# 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 private foundations)

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

F	or the	2017 calend		nd ending			, 20
a	neck if ap	oplicable:	C Name of organization		D Emp	-	tification number
] ^	ddress c	hange	Wyoming Rural Water Foundation	E			048727
-	ame cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tele	phone num	
=	itial retur	m n/terminated	PO Box 1750				436-8636
5	mended		City or town, state or province, country, and ZIP or foreign postal code	17/2		up Exemp	otion
<u> </u>	pplication	n pending	Glenrock, WY 82637	V-1		mber ►	
Α	ccount	ting Method:	✓ Cash Accrual Other (specify) ►				ne organization is no
	ebsite			<del></del>	•		h Schedule B
			ock only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (Insert no.) ☐ 4947(a)(1) or	<u></u> 527	(Form 9	390, 990-E	Z, or 990-PF).
F	orm of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		\		
A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or it to	(a) assets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<del>s</del>	or Dort IV
Pa	irt I		e, Expenses, and Changes in Net Assets or Fund Balance				
			the organization used Schedule O to respond to any question in				<u> </u>
	1		ons, gifts, grants, and similar amounts received	• • •		1	300
	2		ervice revenue including government fees and contracts	• • •		2	
	3		ip dues and assessments			3	1
	4	Investment	1 1			4	<u>'</u>
	5a		ount from sale of assets other than inventory			-	
	b		or other basis and sales expenses	- Fa\		=	
ł	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 4 for decision assets	ю оа) .		5c	-
	6		d fundraising events				
	a		ome from gaming (attach Schedule G if greater than			1 1	
Į		\$15,000)	<u></u>	والحر والمحرور		1	
немеппе	b		<u>.</u>	contribution	ons		
Ĭ			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)   6b				
-						1 1	
١	C	Less: direc	t expenses from gaming and fundraising events <u>6c</u> e or (loss) from gaming and fundraising events (add lines 6a and	6h and e	ubtract	1 1	
	d	line 6c)	9 Of (1088) If Offi gaining and fundraising events (add lines oa and	ob and s	ubliaci	6d	
-		•	s of inventory, less returns and allowances	• • • •		W	·
I	7a					1 1	
	b		of goods sold			7c	
	C	•			• • •	8	
-	8		nue (describe in Schedule O)			9	397
4	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			10	2000
-	10		similar amounts paid (list in Schedule O)			11	2000
_	11		aid to or for members			12	
<b>3</b>	12		ther compensation, and employee benefits	CEIVE	U.	13	
	13		al fees and other payments to independent contractors	• • • •	S		
Expenses	14		y, rent, utilities, and maintenance	1 5 201	8 . JÓ	15	
ן ש	15	• • •	ublications, postage, and shipping	, , , , ,	. S	16	11
	16	•	enses (describe in Schedule O)		452	17	2011
4	17			DEM: !		18	-1614
	18		(deficit) for the year (Subtract line 17 from line 9)	· · · ·	o with	<del>-''^ </del>  -	-1014
ASSOL	19		or fund balances at beginning of year (from line 27, column (A)) or figure reported on prior year's return)	must agre	WILLI	40	22824
3		•	The state of the s		• •	19	22024
100	20		ages in net assets or fund balances (explain in Schedule O)			20	21210
- 1	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .			[41]	21210

