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Department of the Treasury Internal Revenue Service

SCANNED FEB 0 7 2011

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

_					07/0	/00	· · · ·	06	/30/1	^			
	For the 2009 ca		1				, and ending		/30/1	<u> </u>		Fla-	!dan###
<u>3</u> C	heck if applicable	Please use IRS	C Name of orga		SWEETWATE:						P	Employ	yer identification number
A	ddress change	label or			SCHOOL FO	JNDATIC	<u> NC</u>					20	CD 41 C 41
\neg	lame change	print or	Doing Busine	ess As								20-	5741541
딝.	nutual naturna	type	Number and	street (or P O	box if mail is not deli	vered to street	address)			Room/suite	E		one number
昗"	nitial return	See	PO BO	X 1089								307	-362-2554
) T	ermination	Specific Instruc-	City or tow	n, state or c	ountry, and ZIP +	4					G	Gross receip	pts\$ 64,978
_ A	Amended return	tions.	ROCK	SPRING	S	WY	82902						
Ξ,	Application pending	F Nam	e and address	of principal	officer) H((a) Isthisa	group return for
	rppileation pending											affiliates	
		1									H	(b) Are all a included	affiliates Yes No
		1											attach a list (see instructions)
$\overline{}$	Tax-exempt stat	us X	501(c) (_	3) ◀	(insert no)	4947(a)(1	1) or	527					
	Website: ▶		1 20.(0)	- / -	(<u> </u>	:					(c) Group e	exemption number
	Type of organization		rporation 7	Trust A	Association O	ther >			L.	Year of format			M State of legal domicile
		umma		1031 /	ASSOCIATION	ner p				100,0,10,1112			
5% 1 A				tion's miss	ion or most sig	nificant aci	tivities:					_	
			-		TOF DIST			משאשונים	,				•
မွ	ENT.	RICHM	ENT/ENHA	MCEMEN	IT OF DIST	RICT W	IIDE SIC	DENIS)				
aŭ													
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ŏ	2 Check t	his box	▶	rganizatio	n discontinued	its operation	ons or dispo	sed of m	ore than 2	5% of its i	net assets	s .	
Activities & Governance	3 Numbei	r of votin	g members o	of the gove	erning body (Pa	rt VI, line 1	ia)					3	
Se	4 Number	r of inde	endent votin	ıg member	rs of the govern	ing body (Part VI, line	1b)				4	
Viti	i		employees (-	-							5	
Ę			volunteers (-	•							6	
⋖	ľ		•		e from Part VIII	. column ((C), line 12					7a	
					from Form 990					•		7b	0
	D IVECUIII	CIGIOG D	JOHNOOD RANGE	<u>ис шостто</u>	7 110111 7 01111 001	, 1, iii 0 ,	<u>, </u>				Prior Year		Current Year
	8 Contrib	utions ai	nd grants (Pa	rt VIII, line	e 1h)						70,	,733	54,299
Ę			e revenue (Pa										
Revenue					A), lines 3, 4, a	nd 7d)					1,	,571	1,060
æ	1		•	•	nes 5, 6d, 8c, 9	•	d 11a\					,564	9,619
	_							o 12\				,740	64,978
					(must equal Pa			le 12)		 		,507	19,796
					<i>J</i> 1		1				<u> </u>	, 30 /	15,150
	14 Benefit	s paid to	or for memb	ers (Partu.	column (A),	ine 4)		5 40)				- 1	
es	{				benefits (Pai		ın (A), lines	5–10)				 +	
enses					column (A), line						a. 1964 - 17-4-	142 Set 11 1	The the second second second second
Expe	b Total f	ındraisin	g-expenses (Partux, ce	domn (D), line 2 ines 11a-11d, 1	25) ▶				100 m			
Ш												,945	21,249
	18 Total e	xpenses	. Add lines 10	3–17 (mus	t equal Part IX,	column (A	4), line 25)					,452	41,045
	19 Revenu	ue less e	xpenses Sul	otract line	18 from line 12							,288	23,933
Sor			<u></u>							Beginnii	ng of Curre		End of Year
Net Assets or	20 Total a	•	art X, line 16)	•						<u> </u>		,905	263,675
¥.	21 Total lia	abilities	(Part X, line 2	:6)								,928	13,765
Ž	22 Net ass	sets or fu	ınd balances	. Subtract	line 21 from lin	e 20				<u>L</u>	225	,977	249,910
以 P	anili d		ure Block										
	ī	Jnder pen	alties of portury	, I declare th	hat I have examin	ed this returi	n, including a	companyi	ing schedule	s and state	ments, and	d to the be	st of my knowledge
	a	ind belief,	it is true, conje	ct, and comp	plete Deplaration	of preparer	(other than of	ticer) is ba	ised on all in	itormation o	i which pre	eparer has	апу кложіедде
Sig	gn 👍		Sun	ut	<e_< td=""><td>•</td><td></td><td></td><td></td><td></td><td></td><td>01</td><td>-20-11</td></e_<>	•						01	-20-11
He		Signa	ture of officer									Date	
_			USSELL	KIRLI	CN /				PRES	IDENT			
]]	—	or print name a										
_					1 1				Date	<u>-</u>	Check if		Preparer's identifying number
Pa	10	Preparer's signature		, RA	h V	,	PAA			4/11	self-		(see instructions) P00144725
	eparer's		- AND	///	Jun	14.	<u> </u>				employed	T	
	- 1	rm's nan	ne (or yours		ørne, R			c COM	wany,	PC		EIN D	83-0288275
_0	n	f self-emp		1579	Dewar							Phone	207 200 0510
			nd ZIP + 4		c Spring)1				no	<u> 307-382-8510</u>
					r shown above								Yes No
		and Pap	erwork Red	uction Act	Notice, see th	e separat	e instructio	ns.	_				Form 990 (2009)
DA	Ą												

