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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: SAWYER COUNTY DEVELOPMENT CORPORATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 10638 HAYWARD COURT. City or town, state or country, and ZIP + 4: HAYWARD, WI 54843

D Employer identification number: 39-1814802. E Telephone number: (715) 634-7226. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify). I Website: WWW.SCDC.US. J Tax-Exempt status: [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 194,759

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 194,759). Rows 10-17: Expenses (Total: 180,533). Rows 18-21: Net Assets (Total: 12,744).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,018	22	32,058
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,172	24	692
25 Total assets	7,190	25	32,750
26 Total liabilities (describe in Schedule O)	8,672	26	20,006
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-1,482	27	12,744

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
ENCOURAGE AND PROMOTE ECONOMIC DEVELOPMENT THAT WILL INTEGRATE, MAINTAIN, AND ENHANCE THE INTEGRITY OF SAWYER COUNTY AND IT'S NATURAL RESOURCES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 CREATING AND RETAINING JOBS THROUGH BUSINESS DEVELOPMENT, COORDINATING EFFORTS OF LOCAL ORAGINZATIONS, ASSISTING IN CREATION OF AFFORDABLE HOUSING, AND ADVANCING ITS MEMBERSHIP (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	180,533
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	180,533

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Question ID, Answer (Yes/No)

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

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"

Table with 5 columns: (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

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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 section containing signature of officer (*****), title (CAROL OLLER, PRESIDENT), and date (2011-05-10)

Paid Preparer's Use Only section containing preparer's signature (Mark Beckman), date, firm's name (ANDERSON HAGER & MOE SC), EIN, and phone number ((715) 634-2653)

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SAWYER COUNTY DEVELOPMENT CORPORATION

Employer identification number
39-1814802

Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	INTEREST INCOME 21 Total to Form 990-EZ, line 14 7,577

Identifier	Return Reference	Explanation
Other Revenue	Form 990-EZ, Part I, Line 8	Description OVERPAYMENT REIMBURSED Amount 58

Identifier	Return Reference	Explanation
Occupancy, Rent, Utilities and Maintenance	Form 990-EZ, Part I, Line 14	Description Depreciation Amount 377 Description Other Expenses Amount 7,200

Identifier	Return Reference	Explanation
Other Expenses	Form 990-EZ, Part I, Line 16	Description ADVERTISING Amount 261 Description DUES & SUBSCRIPTIONS Amount 76 Description INSURANCE Amount 2,375 Description LODGING Amount 148 Description MEETING ROOM EXPENSE Amount 70 Description OFFICE SUPPLIES Amount 145 Description SEMINARS Amount 391 Description TELEPHONE Amount 4,424 Description TRAVEL EXPENSE Amount 1,422 Description ANNUAL DINNER Amount 181 Description REVOLVING LOAN Amount 34,500 Total to Form 990-EZ, line 16 43,993

Identifier	Return Reference	Explanation
Other Assets	Form 990-EZ, Part II, Line 24	Description Other Depreciable Assets Beg of Year Amount 1,172 End of Year Amount 692

Identifier	Return Reference	Explanation
Other Liabilities	Form 990-EZ, Part II, Line 26	Description PAYROLL LIABILITIES Beg of Year Amount 3,672 End of Year Amount 2,944 Description REVOLVING LOAN PAYABLE Beg of Year Amount 5,000 End of Year Amount 0 Description DEFERRED REVENUE Beg of Year Amount 0 End of Year Amount 17,062

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return SAWYER COUNTY DEVELOPMENT CORPORATION

Business or activity to which this form relates Form 990-EZ Page 1

Identifying number 39-1814802

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for general depreciation system assets, including classification, month placed in service, basis, recovery period, convention, method, and deduction.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets, including class life, recovery period, and method.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation, including listed property, total, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns (a-f) for Vehicle 1-6. Rows include 30-36: Total business/investment miles, Total commuting miles, Total other personal miles, Was the vehicle available for personal use, Was the vehicle used primarily by a more than 5% owner, Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with 2 columns: Yes, No. Rows include 37-41: Do you maintain a written policy statement that prohibits all personal use of vehicles, Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, Do you treat all use of vehicles by employees as personal use, Do you provide more than five vehicles to your employees, Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f) See the instructions for where to report 44

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: SAWYER COUNTY DEVELOPMENT CORPORATION

EIN: 39-1814802

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Additional Data**Software ID:****Software Version:****EIN:** 39-1814802**Name:** SAWYER COUNTY DEVELOPMENT CORPORATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CAROL OLLER 10638 HAYWARD COURT HAYWARD, WI 54843	PRESIDENT 2 00	0	0	0
WILL LABRECHE PO BOX 1191 HAYWARD, WI 54843	VICE PRESIDENT 1 00	0	0	0
DON CARLEY 13394 WTREPANIER HAYWARD, WI 54843	SECRETARY 1 00	0	0	0
MARK N BECKMAN CPA PO BOX 986 HAYWARD, WI 54843	TREASURER 1 00	0	0	0
BRENDA ADLER 4039W NORTH CLOVER RD LORETTA, WI 54896	BOARD MEMBER 0 33	0	0	0
SARAH ASHENBRENER PO BOX 184 STONE LAKE, WI 54876	BOARD MEMBER 0 33	0	0	0
MIKE BEBEAU 301E LARESHORE DRIVE ASHLAND, WI 54806	BOARD MEMBER 0 33	0	0	0
DUSTIN BECKWITH 10631 HAYWARD COURT HAYWARD, WI 54843	BOARD MEMBER 0 33	0	0	0
SCOTT CHAPIN 15954 RIVERS EDGE BUILDING ST203 HAYWARD, WI 54843	BOARD MEMBER 0 33	0	0	0
MIKE GEHRKE 6272 W EVERSON ROAD WINTER, WI 54896	BOARD MEMBER 0 33	0	0	0
STEVE HELMERS 6416W HUNTER LAKE ROAD WINTER, WI 54896	BOARD MEMBER 0 33	0	0	0
ANONA LARONGE 10638 HAYWARD COURT HAYWARD, WI 54843	BOARD MEMBER 0 33	0	0	0