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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493305004136 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a> Internal Revenue Service For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization POWDER RIVER ENERGY CORPORATION D Employer identification number B Check if applicable 83-0162161 Address change Doing business as

Name change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return (307) 283-3531 City or town, state or province, country, and ZIP or foreign postal code SUNDANCE, WY  $\,\,827290930$ G Gross receipts \$ 189,658,582 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for MICHAEL EASLEY subordinates? Yes **√**No PO BOX 930 **H(b)** Are all subordinates SUNDANCE, WY 827290930 Yes [No included? If "No," attach a list (see instructions) 501(c)(3) **√** 501(c) (12) **◄** (insert no) 4947(a)(1) or **H(c)** Group exemption number ▶ Website: ► WWW PRECORP COOP L Year of formation 1945 M State of legal domicile Part I Summary **1** Briefly describe the organization's mission or most significant activities POWDER RIVER ENERGY CORPORATION IS A COOPERATIVE ELECTRIC UTILITY WHICH DISTRIBUTES ELECTRIC SERVICE TO RURAL CUSTOMERS IN NORTHEAST WYOMING AND SOUTHEASTERN MONTANA THE COMPANY IS OWNED BY THE MEMBERS IT SERVES IN 2015, POWDER RIVER ENERGY CORPORATION SERVED AN AVERAGE OF 27,346 METERS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 10 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 162 **6** Total number of volunteers (estimate if necessary) . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 0 **7**a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 0 199,425,682 186,996,715 9 Program service revenue (Part VIII, line 2g) . 1.259.824 2,605,262 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,711 -2,973 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 200,693,217 189,599,004 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 65,476 108,496 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 12,242,163 11,071,300 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 17,204,839 16,139,660 Expenses 5 - 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 175,380,739 164,329,548 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 204,893,217 191,649,004

Signature Block

19

20

21

Assets or d Balances

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which

preparer ii	us ui	Ty knowledge				
		*** ** *			2016-10-31	
Sign		Signature of officer			Date	
Here		MICHAEL EASLEY CHIEF EXECUTIVE OF	FFICER			
		Type or print name and title				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check If PTIN self-employed	
Prepare	۵r	Firm's name ▶	Fırm's EIN ▶			
Use On		Firm's address ▶			Phone no	
May the II	) C di	scues this return with the prepa	rer shown above? (see instruction	ne l		Ves ENo

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) .

-4,200,000

397,490,066

202,883,364 194,606,702

Beginning of Current Year

0

0

-2,050,000

400,906,531

199,560,529

201,346,002

**End of Year** 

Form	990 (2015)			Page 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

**b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐕 . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  $\dots$ 

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

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

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

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Form 990 (2015)

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11c

**11**d

11e

**11**f

**12**a

12b

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14a

14b

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20a

Yes

Yes

Yes

Yes

Yes

Yes

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28b

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35a

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Yes

Yes

Yes

Yes

Form 990 (2015)

Yes	

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Nο

Nο

Nο

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Nο

Νo

Yes

Yes

- - Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or
    - domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 🖠
  - Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"
    - 23
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d 24a 24b 24c
  - **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 25h year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?
  - Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current 26 or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .
  - Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . . . 🖠 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

	990 (2015)			Page <b>S</b>								
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_								
	eneck in schedule o contains a response of flote to any line in this rate v		Yes	No								
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 133											
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0											
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes									
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		No								
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O											
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No								
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No								
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8										
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter											
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities											
11	Section 501(c)(12) organizations. Enter											
	Gross income from members or shareholders											
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13</b> a										
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans											
c	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										

year by the following

Section C. Disclosure

0 (2015)	
Governance, Management, and Disclosure	

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

	Check if Schedule O contains a response or note to any line in this Part VI								
Se	ction A. Governing Body and Management								
							T	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			1	0			
	If there are material differences in voting rights among members of the governing								

					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
				i .		1

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any	

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization have members or stockholders? . . . . . . . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