Form 990 (2009) SWEETWATER ONE PUBLIC PARTITION Statement of Program Service Accomplishments

 Briefly describe the organization 	n's mission.
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ENTRICHMENT/	ENHANCEMENT	OF	DISTRICT	WIDE	STUDENTS	

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ including grants of \$) (Revenue \$ ENRICHMENT/ENHANCEMENT OF DISTRICT STUDENTS	.)
		·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_		
	d Other program services (Describe in Schedule O) (Expenses \$ 39,957 including grants of \$ 19,796) (Revenue \$ Total program service expenses > 39,957	<u>)</u>
46	e Total program service expenses F 33, 331	- 000 (access

. Pa	rt IV. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	.	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	5	.	
6	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	6	, ,	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	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,"		ı	i
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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	11		x
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	(3° /3° %		ながず
•	Schedule D, Part VI	10 TA		25.14
_	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		Tail?	\$ \$
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	整点		
_	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	34 20		13.
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		183	
	Did the organization report an amount for other habilities in Part X, line 237 in Test, complete schedule 5, f art X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 T	1	E.
•	the organization's separate of consolidated financial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	1.750 Em	44	77
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 3° 5 1		15° FL
12	Schedule D, Parts XI, XII, and XIII	12		X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	2 /2	15	- J
127	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	10.5		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	2.5	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140	H	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	\vdash	-
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16]	x
17	•••	'0	$\vdash \vdash$	_ ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		x
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		┢
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
10	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?	10		x
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more bospitals? If "Yes," complete Schedule H.	19 20	\vdash	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	1 20	<u> </u>	1 42

-orn	1 990 (2009) SWEETWATER ONE PUBLIC 20-3741541		P	age 4
. Pa	art IV 2 Checklist of Required Schedules (continued)			
		- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	
••	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	00		v
^^	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	ł		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	x
24-	employees? If "Yes," complete Schedule J	. 23		
24a	31	1	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		х
.	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b		24b		
С	, , , , , , , , , , , , , , , , , , ,	240		
	to defease any tax-exempt bonds? Did the erganization act as an "an habit of" requestor bands outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25-	}	х
ь	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ.
D	, , , , , , , , , , , , , , , , , , , ,		1	
	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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230	<u> </u>	
-0	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ !	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	-
	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	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	0 14	54.34	N SOUTH
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	n 30)	13 a	1 m
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		1-04		
-	Schedule L, Part IV	286		x
С	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	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	l	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
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	_33		X
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	_34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete)	•
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
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.