Par	t II	Balance Sheets (see the instruction					
		Check if the organization used Sched	dule O to respond to a			<u></u>	<u> </u>
				<u> </u>	(A) Beginning of year		(B) End of year
22		n, savings, and investments	• • • • • • •	· · · · · <u>·</u>	22824	==+	21210
23		and buildings		· · · · ·  _		23	
24		er assets (describe in Schedule O)		-		24	04040
25		al assets		-	22824	26 26	21210
26 27		al liabilities (describe in Schedule O) assets or fund balances (line 27 of col		<del> </del>	22824		21210
Part		Statement of Program Service Acc				21	21210
· ai ·		Check if the organization used Sched	•				Expenses
What	is the	organization's primary exempt purpose		in quodadit in and t			quired for section
		e organization's program service accor		of ite three largest or	noram continue		(c)(3) and 501(c)(4) anizations; optional for
as m	easure	ed by expenses. In a clear and concis	e manner, describe th	e services provided	. the number of	othe	
perso	ns be	nefited, and other relevant information for	or each program title.		<u></u>		
28	Two (2	) scholarships awarded during 2017, 21 appl	icants				
			***************************************				
	(Grant	s\$ ) If this armo	ount includes foreign gr	ants, check here .	<u> ▶ □  </u>	<u> 28a</u>	2000
29				***************************************			
	•						
	(O	ts\$) If this amo	augt includes fereign au			<b>~</b> ~	
30	Grani					<b>29</b> a	
30							
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
							l .
	(Grant	ts\$ ) If this amo	ount includes foreign gr	ants, check here .	• 🗆	30a	1
31	(Grant Other	s \$ ) If this amo	ount includes foreign gr	ants, check here	▶ 🗆	30e	
	Other (Grant	program services (describe in Schedules \$ ) If this amo	O)	ants, check here	 <b>▶</b> □	30a	
32	Other (Grant <b>Total</b>	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines	O)	ants, check here		31a	2000
	Other (Grant <b>Total</b>	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines List of Officers, Directors, Trustees, and	O) ount includes foreign gr 28a through 31a) I Key Employees (list eac	ants, check here		31a	2000
32	Other (Grant <b>Total</b>	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines	O) count includes foreign gr 28a through 31a)  I Key Employees (list each dule O to respond to a	ants, check here th one even if not company question in this	pensated—see the in	31a	2000
32	Other (Grant <b>Total</b>	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines List of Officers, Directors, Trustees, and	pount includes foreign gr 28a through 31a)	ants, check here th one even if not company question in this (c) Reportable compensation	pensated—see the in Part IV	31a 32 astru	2000 ctions for Part IV)
32	Other (Grant <b>Total</b>	program services (describe in Schedule is \$ ) If this amount program service expenses (add lines in List of Officers, Directors, Trustees, and Check if the organization used Schedule in	pount includes foreign grazes through 31a)	ants, check here  th one even if not company question in this  (e) Reportable	pensated—see the in Part IV	31s 32 stru	2000 ctions for Part IV)
32 Par	Other (Grant Total	program services (describe in Schedule is \$ ) If this amount program service expenses (add lines in List of Officers, Directors, Trustees, and Check if the organization used Schedule in	pount includes foreign gr 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV.  (d) Health benefits, contributions to employe benefit plans, and	31s 32 stru	2000 ctions for Part IV)
32 Par	Other (Grant Total IV	program services (describe in Schedule is \$ ) If this amount program service expenses (add lines in List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title	pount includes foreign gr 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	Densated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31s 32 stru	2000 ctions for Part IV)
32 Par Mark 5305 E Lo	Other (Grant Total IV Pepper Pawne	program services (describe in Schedule is \$ ) If this amount program service expenses (add lines in List of Officers, Directors, Trustees, and Check if the organization used Sche (a) Name and title  r, Director  e Circle; Bar Nunn, WY 82601  ain, Director	pount includes foreign gr 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31s 32 stru	2000 ctions for Part IV)
32 Par Mark 5305 E Lo	Other (Grant Total IV Peppe Pawne ren Cra	program services (describe in Schedule s \$ ) If this amount program service expenses (add lines a List of Officers, Directors, Trustees, and Check if the organization used Sche (a) Name and title  r, Director e Circle; Bar Nunn, WY 82601 ain, Director 5; Gillette, WY 82717-2845	pount includes foreign gr 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31s 32 stru	2000 ctions for Part IV)
Mark 5305 E Lo PO B	Other (Grant Total IV Peppe Pawne ren Cra ox 284 Edwar	program services (describe in Schedule is \$ ) If this amount program service expenses (add lines in List of Officers, Directors, Trustees, and Check if the organization used Schede) Name and title  Try Director  The Circle; Bar Nunn, WY 82601	pount includes foreign gr 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31s 32 istru	2000 ctions for Part IV)
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rait	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the			. 🗆
			Yes	
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		1
34	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)	04		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>√</b>
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:		ŀ	
8	Initiation fees and capital contributions included on line 9	_		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-	) 	
404	section 4911 ► ; section 4912 ► ; section 4955 ►		: i.	
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<b>.</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		i Q	
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		<b>√</b>
41	List the states with which a copy of this return is filed ▶ N/A			
<b>42</b> a		307-436		
b	Located at ► 715 W. Birch; Glenrock, WY  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	82637-	1/50 <b>Yes</b>	No.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	<del>"</del>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		- (	
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		<u>✓</u>
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	· ·	. ► Yes	• 🗆
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448	65	<u></u>
b	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		7
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>*</u>
b	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-F7 (see instructions)	454		

