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# SCANNED SEP 0 9 7010

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 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 Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning January 1 , 2009, and ending December 31 , 20						09					
В	Check if a	applicable	plicable Please C Name of organization D				D Employer identification number				
	Address	change	use IRS label or	POWDER RIVER ENERG	Y CORPORATION FOU	NDATION, INC	•	-8802389			
	Name ch	change print or type. see Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number and street (or P O box, if mail is not delivered to s						hone nu	mber		
H	Initial ret Terminat							'-283-3531			
H	Amende							E Grou	ın Even	ention	
Ħ		on pending	Instruc- tions.	SUNDANCE, WY 82729-0	930				iber ▶	ption	
=			organia	rations and 4947(a)(1) none		a must attach	G Accou			☑ Cash ☐ /	Accrual
	• 360	501(6)(3)	_	npleted Schedule A (Form	=	s must attacm		(specify)		Casii L	acciuai
_										ganization is n	
	Vebsi	ite: ► N/A								ganization is n hedule B (Form	
			chack o	nly one) — 🗸 501(c) ( 3 )	<b>4</b> (mont no \	(a)(1) or	— 1	EZ, or 99		reduie 6 (FOIT	1 990,
	Check									- 4b \$05 000	
				zation is not a section 509(a turn is not required, but if the							J. A
				e 9 to determine gross receipt						<u> </u>	35,525
	art I			enses, and Changes					tions	for Part I \	33,323
-	1	····								ioi i ait i.,	30,876
			_	ts, grants, and similar am					1		30,676
	2	_		evenue including govern					2		
	3		•	and assessments					3		
	4	Investmen							4		358
	5a			m sale of assets other th	•				[		
	Ь			r basis and sales expens					<u> </u>		
ø	C			sale of assets other tha				`:	5c		
Ē	6			ivities (complete applicable par	· · ·	-	ing, check here	▶⊔	¢		
Revenue	a		•	ot including \$		ı	ı				
	1			)				4,291			
	þ			nses other than fundraisi		. <b>6b</b>		7,991			
	c	Net income	e or (los	ss) from special events a	nd activities (Subtract	line 6b from	line 6a)		6c		-3,700
	7a	Gross sale	s of inv	entory, less returns and	allowances	<u>7a</u>					
	b		•			<u>7b</u>					
	c	Gross prof	it or (lo	ss) from sales of invento	ry (Subtract line 7b fro	m line 7a) .			7c		
	8	Other reve	nue (de	scribe►		SEIVED		)	8		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c	, 7c, and 8	<u> </u>		. ▶	9		27,534
	10	Grants and	d simila	r amounts paid (attach s			181		10		14,485
	11	Benefits pa	aid to o	r for members	MA AUG	1.6.2010			11		
es	12	Salaries, other compensation, and employee benefits							12		1,247
Expenses	13								13		1,328
ğ	14								14		
Ш	15								15		25
	16	•	•	describe ►				)	16		
_	17	Total expe	enses.	Add lines 10 through 16	<u> </u>	<u> </u>		. ▶	17		17,086
ţ	18			for the year (Subtract lin					18		10,448
Se	19			d balances at beginning					**********		
Š		end-of-yea	ar figure	reported on prior year's	return)				19		36,250
Net Assets	20		_	net assets or fund balan		-			20		
	21			d balances at end of year				<b>&gt;</b>	21		46,698
ŀ	art II	Balance	e Shee	ts. If Total assets on line		1,250,000 or				of Form 990	)-EZ.
				(See the instructions f	or Part II.)		(A) Be	ginning of	year	(B) End of y	ear
2	2 C	ash, savings	, and in	vestments				3	6,250 2	22	46,698
2									2	23	
2	<b>4</b> O	ther assets (	descnb	e▶			) [			24	
2	5 <b>T</b>	otal assets .						3	6,250 2	25	46,698
2	6 T	otal liabilitie	s (desc	ribe <b>&gt;</b>			_)		2	26	
2	7 N	et assets or	fund b	ribe ► palances (line 27 of colur	nn (B) must agree wit	h line 21)		3	6.250 2	7	46.698

	990-EZ (2009)					Page 2
Wha Desc man each	cribe what was achieved in carrying out the org ner, describe the services provided, the number of program title.	To accumulate and distribut anization's exempt purpos f persons benefited, and c	te funds for charital ses. In a clear ar other relevant info	ple purposes nd concise rmation for	501(c organ	Expenses lired for section )(3) and 501(c)(4) lizations and section a)(1) trusts, optional hers.)
28	Provided grants for 9 separate charitable entities in t provided will help to improve the quality of life or ser individuals and families.					
29	(Grants \$ 14,485) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	17,086
30	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	
00	(Grants \$ ) If this amount	includes foreign grants, ch		. • 🗆	30a	
	Other program services (attach schedule)	includes foreign grants, che	ck here	 . ▶ □	31a 32	
	t IV List of Officers, Directors, Trustees, and Key					ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred comper	ns to plans &	(e) Expense
PO E	e Little Box 930 Sundance, WY 82729	President/Director 16 hrs	0		0	0
PO E	an Berry Box 930 Sundance, WY 82729	Vice Pres/Director 16 hrs	0	_	0	0
PO I	e Swanda Box 930 Sundance, WY 82729 n Flocchini	Secretary/Treasurer 8hrs	0		0	0
PO I	Box 930 Sundance, WY 82729	Director 16hrs	0		0	0
PO E	Box 930 Sundance, WY 82729	Director 8 hrs	0		0	0
PO I	Box 930 Sundance, WY 82729 Penning	Director 8 hrs	0		0	0
	Box 930 Sundance, WY 82729	Executive Director 16hrs	0	_	0	0
		-	Ī	1		1