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 1b 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? 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 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 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 X organization solicit any contributions that were not tax deductible? 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 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 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 organization, have excess business holdings at any time during the year? 8 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? 10 Section 501(c)(7) organizations. Enter а 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 b 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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

Form 990 (2009) SWEETWATER ONE PUBLIC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.				
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a		警察	र्र एक्
b	Enter the number of voting members that are independent	1b		بَهُونِيَو . مُنذِر	ign.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		التناهد المثانية	Lik	نه <u>کو</u>
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		X
5	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a_		<u> </u>
þ	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				
	the year by the following:			X Z3	
а	The governing body?		_8a_	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b_	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		1 1		ĺ
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	 	9		<u> </u>
	tion 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		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		İ		
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			WZw.	18 (13)
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?		12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		L
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	(2m, 2mm, 2 x x m	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	7			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	14. 47.	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				1
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				8
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		13.3	**	1
	the organization's exempt status with respect to such arrangements?		16b		<u> </u>
Sec	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				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	iterest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the			
	organization: ▶ TERI HANSEN				
R	OCK SPRINGS WY 829	01			

Form 990 (2009) SWEETWATER ONE PUBLIC 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."
- 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

X Check this box if the organization		nsate	e an	y cur	rent	offic	er, d	rector, or trustee			
(A) Name and Title	(B) Average	1		(6	C)	hat a		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week					Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
RUSSELL KIRLIN											
PRESIDENT				<u> </u>	<u> </u>	ļ		0	0	0	
ROBERT ARAMBEL			l	İ							
VICE PRES		igspace	Ĺ_	1_	L			0	0	0	
ALICE PAUL			l		İ					_	
SECRETARY	 	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0	
LARRY FUSSELMAN		l	ļ		1					_	
DIRECTOR		 	├—	 		┡	-	0	0	0	
LENNY HAY					1					•	
DIRECTOR		╂		1	├-	 	-	0	0	0	
ANNIE HUXFORD		1]		1	o	o	•	
LAURA-SCHMID-PIZ:	73.00	-	├	ļ.—	┢	┢	├			0	
DIRECTOR	ATO	1	ł	l	1		}	o	0	0	
CATHY SPICER	 	+	╁		┢	-	├				
DIRECTOR		1			İ			0	o	0	
DR. TOM SPICER		+	╁─	t	一	1-	\vdash	<u>_</u>			
DIRECTOR			_		L	_		0	0	0	
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		†	-	 	\vdash	\vdash					
		+-	_		\vdash	-					
					\vdash		-				

art Vill Section A. Officers,				_	npio	yees	s, an	d Highest Compensated		Pag
(A)	(B)			((>)	_		(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	al Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		_	-							· · · · · · · · · · · · · · · · · · ·
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· · · · · · · · · · · · · · · · · · ·					 	}		_		
b Total							<u> </u>	J		
Total number of individuals (in reportable compensation from				thos	se lis	ited a	abov	re) who received more than	n \$100,000 in	
Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual. Did any person listed on line 1 services rendered to the organization and page 1.	ormer officer, did complete Sche 1a, is the sum organizations great a receive or accontaction? If "Yes	recto dule of re eater	r or to the port than com	r suc table \$15 pens	con 60,00	divid npen 102 li n fro	ual satio f "Ye m ar	on and other compensation is," complete Schedule J for iny unrelated organization for inversions of the compensation for inversions of the compensation for inversions of the compensation for inversions of the compensation of the compensatio	n from or such 	Yes 3 4 5
ection B. Independent Contract Complete this table for your fi	ve highest comp	ensa	ated	ınde	pend	dent	cont	ractors that received more	than \$100,000 of	
compensation from the organ	(A) business address						L	Descri	(B) option of services	(C) Compensate
	10 ₀₁₁						_			
							-			
							+			
							-			
2 Total number of independent			-			ted to	the	ose listed above) who rece	ived	
more than \$100,000 in compe	FIISALIULI ITOM TN	e org	anız	allor						≸ ≾≟0 Form 990 (