Form 99	0-EZ (20	017)	_					F	age 4
46		ne organization engage, directly or in						Yes	No
		ndidates for public office? If "Yes," o		PartI	· • • •	<u> </u>	. 46		✓
Part	_	Section 501(c)(3) organizations	_						
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and c	omplete th	e tables	for lin	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question in	this Part V				<u>.                                     </u>
								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election		during the	tax   47	,	1
48	ls the	organization a school as described in					. 48		1
49a		ne organization make any transfers to		•			. 49		1
b		s," was the related organization a se	-				49		<del>                                     </del>
50		olete this table for the organization's							d kev
•		oyees) who each received more than							
		3,000,1110,000110011001100	<del></del>	1		th benefits,			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	s to employee s, and deferred ensation	(e) Estima other ca	ited amo ompensa	
none									—
none									
			·		<del> </del>	<del></del>			
					<del> </del>				
		<u> </u>			ļ				
				[			ŀ		
		·		<u> </u>	<u> </u>				
f		number of other employees paid ov			<del> </del>				
51	Com	plete this table for the organization	's five highest compe	ensated independen	t contracto	rs who eac	h receive	d more	than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	rvice	(0	) Compens	ation	
none				]					
		•							
		,		]	-				
				,		1			
			-			1			
		·		1					
	Total	number of other independent contri	actors each receiving	over \$100:000					
52		the organization complete Sched	_		anizatione	must attac	h a		
-							.▶☑ Y	as 🗆	No.
Lindon		s of perjury, I declare that I have examined this				he best of my k			
true, co	porusiues prect, ai	s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of which prepare	r has any knov	/ledge.			, 11.13
	<del>_</del>	1 111 - 1 0 -				5- 4	0-18	<u> </u>	
Sign		Signature of officer	<i></i>		n	ate	<u> </u>		
Here MARK PERFER Director									
1 1916	'	Type or print name and title	F PURCO	ter					
		<del></del>	Drangrada alematura		Date			<u>.</u>	——
Paid	)	Print/Type preparer's name	Preparer's signature				] # PTI		000
Pre	arer	Mark Pepper	man	eyer.	5-10-1	self-empl	<u></u>	O 1493	
	Only	Firm's name Pepper Consulting, In		<u> </u>	<u>F</u>	lrm's EIN ▶	20-4	061327	
	_	Firm's address ► 5305 Pawnee Circle;	Bar Nunn, WY 82601	· · · · · · · · · · · · · · · · · · ·	<u> </u>	hone no.			
May 1	ne IRS	discuss this return with the prepare	r shown above? See	instructions	<u> </u>		<u>▶</u>	es 🗌	No

#### 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.

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.cov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 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 12, check only one box.) 1 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 (Form 990 or 990-EZ).) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ 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 331,8% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). OD EIN (I) Name of supported organization (III) Type of organization (IV) is the organization M Amount of monetan (VI) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? Instructions) instructions) Yes (A) **(B)** (C) (D) (月)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	853	, 763	767	596	386	3365
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		700	707	300	555	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	853	763	767	596	386	3365
5	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)						
6	Public support. Subtract line 5 from line 4						3365
Secti	on B. Total Support					, , , , ,	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	853	763	767	596	386	3365
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14	13		12	11	63
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			-			
11	Total support. Add lines 7 through 10		<u></u>	İ	L		3428
12	Gross receipts from related activities, etc					12	- F04/-\/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			· -	ear as a section	
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2017 (line		-			14	98 %
15	Public support percentage from 2016 Scl					15	99 %
168	331/3% support test—2017. If the organization qua						
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not qualifies as a	check a box o	on line 13 or 16 orted organizat	a, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	heck this box	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the "fac	e "facts-and- ts-and-circum	circumstances	" test, check The organizat	this box and	a, and line stop here.
18	Private foundation. If the organization dinstructions						see

Schedule A (F	Form 990 or 990-EZ) 2017						Page
Part III	Support Schedule for Organiza	ations Descr	ibed in Secti	ion 509(a)(2)	-	= <del>-</del>	
	(Complete only if you checked the	ne box on line	10 of Part I	or if the orga	nization failed	d to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	fl.)	
Section A	A. Public Support						
Calendar	year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total

