				zation is not a sec Form 990 return is									
L	Add inste	lines 5b, 6b, a ad of Form 99	nd 7b, 0-EZ	to line 9 to deterr	nine gross receip	s, if \$50	00,000 or mo	re, file F	orm '	990		▶ \$	49,985.
Pa	rt I			penses, and C			ts or Fund	Baland	ces	(See the in	struc	ctio	ns for Part I.)
	1		-	grants, and simila							L	1	4 005
	2	_		enue including go	overnment fees ar	id contr	acts				<u> </u>	2	4,025.
	3	· · · •		nd assessments						• •	H	3 4	39,820. 100.
	4	Investment in		cala of accord oth	.ar than invantani			5a			⊢	-	100.
R	l			sale of assets oth	_			5b	-		$\dashv$	į	
	b Less. cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$									5 c			
E									7 F	-	<del> </del>		
É									۱ ۲	j			
ÿ									5.				
_									<del>-</del>	- 1			
										6c	3,885.		
	1	Less cost of		-				7b				- 1	
	I		_	) from sales of in	ventory (Subtract	line 7b	from line 7a)					7 c	
	8	Other revenue (d	describe	► SEE STATE	MENT 1		DECE	00//0-0		_	ìΓ	8	2,155.
	9	•		lines 1, 2, 3, 4, 5			NECL	IVL	٠		▶	9	49,985.
	10			mounts paid (atta		5					-	10	
_	11	Benefits paid		· ·	,	E2.61	MAR 2	A 2010	ן ו	٥́١		11	
X P E	12	Salaries, other	er com	pensation, and en	nployee benefits		WICH B	M LOIG	´	IRS-OS(		12	6,473.
E	13	Professional	fees ar	nd other payments	s to independent o	contract		מית ה		<b>"</b>	Ŀ	13	1,400.
S E S	14	Occupancy, r	ent, ut	pensation, and en nd other payments ilities, and mainte	nance		UGUE	$\mathbb{N}$ . $\mathbb{U}$			Ľ	14	1,092.
S	15	Printing, publ	псацол	s, postage, and s	nipping .						_	15	51.
	16			► SEE STATE						)	_	16	34,043.
	17			ld lines 10 through							-	17	43,059.
	18	•	•	or the year (Subtr			•	٠	•		-	18	6,926.
N S E T S	19	figure reporte	ed on p	palances at beginr rior year's return)				(must a	gree	with end-of-y	Ľ	19	57,396.
Ţ	20	-		et assets or fund t	·						-	20	
	21			palances at end of				<del> "</del>				21	64,322.
Pa	rt II	Balance	e She	ets. If Total asse		<u>mn (B)</u>	are \$1,250,00	00 or mo					
	_			(See the instruct	tions for Part II)				<u>⊢(A</u>	) Beginning o			(B) End of year
22		sh, savings, ar		stments	•		••		<u> </u>	53,5	46.	_	58,363.
23		nd and building		CDD CDAME	י שנאשי				_	E 0	59.	23	5,959.
24		-	scribe	SEE STATE	INCINI 2	—— <sup>)</sup>				59,5		24	64,322.
25		tal assets	doconil	e ► SEE STAT	PEMENT 1		`	•			09.		04,322.
26 27				nces (line 27 of c		gree wi	th line 21)		<u> </u>	57,3			64,322.