Form 990 (2009) SWEETWATER ONE PUBLIC

Par	t VII	Stateme	ent of Reve	nue					· · · · · · · · · · · · · · · · · · ·	•
,		7 Te 43 2	F . 13.15 .			-	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
· 1			• • •			1	70.0.707000	exempt function	business revenue	excluded from tax under sections
	,	, , , , ,				:		revenue	revende	512, 513, or 514
ts	1a	Federated camp	paigns	1a			7			
Contributions, gifts, grants and other similar amounts		Membership du	-	1b	_			for the service of the	10.30	
ğ,ξ		Fundraising eve		1c	-		·			
## H		Related organiz		1d						
S,E		Government grants (c		1e	-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 Care 1 2 2 1 1 2 1
Sign		All other contributions	•	- <u>"</u>				N. T.		
돌림		and similar amounts in		1f		54,299	the second of the	2 , 1, 1, 1, 0		1. 7 2
	_	N			,	01,000				
등등	_	Noncash contributions		'11 4	,		54,299	1 2 1 1 1 1		
	- 11	Total. Add lines	5 1a-11		- 1	Busn. Code	1,12 1 2	11 th 1 th 1 th 1 th 1	1 12	1 1, 100, 1
ᇎ	0-					Busii. Code			, , ,	
اقِ	2a	•	••							
8	Ъ	•	•							·- <u></u> -
اڲٙ	С		•			<u> </u>		 		
နှ	d									
ran	е					<u> </u>			 	
Program Service Revenue		All other progra		nue		L		A A A A A A A A A A A A A A A A A A A		
_	_	Total. Add lines				<u> </u>		不是 的数数数 分	3 - 4 - 5 Mer. A. S.	* * * * * * * * * * * * * * * * * * * *
	3	Investment inco	-	dıvıder	ids, intere	st, and				1 000
		other similar an	•			•	1,060	<u> </u>		1,060
	4	Income from in	vestment of tax	x-exem	pt bond p	roceeds 🕨		 		
	5	Royalties							1 1 1 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 3. VAN 9/5 1 5 5 5
ļ		L	(ı) Real		(II) P	ersonal		化自己参加 。		
	6a	Gross Rents								
	b	Less rental exps							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	С	Rental inc or (loss)	-							
	d	Net rental inco	me or (loss)			•				
1	7a	Gross amount from	(ı) Securitie	s	(11)	Other				
		sales of assets other than inventory								S. W. S. S.
l	b	Less cost or other			1			ar had tone	探视的传统点	
	_	basis & sales exps			ŀ		100 (1) (\$454, 1) L. W.			
	_	Gain or (loss)			1					
	d	Net gain or (loss)			<u> </u>		and realized a consequent thickness to be the an account	er Transport undandende 1965ennet fann Heldelmenn	and the second s	And Application bear and 199 and 1995 to Manufacture (In 1997 to 1997 to 1995
		Gross income fro		onte			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1、10% 作业系数人	こうべき とくなる と様ろいる	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
ne	0a	(not including \$	in tundratating CV	CING			1 (
/en			dad on line 1	٠١			1. A	A STORY		The state of
e B		of contributions re								Same Same
ē		See Part IV, line		a	-				1 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Other Revenu	ì	Less: direct ex	•	b	L					المستنبة كمستمنية
_		Net income or			g events I		<u> </u>	 	 	
	9a	Gross income fro]				The state of the state	
		See Part IV, line		a			↓ . ' <i>;</i> *			
		Less: direct ex		Ь			7.1 ()	<u> </u>	* * · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Net income or		-	tivities	<u> </u>			1 -	, , ,
	10a	Gross sales of	· · · · · · · · · · · · · · · · · · ·	3						
	1	returns and all		а			<u> </u>			1
		Less cost of g	•	. b	L					ك كا
	<u> </u>	Net income or			ventory	<u> </u>			 	
	<u></u>		ellaneous Revenu			Busn. Cod			-	
	11a	MARKET GA	TIN ON INVES	TMENT	s	ļ	9,61	9		9,619
	b					<u> </u>	<u> </u>			
	C	•				<u></u>	 	 	 	-
	d	All other rever	nue		•	L		 	 	ļ ,
	e	Total. Add line	es 11a-11d			>	9,61			, , , , , , , , , , , , , , , , , , , ,
	12	Total Revenu	e. See instructi	ions			64,97	8	0	10,679