Did the organization have a written document retention and destruction policy? . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

 ${f b}$  Other officers or key employees of the organization . . . . . . . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶JOANNE KOLB 221 MAIN ST SUNDANCE, WY 82729 (307) 283-4921

List the States with which a copy of this Form 990 is required to be filed▶

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

supervision of officers, directors or trustees, or key employees to a management company or other person? .. Did the organization make any significant changes to its governing documents since the prior Form 990 was

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7a

10b

11a

12a

12h

**12**c

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14

15a

15b

**16**a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Νo

Form 990 (2015)

	<u>✓</u>
No	





Νo

Νo

Νo

Νo

Νo

Nο

Νo

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box in helither the organization not any related organization compensated any current officer, director, or clustee											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han ersor cer tor/t	not one n is and rusi	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	,	and related organizations	
(1) WALTER CHRISTENSEN PRESIDENT	12 00	x		×				13,897	0	32	
(2) REUBEN RITTHALER VICE PRESIDENT	10 00	х		x				11,459	0	32	
(3) PHILIP HABECK SECRETARY/TREASURER	10 00	х		х				7,683	0	32	
(4) PAUL BAKER DIRECTOR	8 00	х						6,468	0	32	
(5) JIM BAUMGARTNER DIRECTOR (SINCE AUGUST)	8 00	х						2,700	0	32	
(6) TOM DAVIS DIRECTOR	8 00	х						7,183	0	32	
(7) GERRY GEIS DIRECTOR	8 00	×						13,126	0	32	
(8) DAVE HOYT DIRECTOR (UNTIL AUGUST)	8 00	X						5,717	0	32	
(9) PAM KINCHEN DIRECTOR	8 00	X						11,611	0	32	
(10) WADE LARSEN DIRECTOR	8 00	х						7,050	0	32	
(11) MIKE LOHSE DIRECTOR	8 00	X						9,925	0	32	
(12) MIKE EASLEY CHIEF EXECUTIVE OFFICER	48 00			×				325,546	0	123,119	
(13) C CURTIS MOCK  CHIEF FINANCIAL AND ADMINISTRATION OFFICER	43 00			x				117,518	0	48,920	
(14) LES PENNING  DEPUTY GENERAL MANAGER AND CHIEF OPERATING OFFICER	49 00				х			173,107	0	76,948	
										Form <b>990</b> (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

· · ·		-	-			_		-		•
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) MIKE POMMARANE	50 00									
SR VICE PRESIDENT OF SYST					Х			154,902	C	75,03
(16) MATT DAVIS	45 00									
SR VP OF ENGINEERING & TECHNICAL SERVICES					Х			150,499	C	71,13
(17) MICHAEL BINGHAM	53 00									
DISTRICT FOREMAN						X		146,057	C	51,27
(18) JEFFREY PILLOW	51 00									40.00
JOURNEYMAN LINEMAN						Х		132,904	C	48,20
(19) CORY JENSEN	44 00							122 507		F2 00
SERVICE FOREMAN						Х		122,597	C	52,89
(20) WAYNE POLLAT	44 00					х		122.005	0	45.15
DISTRICT FOREMAN								122,085		45,15
(21) DOUG WILSON	40 00					×		122,894		65,35
CHIEF INFORMATION OFFICER								122,094		03,331
				$\vdash$						
1b Sub-Total				▶					<u> </u>	
c Total from continuation sheets to Part VI				•						
d Total (add lines 1b and 1c)	<u></u> .			•			1,6	64,928	0	658,385
2 Total number of individuals (including but r			ed a	bove	 ≘) w	ho red	eiv	ed more than		
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A .		· 	•	e) w	ho red		<u>'</u>	0	658

\$100,000 of reportable compensation from the organization ▶ 47

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B)
Description of services (C)

