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Form **990-EZ** 

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# 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.

**Open to Public** Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

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

A I	For the	2012 calenda	ar year, or tax year beginning , 20	12, and ending	3		, 20		
В	B Check if applicable		C Name of organization			D Employer identification number			
	Address c	change	Tryoning Raid Water Foundation			45-2048727			
닏	Name cha	ange					nber		
_	Initial retur	IPO Box 1750					307-436-8636		
=	Terminate Amended	-	City or town, state or country, and ZIP + 4		F Gro	Group Exemption			
_	Application		Glenrock, WY 82637		Nur	Number ►			
G	Account	ting Method	✓ Cash		H Check	▶ 🗌 ıf t	he organization is not		
1 '	Websit	te: ►					h Schedule B		
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	) or 527	(Form 9	90, 990-1	EZ, or 990-PF)		
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a sect		ation and i	ts aross r	eceipts are normally		
			10. A Form 990-EZ or Form 990 return is not required though Form 990-	-		-			
1	the orga	anization choc	oses to file a return, be sure to file a complete return		•		•		
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total as	sets (Part II,	i			
li	ine 25, co	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•		► s			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see t	he instru	ctions f	or Part I)		
_			the organization used Schedule O to respond to any questi	•			🗆		
_	1		ons, gifts, grants, and similar amounts received		<del></del>	1	31659		
	2		ervice revenue including government fees and contracts .			2			
	3	<del>.</del>	ip dues and assessments			3	<u> </u>		
	4	Investment	•			4	12		
	5a			5a		777			
	b			5b		<b>上編</b>			
	C	Gain or (los		5c					
	6	Gaming an		- <b>3</b> 1,24					
	a	_							
ā	"	a Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	ь		ome from fundraising events (not including \$\square\circ\circ	of contribut	ions				
ě	-		raising events reported on line thattach Schedule G if the						
<b>E</b>		sum of suc		6b					
	c		/ (	oc oc		3.4			
	ď	Net incom	e or (loss) from gaming and fundralising events (add lines 6a		subtract				
	"	line 6c)	o or (1000) from garling and participation governor and			6d			
	7a	•	s of inventory, less returns and allowances	7a		<del>                                    </del>			
	'b		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	7b		. 3			
	C		• •	7c					
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				8			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	31671		
_	10		d similar amounts paid (list in Schedule O)	· · · ·		10	2000		
	11		•	11	2000				
S	1	Benefits paid to or for members							
Expenses	13	Professional fees and other payments to independent contractors					850		
Sen	14		y, rent, utilities, and maintenance		13	630			
X	15		ublications, postage, and shipping	• •	15				
_	16			16	21				
	17		enses (describe in Schedule O)			17	2074		
	10	Evenes or	enses. Add lines 10 through 16			18	2871		
Net Assets	19		s or fund balances at beginning of year (from line 27, column			-13-	28800		
	.~		ar figure reported on prior year's return)			19			
Ť.	20		nges in net assets or fund balances (explain in Schedule O)			20	·		
Š	21		s or fund balances at end of year. Combine lines 18 through 20			21	20000		
			<del></del>				28800 Form <b>990-EZ</b> (2012		
ro!	, rapen	WOLK HEGUCT	uon Act Nouce, see the separate instructions.	Cat No 106421			10111 <b>330-E&amp;</b> (2012		

Part '	·			
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	\ <b>V</b>
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<i>J</i>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	0		
38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		,	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		!	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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		<b>√</b>
	List the states with which a copy of this return is filed ▶ n/a			
42a		307-43	6-8636	6
	Located at ► 715 W. Birch; Glenrock, WY ZIP + 4 ►	826		
	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)?	42b	Yes	No ✓
	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.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	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	• •		<b>▶</b> □
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash$	1
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45h		

Form **990-EZ** (2012)