	00-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	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?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>√</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b	~	<b>√</b>
b	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9		, -,	
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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	40b		✓
С	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			ترب
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		*i .
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	40e	**	
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Powder River Energy Corp Foundation, Inc.  Telephone no. ▶  Located at ▶ PO Box 930 221 Main Street Sundance, WY	307-28	3 <b>-</b> 4930 -0930	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	02/25	-0930	
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	.00	<b>√</b>
	If "Yes," enter the name of the foreign country: ▶	7,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		) (4) (4) -	20.83 20.43 20.43
	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:	42c		<b>✓</b>
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	- •	. !	▶ ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
45	Form 990-EZ	44		<b>√</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	لــــا	✓

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) nonexe 7(a)(1) nonexempt charita d 51.	empt charita ble trusts mu	ible trusts only. A ust answer question	ll sec ns 46	tion -49b	
	Did the organization engage in direct or indirect					Yes N	10
	candidates for public office? If "Yes," complete S				46		<u>√</u>
	Did the organization engage in lobbying activities				47		<u>√</u>
	Is the organization a school as described in sectio				48		✓
	Did the organization make any transfers to an ex	•	•		49a	<b>-</b> ✓	
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated employe	es (other than				<b>√</b> key
	(a) Name and address of each employee paid more than \$100,000		(c) Compensation		(e)	Expense count and	i
None					01170		
			<del></del>				
f	Total number of other employees paid over \$100	1,000	0				
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor	·		Type of service	(c) Cor	npensatio	on
None							
d	Total number of other independent contractors e	each receiving over \$100,000		0			
	,						_
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	of preparer (other than officer) is bas	g schedules and s ed on all informati	statements, and to the beston of which preparer has	any kno	knowled wledge	ge 
Sign Here	Senature of Officer			Date 8/9/2010			
	Les Penning Executive Director Type or print name and title			vate			
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nur	nber (See	 e instruction	ns)
Prepare	er's Firm's name (or		employed ▶				
Use On	yours if self-employed), address, and ZIP + 4			EIN ► Phone no ►			
May th	e IRS discuss this return with the preparer showr	above? See instructions		- I I I	Yes	□ No	
	The second secon		<u>-</u>			1-F7 (2	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number Powder River Energy Corporation Foundation Inc. 20 8802389 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** ☐ Type III–Functionally integrated d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii)| Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes

Total

Part II 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 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 80.636 22,756 27,003 30.876 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on 0 n 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 Λ organization without charge 22.756 27.003 30.876 80.636 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) Public support. Subtract line 5 from line 4. 80,636 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 22,756 27,003 30,876 80,636 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 119 245 358 722 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets 4,291 8,814 n 4,523 (Explain in Part IV) . . 20 90,172 11 Total support. Add lines 7 through 10 . 0 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)) 14 % 15 % Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this .▶ □ 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 b 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

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

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

. .▶

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<del></del>	(Complete only if you check	ed the box of	il lille 9 OF Pa	irt 1.)			
	ction A. Public Support	1 1 222	T #1		T	1	1
Ci	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09 <b>(f)</b> 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						1
	tion B. Total Support		,				
Ca	alendar year (or fiscal year beginning ın) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	09 <b>(f)</b> Total
9 10a	Amounts from line 6. 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						
с 11	Add lines 10a and 10b  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	First five years. If the Form 990 is for organization, check this box and stop	here .			h, or fifth tax y		```.
Sec	tion C. Computation of Public Su	• •					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column	(f))	15 16	<u>%</u>
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 200			-		17	%
18	Investment income percentage from 20					18	<u> </u>
19a	33½ % support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the support tests – 20	oox and <b>stop he</b>	ere. The organi	zation qualifies	s as a publicly s	supported	organization > -
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	14 19a or 19h	check this ho	nx and see	netructions >

Pa	ae	4

Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this part to pr Part III, line 12. Provide a	ovide the explanations rec any other additional inform	ation. See instructions.
Part II - Li	ne 10 - Other Income - Reflects	the gross revenue from sp	ecial events as reported on	Form 990EZ Part I - Line 6a.
•				
	•	•••••		•••••

#### **SCHEDULE 0** (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009_	
Open to Public Inspection	

Employer identification number

Fowder River Energy Corporation Foundation, Inc.	20 ;	8802389
Part VI - Line 49a - Transfers made to an exempt non-charitable related organization were	e made solely to	reimburse
expenses paid by the related organization on behalf of the Foundation.		
	· · · · · · · · · · · · · · · · · · ·	
	••••	