PRIME POWER & COMMUNICATIONS LLC	CONTRACT LABOR	2,164,660		
PO BOX 1187 POWELL, WY 82435				
BESLER INC	CONTRACT LABOR	1,657,927		
PO BOX 1527 RAPID CITY, SD 57709				
SCHULTE TA INC	CONTRACT LABOR	1,273,543		
5950 SWANSON RD GILLETTE, WY 82801				
NORTHEAST WY CONSTRUCTION INC	CONTRACT LABOR	558,255		
PO BOX 578 BUFFALO, WY 82834				
MCM GENERAL CONTRACTORS INC	CONTRACT LABOR	444,066		
PO BOX 5984 GILLETTE, WY 82717				
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 26				

Compensation

Yes

No

Form 99								Page <b>9</b>
Part V	1111	Statement o			and the Doublitte			_
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
	С	Fundraising eve	ents 1c					
fts. ⊨ A	d	Related organiz	zations 1d					
છું ≅	e	Government grants	s (contributions) 1e					
Sir	f	_	ons, gifts, grants, and <b>1f</b>					-
uti her	'	similar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Service Revenue	2a	ELECTRIC SERVICE	<u> </u>	221122	179,459,630	179,459,630		
å Š	b	CAPITAL CREDITS		221122	6,104,733	6,104,733		
<u>2</u>	С	TRANSMISSION RE	VENUE	221122	1,369,080	1,369,080		
Ž.	d	OTHER RENTAL IN	COME	531190	49,736	49,736		
Ē	е	JOINT USE POLE R	EVENUE	531190	13,536			13,536
ogra	f	All other progra	am service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a – 2f	>	186,996,715			
	3	Investment inc	ome (including dividen ar amounts)	ds, interest, ▶	2,248,746			2,248,746
	4		stment of tax-exempt bond	proceeds <b>&gt;</b>				
	5	Royalties	<u> </u>	▶				
	_	_	(I) Real	(II) Personal				
	6a	Gross rents	11,078					
	b	Less rental expenses	13,783					
	С	Rental income or (loss)	-2,705					
	d		me or (loss)	>	-2,705			-2,705
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		401,516				
	b	Less cost or other basis and		45,000				
		sales expenses		·				
	c d	Gain or (loss)	s)	356,516	356,516	356,516		
		Gross income f	ı		,			
Other Revenue		events (not inc \$	luding  reported on line 1c)					
<u>.</u>		See Part IV, lin	a					
ŧ	b	Less direct ex	penses b					
O	С	Net income or (	(loss) from fundraising	events ▶				
	9a		rom gaming activities ne 19 a					
			penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		527				
	b c	_	oods sold <b>b</b> (loss) from sales of inv	795 entory ►	-268	- 268		
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь	-						
	d	All other reven	ue					
	e	Total. Add lines		▶				
	12	Total revenue	See Instructions .					
				· · · •	189,599,004	187,339,427		0 2,259,577

## Part IX Statement of Functional Expenses

Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all column	s All other organizations must complete column (A)	

ection 5	01(c)(3)	and 50:	l (c )(4 )	organı.	zations	must	comple	te all c	columns	Allot	her or	ganı	zatio	ns i	nust	com	nplet	e co	lum	ın (A	١)_		
	Check	ıf Sched	ule O d	contains	s a res	ponse	or note	to any	/ line in	this Pa	rt IX												

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	94,996			
2	Grants and other assistance to domestic individuals See Part IV, line 22	13,500			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	11,071,300			
5	Compensation of current officers, directors, trustees, and key employees	1,413,897			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,234,324			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,846,641			
9	Other employee benefits	2,794,096			
10	Payroll taxes				
		850,702			
11	Fees for services (non-employees)				
a	Management	107.567			
b	Legal	187,567			
C C	Accounting	21,200			
d	Lobbying				
e f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	234,833			
12	Advertising and promotion	25 1,055			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	state, or local public officials				
20	Interest	6,264,443			
21	Payments to affiliates				· · ·
22	Depreciation, depletion, and amortization	11,565,486			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURCHASED POWER	136,811,703			
b	OPER & MAINT EXP -DIST	3,930,086			
С	OPER & MAINT EXP -TRAN	1,288,799			
d	TAX EXPENSE - PROPERTY	511,713			
е	All other expenses	3,513,718			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	191,649,004			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Net Assets or Fund Balances