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21	19,796	19,796	<u> </u>	1 1 -
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22				17, 1, 7, 1
3	Grants and other assistance to governments,				£
	organizations, and individuals outside the				Care and any
	U S See Part IV, lines 15 and 16			May wis , a start	
4	Benefits paid to or for members			·特尔第一般 一次 100 元 1	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	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				
11	Fees for services (non-employees)				
а	Management				
þ	Legal .				
C	Accounting .				
d	, ,		. 1881 S. S. S. S. & S. S. S. S. S. S. S. S. S. S. S. S. S.	Section of the second section of the second	
е	Professional fundraising services See Part IV, line 17		THE PROPERTY OF THE PARTY OF TH		
f	Investment management fees				<u></u>
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy			· · · · · · · · · · · · · · · · · · ·	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates		-		<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	A. 1201 A. 10	· Carlot State	1000
24	Other expenses. Itemize expenses not	The state of the s			1 mm min m
£4	covered above (Expenses grouped together	E / test	Land Control of the C		
	and labeled miscellaneous may not exceed				1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5% of total expenses shown on line 25 below				
а	*************	15,148	15,148	3	
b		5,013			
c	DOGRAGE AND WATETING	471		47:	
d	TRAVEL AND MEETINGS	164		164	
e	OMAND COUNT	146		14	
f	All other expenses	307		30'	
25	Total functional expenses. Add lines 1 through 24	41,045	39,957	1,08	8
26					
_	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	5			
	fundraising solicitation	1			<u> </u>

?art+)	Balance Sheet Bal			B	(D)
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			1	
2	Savings and temporary cash investments		132,462	2	153 <u>,</u> 144
3	Pledges and grants receivable, net		32,434	3	22,404
4	Accounts receivable, net			4	-
5	Receivables from current and former officers, directors, tr	ustees, key	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,,	
	employees, and highest compensated employees Compl		2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	د مانجند	المراجعة المراجعة المناطقة الم
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	nder section	会员的"全国"的"大大"。	100	集成 罗德纳克兰 台
1	4958(f)(1)) and persons described in section 4958(c)(3)(B			ر مرکست	The same of the same of the same of the
	Part II of Schedule L	,		6	
7	Notes and loans receivable, net	•		7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or			· 5.50	A STATE OF SA
1	other basis. Complete Part VI of Schedule D	10a		Target Ma	
Ь	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		71,009	11	88,127
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)	•	235,905	16	263,675
17	Accounts payable and accrued expenses		97	17	
18	Grants payable			18	
19	Deferred revenue			19	13,765
20	Tax-exempt bond liabilities			20	
	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
22	Payables to current and former officers, directors, trustee		AND THE STATE OF T	* Y (() ()	E 在第二次的图15.000000
21 22	employees, highest compensated employees, and disqua	-			
!	persons. Complete Part II of Schedule L		AND THE CONTRACTOR AND THE CONTR	22	The analysis and the second second
23	Secured mortgages and notes payable to unrelated third	parties		23	
24	Unsecured notes and loans payable to unrelated third pa			24	
25	Other liabilities. Complete Part X of Schedule D		9,831	25	
26	Total liabilities. Add lines 17 through 25		9,928	26	13,76
<u> </u>	Organizations that follow SFAS 117, check here ▶ X	and		7.4 A	
<u> </u>	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		225,977	27	249,910
28	Temporarily restricted net assets	•		28	
2 29				29	
3	Organizations that do not follow SFAS 117, check here	e ▶ 🗍			· · · · · · · · · · · · · · · · · · ·
	and complete lines 30 through 34.	_		1	
30				30	
31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
27 28 29 31 32 33 34	Retained earnings, endowment, accumulated income, or	•		32	
33	Total net assets or fund balances		225,977	33	249,910
Z 34		•	235,905		

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X Form 990 (2009)

3b

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.