							_	Y	es No
46		ne organization engage, directly or ii					_	- :	
Dout		ndidates for public office? If "Yes," o		, Part I	• • •		<u></u>	46	
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		etions 47, 49b and	52 and o	amploto th	o table	oc for	linee
		50 and 51	is must answer que	5110115 47 -490 and	oz, and co	nibiere in	e table	<i>;</i> 5 101	mes
		Check if the organization used Sc	hedule O to respond	d to any question in t	this Part VI		•		Г
		Oneskii ine organization acca ec	industry of the response	to any quodion in	ino i ait vi				es No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax [	<del></del>	00 110
		If "Yes," complete Schedule C, Par						47	1
48	Is the	organization a school as described i	n section 170(b)(1)(A)(i	iı)? If "Yes," complete	Schedule E		. 7	48	1
49a		ne organization make any transfers t			zation?.		. 4	l9a	✓
b		es," was the related organization a se						l9b	
50		plete this table for the organization's							
	emple	oyees) who each received more than	1 \$100,000 of compe	nsation from the orga			e, ente	r "Non	ie."
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable		n benefits, s to employee	(e) Estir	mated a	mount of
		paid more than \$100,000	devoted to position	compensation (Forms W-2/1099-MISC)		, and deferred nsation	other	comper	nsation
		·			Compe	risation .			
none							ĺ		
					-				
	•								
	•								
									<u></u>
_ f		number of other employees paid ov		. • -	<del></del>				
51		plete this table for the organization ,000 of compensation from the orga			contractor	s who each	ı receiv	red mo	ore tha
					,				
(a)	Name a	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of sen	vice	(c)	) Comper	nsation	
none									
					,				
				1					
				4					
				-					
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b></b>	<u></u>			
52		ne organization complete Schedule	Ū	•	and 4947(	a)(1)			
		xempt charitable trusts must attach				-/(-/	► <b>/</b> Y	res [	□No
		of perjury, I declare that I have examined this					nowledge	and be	lief, it is
true, co	rrect, an	d complete Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer	has any knowle	edge			
<b>.</b>		mach Les	4-3-13			<u></u>			
Sign	A								
Here		MARK PEPPER Director							
		Produce processes and title	Preparer's signature	10	ate		ı PT	TNI	_
Paid		Print/Type preparer's name	Ma 1	//	' ~ 3-/3	Check self-emplo	l if		2000
Prep			r- Court	the state of			<del>-</del>	PO149	
Use (	Only	Firm's name ► Pepper Consulting, II  Firm's address ► 5305 Pawnee Circle;				n's EIN ▶ one no		-40613	<u> </u>
Mav th	ne IRS	discuss this return with the prepare		instructions			<b>▶</b> 🕖 Y	es [	No

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

Department of the Treasury Internal Revenue Service

### **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

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Name of the organization **Employer identification number Wyoming Rural Water Foundation** 45-2048727 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.) 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 331/3% 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). 11 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. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated e By 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). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (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 (iii) Type of organization (iv) Is the organization (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col governing document? col (i) of your above or IRC section (i) organized in the (see instructions)) Yes Yes Nο Yes No (A) (B) (C) (D) (E)

Total

٠,

Part							
	(Complete only if you checked the				•	•	alify under
Section	Part III. If the organization fails to on A. Public Support	quality und	er the tests in	sted below, p	nease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(2) 2000	(6, 2010	(4, 2011	(0) 2012	(i) Total
-	membership fees received. (Do not						
	include any "unusual grants.")				150	31659	
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf		ļ				
3	The value of services or facilities furnished by a governmental unit to the		1				
	organization without charge						
4	Total. Add lines 1 through 3	-			150	31659	
5	The portion of total contributions by				130	31093	
J	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			i			
•	shown on line 11, column (f)						0
6 Section	Public support. Subtract line 5 from line 4. on B. Total Support		<u> </u>			·	31659
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(4) 2000	(2) 2000	(6) 20.0	150	31659	(i) rotar
8	Gross income from interest, dividends,					01000	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources					12.15	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or					<del></del>	
	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10					· · · · · · · · · · · · · · · · · · ·	31670.65
12	Gross receipts from related activities, etc		•			12	
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	
04	organization, check this box and stop he			· · · · ·	• • • • •		<u>.</u> . ▶ ⊄
	on C. Computation of Public Suppor			11		44	0/
14 15	Public support percentage for 2012 (line 6) Public support percentage from 2011 Sci		-			14	<u>%</u>
16a	331/3% support test—2012. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ	nization did no	ot check a box	k on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	ganization .		. ▶ □
17a	10%-facts-and-circumstances test - 26						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization	acts-and-circi	umstances" tes	st. The organiz	ation qualities	as a publicly st	
_	<del>-</del>	 N44	, , , , , , , , , , , , , , , , , , ,	ot obsolv = 5 =:	· · · · · ·	n 16h a- 47-	. P
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						`. <b>∲</b> □
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k 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 or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		<del>,</del>		T	<del></del>	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose 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 7a	<b>Total.</b> Add lines 1 through 5 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						
8 8	Add lines 7a and 7b	•					
Secti	on B. Total Support		л	//	Л		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	n's first, secon		or fifth tax y		tion 501(c)(3)
Secti	on C. Computation of Public Suppor						<del>_</del>
15	Public support percentage for 2012 (line 8						%
16	Public support percentage from 2011 Sci			<u> </u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	•	* * *	•		17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2011. If the organize line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> If the organization di		_				
		J J u		,			