Form 990-EZ (2009

<u>ہ</u> ۔	orm	990-EZ (2009) SWEETWATER CO.				-02	71810	Page 2
Ī	Par	t III Statement of Program Se	ons.)		Expenses			
Ī	What i	s the organization's primary exempt purpose? RE	(Reg	uired for section (3) and (4) nizations and (4) (7) trusts; c	on			
[	Desc	ribe what was achieved in carrying out the	ncise manner,	orga	nizations and	section		
9	desci	ribe the services provided, the number of arm title	each	4947	'(a)(1) trusts; c thers.)	ptional		
1		am title	101 0	1				
	28							
			<del></del> -					
		(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	<u> </u>	28 a		
	29							
					ŧ.			
		(Grants \$ ) If the	nis amount includes foreign gi	rants, check here		29 a	[	
	30	7-1-1-						
	50							
		(Grants \$ ) If the	nis amount includes foreign gi	rants check here		30 a		
	21	Other program services (attach schedule		iains, check here		30 a		
	31		=) nis amount includes foreign gi	ranta chack hara	▶ □	31 a		
	22	Total program service expenses (add li		iains, check here		32		
Г	<u>32</u> Par			ployeog Lud and		-		·notro \
L	Far	tiv   List of Officers, Directors		<del></del>				
		(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar	เง าร and	(e) Expense and other allo	owances
_		(2) / (	to position		deferred compensa	tion		
	SHI	RLEY ROBERTSON	PRESIDENT	0.	"	0.		0.
_	810	DEWAR DRIVE	1.00				į	
-		K SPRINGS, WY	1					
_		KY COSTANTINO	VICE PRESIDENT	0.		0.		0.
_		BROADWAY	1.00			٠.		٠.
_		K SPRINGS, WY 82901	1.00					
_		· · · · · · · · · · · · · · · · · · ·	mp D A CUIDED					
_		LY_PALMER	TREASURER			0.		0.
_		UINTA	1.00					
_		EN RIVER, WY 82935						
_	HAI	LEE HOLMES	SECRETARY	0.		0.		0.
			1.00					
_	ROC	K SPRINGS, WY 82901						
_	MAR	GIE SMITH	DIRECTOR	0.		0.		0.
-	141	3 A DEWAR DRIVE	1.00					
_		K SPRINGS, WY 82901	1					
_		N CARRIER	DIRECTOR	0.		0.		0.
_		DEWAR DRIVE	1.00			Ο.		٥.
_			1.00					
_		K SPRING, WY 82901	5-5-6-6-5					
		NEL FOSSEN	DIRECTOR			0.		0.
_		3 DEWAR DRIVE STE 2	1.00					
_	ROC	K SPRINGS, WY 82901						
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Pai	other Information (Note the statement requirements in the instrs for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
l	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities . 39b N/A			
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
ı	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b	:	
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u></u>
41	List the states with which a copy of this return is filed NONE			
	a The organization's books are in care of ► SWEETWATER CO BD OF REALTORS  Located at ► 79 WINSTON DR. STE #129 ROCK SPRINGS WY  ZIP + 4 ► 82901	<u>362</u> 	-646 	0 
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
(	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. '		N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44_		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
=			E7 /	2000

Form 990-E	Z (200 <u>9)</u>	SWEETWATER	CO.	BOARD	OF	REALTORS	83-0271810	Pa
Part VI	Section	on 501(c)(3) or	ganiz	ations a	and	section 4947(a)(1) nonexem	pt charitable trusts only. All so	ection

Page 4

	501(c)(3) organizations and set 46-49b and complete the tables	ction 4947(a)(1) noi s for lines 50 and 5	nexempt char 1.	itable trusts must answer q	uestions	•		
<ul> <li>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.</li> <li>47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II</li> <li>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E</li> <li>49 a Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>b If 'Yes,' was the related organization a section 527 organization?</li> <li>50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees as the complete of the organization of the</li></ul>								
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 and deferred compensation								
f Total	number of other employees paid over \$1	100.000						
<b>51</b> Comp	plete this table for the organization's five ensation from the organization if there i	highest compensated in	dependent contr	actors who each received more the	nan \$100,0	00 of		
	(a) Name and address of each independent contr	ractor paid more than \$100,000		(b) Type of service	(c) Compensa	ation		
<b>d</b> Total	number of other independent contractors	s each receiving over \$1	00,000	<b>-</b>				
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (  X  Signature of officer  SHIRLEY ROBERTSON  Type or print name and title	nined this return, including accor other than officer) is based on a	npanying schedules an Il information of which	nd statements, and to the best of my knowled preparer has any knowledge  3-/5-JOID  Date  PRESIDENT	ge and belief,	ıt ıs		
Paid Pre- parer's Use	Firm's name (or yours if self-employed).  Preparer's  SCHNAUBER, HALL  PO BOX 970/220	& ASSOCIATES, B STREET	Date 3-13 P.C.	3- D employed ► P006	er's Identifying structions) 642575 -024519			
Only	laddrage and	Y 82902-0970		Phone no ► (307)	362-663			
May the IRS	S discuss this return with the preparer sh	nown above? See instru	ctions		X Yes orm 990-E2	No (2009)		

2009	FEDERAL S	STATEMENTS		PAGE 1
	SWEETWATER CO. I	BOARD OF REALTORS	······································	83-027181
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE	· .		TOTAL \$	2,155. 2,155.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADVERTISING AND PROMOTION BANK CHARGES BUSINESS PROMOTIONS			\$	1,571. 10. 125.
CONFERENCES, CONVENTIONS, EDUCATION EMPLOYEE RELATIONS MEALS AND ENTERTAINMENT MILEAGE REIMBURSEMENT NAR DUES SUPPLIES TAXES TELEPHONE WAR DUES			TOTAL \$	3,877. 505. 583. 2,097. 1,342. 805. 329. 25. 490. 22,284. 34,043.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS				
INVESTMENT IN MLS			5,959. \$ 5,959. \$	ENDING 5,959 5,959
STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES				
DUE TO SWEETWATER BD -MLS		TOTAL \$	2,109. \$ 2,109. \$	ENDING 0. 0.

2009

## **FEDERAL STATEMENTS**

PAGE 2

## **SWEETWATER CO. BOARD OF REALTORS**

83-0271810

STATEMENT 5		
FORM 990-EZ, PART VI		
REGARDING TRANSFERS ASSOCIATE	D WITH PERSONAL E	BENEFIT CONTRACTS

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

NO

NO