Department of the Treasury Internal Revenue Service Name of the organization

SWEETWATER ONE PUBLIC SCHOOL FOUNDATION

Employer identification number 20-5741541

Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.														
he	orgar	nization is not	a private foundatio	n because	e it is (For lines	1 through 11, c	heck only	one box)						
1	A church, convention of churches, or association of churches described														
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			. , , , , , ,										
3	\sqcap	A hospital or a cooperative hospital service organization described in sec			tion 170(b)(1)(A)(iii).										
4	\sqcap	A medical res	earch organization	n operated	d in conjunction v	vith a hospital o	lescribed in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state		•	ŕ										
5		•	on operated for the	e benefit o	of a college or un	versity owned	or operate	ed by a go	vernme	ntal unit	describ	ed in			•
		-	o)(1)(A)(iv). (Comp			,	•	, ,							
6	\Box		te, or local govern			described in s	ection 170	D(b)(1)(A)	(v).						
7	X		on that normally re							rom the	genera	l public			
•		described in section 170(b)(1)(A)(vi). (Complete Part II)													
8			trust described in		•	Complete Part	11.)								
9	H	•	on that normally re					contributi	ons. me	mbershi	p fees.	and ord	oss		
•	Ш														
	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														
	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)														
10															
11	An organization organized and operated exclusively to test for public safe. An organization organized and operated exclusively for the benefit of, to p				•			to carry	out the	:					
• •											l				
	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														
	a Type I b Type II c Type III—Functionally integrated d Type III—Other														
е															
_	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)														
f	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														
a	Over A result 47,0000 has the agreement of an entire transfer or entire transfer of the														
9	following persons?														
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)							Yes	No							
	and (iii) below, the governing body of the supported organization?					•							,		
	(ii) A family member of a person described in (i) above?											11g(i	\neg	1	
	(iii) A 35% controlled entity of a person described in (i) above?				r (II) above?	11g(III)									
h		• •		· ·	• •							•	تقييا		
(i)							(vi) I	s the	(vii) A	(vii) Amount of support					
organization		(described on lines 1-9		in col (i) listed in your		the organization in		organization in col				su			
			above or IRC section (see instructions))	governing document?		col (I) of your support?		(t) organized in the							
					(300 111311	delions),	Yes No Yes No Yes			No	7				
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						<u> </u>									
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_															
			, ,		·, ' .							• 7			

20-5741541 Schedule A (Form 990 or 990-EZ) 2009 SWEETWATER ONE PUBLIC Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (a) 2005 Gifts, grants, contributions, and membership fees received. (Do not 54,299 54.299 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 54.299 54,299 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 54,299 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Amounts from line 4 54,299 54,299 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,060 1,060 sources Net income from unrelated business activities, whether or not the business is 8,619 8,619 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) J. 4. 63,978 Total support. Add lines 7 through 10 11 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 84.87% 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you che	eckea the box	on line 9 of Pa	ıπ I.)			
	tion A. Public Support			7.5			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						·-··
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	: :					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge)	 			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	ļ					_
С	Add lines 7a and 7b	30 0 9 m 4 m 37 6 32 5	No. El Mes elso seri en		TANKS (MICHIGAN TO THE PARTY OF	\$ (000) \$1 factor and a subjective	
8	Public support (Subtract line 7c from line 6)			****	*****	22.7	
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·	
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	· · · · · · · · · · · · · · · · · · ·						
Sec	tion C. Computation of Public Se		tage				
15	Public support percentage for 2009 (line 8			nn (fl)		15	%
16	Public support percentage for 2008 Sch	• • •	•	··· V//	•	16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (3. column (f))		17	%
18							%
19a							
_	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and						
	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶ □

Schedule A (Form 990 or 990-EZ) 2009 SWEETWATER ONE PUBLIC

20-5741541

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Part

OMB No 1545-0047 2009

≗ ★ Open to Public Inspection Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Yes Employer Identification number non-cash assistance (g) Description of 20-5741541 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (b) Method of valuation (book, FMV, appraisal, assistance other) Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. 19,796 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable General Information on Grants and Assistance (p) EIN SWEETWATER ONE PUBLIC the selection criteria used to award the grants or assistance? SCHOOL FOUNDATION WY 82901 a) Name and address of organization SWEETWATER COUNTY S.D. #1 or government

ROCK SPRINGS

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

	TIBILE AND GRAMMARMS COOK COOK COOK COOK COOK COOK COOK COO	NE PITELIC	2	20-5741541	-	Page 2
Readule 1 (Fo	Grants and Other Assistance to Individuals in the	to Individuals in the (Form 990) if addition	e United States. Com	nplete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. all space is needed.	m 990, Part IV, line 22.
3	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
Partiv	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other addit	onal information.

SCHEDULE O (Form 990)

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.

Internal Revenue Service
Name of the organization

Department of the Treasury

SWEETWATER ONE PUBLIC SCHOOL FOUNDATION

Employer identification number

OMB No 1545-0047

20-5741541

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

205741541 SWEETWATER ONE PUBLIC Federal Statements

1/14/2011 5:49 PM

FYE: 6/30/2010

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 1,060		14		
Total	\$ 1,060				

205741541 SWEETWATER ONE PUBLIC

20-5741541 FYE: 6/30/2010

Federal Statements

	Fund Raising	w w
	Management & General	\$ 112
- All Other Expenses	Program Service	w w
Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	\$ 112 101 94 \$ 307
	Description	BUSINESS EXPENSES SUPPLIES CONTRACT SERVICES Total