		т			<b></b>		
Caler	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	]					
2	Gross receipts from admissions, merchandise	<b></b>		<del> </del>			
_	sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the organization's tax-exempt purpose					į	
3	Gross receipts from activities that are not an	· · ·					
J	unrelated trade or business under section 513	ļ					
4	Tax revenues levied for the				-		<del></del> -
7	organization's benefit and either paid to					ļ	
	or expended on its behalf					i .	
5	The value of services or facilities						
-	furnished by a governmental unit to the				٠,		
	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					1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year						<u> </u>
C	Add lines 7a and 7b			Notice to the second of the se	الإن الله الله الله الله الله الله الله الل	ESTERNATION LIVER	
8	line 6.)						
Secti	on B. Total Support	19 Apple Co. E.			Control of the Control of the Control		<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(-,,	(5) = 5 / 1	(0) 20:0	(4) 20 10	(0) 25	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .					ł	
b	Unrelated business taxable income (less		,	·			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		<u>-</u>				
11	Net income from unrelated business						
	activities not included in line 10b, whether	į			]	ł	
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets	ŀ		ŀ	ļ		
	(Explain in Part VI.)		}		Ĭ	j	
13	Total support. (Add lines 9, 10c, 11,	<del></del>			+		<del></del>
	and 12.)				}	j	
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her	me					`▶ 🗖
Section	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch			<del></del>	<u> </u>	16	%
	on D. Computation of Investment Inc				<b></b>	1 -= 1	<del></del>
17	Investment income percentage for 2017 (li					17	%
18	Investment income percentage from 2016					18	and line
19a	331/a% support tests—2017. If the organiz						· _
b	331/a% support tests—2016. If the organiza	-	-	-			
D	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization did	=	•	•		-	_

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations	-		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
0-	organization was described in section 509(a)(1) or (2).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		L
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a 4b		
c		4c		
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<b></b> -	l
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	<u> </u>	ļ
-8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		<del>                                     </del>	

determine whether the organization had excess business holdings.)

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Paga	

Part IV Supporting Organizations (continued)			
	·	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			ĺ
a A person who directly or indirectly controls, either alone or together with persons described in (t		<u> </u>	<del> </del>
below, the governing body of a supported organization?	11a 11b	<b>-</b>	├
<ul> <li>A family member of a person described in (a) above?</li> <li>A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail a</li> </ul>	· · · · · · · · · · · · · · · · · · ·		<del> </del>
Section B. Type I Supporting Organizations	11.0	<b></b>	Щ.
- Control of the cont		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the pov	er to		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times			
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, sup controlled the organization's activities. If the organization had more than one supported organiza	ervised, or		
describe how the powers to appoint and/or remove directors or trustees were allocated among t		ļ	
organizations and what conditions or restrictions, if any, applied to such powers during the tax ye			
2 Did the organization operate for the benefit of any supported organization other than the suppor	<del></del>		<del> </del>
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp			ŀ
VI how providing such benefit carried out the purposes of the supported organization(s) that ope			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
	· · · · · ·	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the			1
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI h or management of the supporting organization was vested in the same persons that controlled or			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations	1		
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month			
organization's tax year, (i) a written notice describing the type and amount of support provided during			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop organization's governing documents in effect on the date of notification, to the extent not previously processes.			
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in			
the organization maintained a close and continuous working relationship with the supported organization			
3 By reason of the relationship described in (2), did the organization's supported organizations have	-		
significant voice in the organization's investment policies and in directing the use of the organiza	tion's		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	<b>├</b>		
supported organizations played in this regard.	3_		
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instru	ctions	s).
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	mment entity (see ins	iructi	ons).
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt		Ī	- 7
the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI		1	}
those supported organizations and explain how these activities directly furthered their exempt how the organization was responsive to those supported organizations, and how the organization			
that these activities constituted substantially all of its activities.	2a		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement,	<del></del>		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		- 1	
reasons for the organization's position that its supported organization(s) would have engaged in the		}	
activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, director			
	[	-	
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and active	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jani</u>	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income (A) Prior Year					
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or			}		
maintenance of property held for production of income (see instructions)	6		<u> </u>		
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):	i.		i .		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		-			
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount		1	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ng organization (see_		
instructions).					

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish	<u> </u>				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
<u> </u>	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive			
	(provide details in Part VI). See instructions.	······································	·			
9_	Distributable amount for 2017 from Section C, line 6					
<u>10</u>	Line 8 amount divided by line 9 amount					
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		_			
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
C	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
9	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
<u>i</u>	Carryover from 2012 not applied (see instructions)					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a_	Excess from 2013					
<u>b</u>	Excess from 2014					
C	Excess from 2015					
<u>d</u>	Excess from 2016					
е	Excess from 2017	<u>_</u>				

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
Part II, Line 17a - The Wyoming Rural Water Foundation solicits donations from individuals who attend professional training conferences	
conducted by the Wyoming Association of Rural Water Systems (a membership driven organization). None of the donations are intended,	
designed or otherwise a requirement of membership or a part of any dues. All donations are voluntary and designated for the intended	
educational scholarship program administered by the Foundation. Scholarship applications are solicited through the Wyoming High School	
Activities Association to all Wyoming High School seniors. Membership in the Rural Water Systems Association is not required.	
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Wyoming Rural Water Foundation	45-2048727
Form 990 EZ Line 16 - Other Expenses	
Supplies - \$11	
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