(B)

End of year

24,098

20,367,268

11,251,982

940,973

7,474,217

205,381,296

118,730,383

36,143,384

400,906,531

10,091,609

9,270,000

135,488,991

44,709,929

199,560,529

201,346,002

201,346,002

400.906.531 Form 990 (2015)

225,978

366,952

(A)

Beginning of year

28,060

25,121,890

14,310,864

920 5

1,080,893

9,755,031

196,549,198

113,012,576

37,010,660

397,490,066

19,561,733

7,220,000

132,999,055

43,102,576

202,883,364

240,708

367,470,284

162,088,988

10a

10b

379,266

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10c

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194.606.702

194,606,702

397,490,066

Part X	Balance She	•
	Check if Schedu	اد

O contains a response or note to any line in this Part X . .

	•		•					
ırt X		Ва	lan	ce	SI	ıе	et	

•	
Balance	Sheet
Chack if C	chodulo (

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 

and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Part X	Balance Shee
	Check if Schedule

<b>Balance Sheet</b>	
Check if Schedule	(

Form 990 i	(2015)
Part X	Balance Sheet
	Check if Schedule

2

8

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Page **12** 

189,599,004

191,649,004

-2,050,000

194,606,702

201,346,002

No

Νo

Nο

Form 990 (2015)

-	Total expenses (must equal Part IX, column (A), line 25)	2	
ı	Revenue less expenses Subtract line 2 from line 1	3	
-	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
-	Net unrealized gains (losses) on investments	5	
ı	Donated services and use of facilities	6	
I	Investment expenses	7	
ı	Prior period adjustments	R	

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XI . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

1 Accounting method used to prepare the Form 990

8,789,300

Yes

Yes

Yes

2a

2b

2c

3a

3b

10

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

DLN: 93493305004136 OMB No 1545-0047

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

eas	sury nal Revenue Service	Information about Schedule D (	Form 990) and its instru		s.gov/f	<u>orm990</u> .	Inspecti	
Na	me of the organi	zation			Empl	oyer identif	ication number	
PO	WDER RIVER ENERG	Y CORPORATION			83-0	162161		
Pa	rt I Organ Comple	izations Maintaining Donor ete if the organization answere	Advised Funds or ed "Yes" on Form 990	Other Similar F , Part IV, line 6.			ts.	
		<del>-</del>	(a) Donor advised fund	ls	(b)	Funds and o	ther accounts	
L	Total numbe	er at end of year						
2	Aggregate v year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
1	Aggregate v	alue at end of year						
5	_	ration inform all donors and donor a organization's property, subject to t	-		nor advis	sed	☐ Yes	┌ No
5	used only for c	ation inform all grantees, donors, a haritable purposes and not for the l ermissible private benefit?				purpose	┌ Yes	∏ No
Pa	rt III Conse	rvation Easements. Comple	te if the organization	answered "Yes" o	n Forn	າ 990, Part	IV, line 7.	
L	Purpose(s) of o	conservation easements held by th	e organızatıon (check all	that apply)				
	•	on of land for public use (e g , recre	eation or	– Preservation of a				
	education)	of natural habitat	l F	Preservation of a  Preservation of a				
	<u>'</u> _	on of open space	ı	r reservation of a	Certifie	a mstoric st	iucture	
2	•	2a through 2d if the organization l	neld a qualified conserva	tion contribution in t	the form	of a conser	vation	
-		ne last day of the tax year	icia a qualifica consciva	contribution in		or a conser	Vacion .	
	<b>-</b>					Held at t	he End of the	Year
a		of conservation easements	nto		2a			
b	_	restricted by conservation easeme servation easements on a certified		led in (a)	2b 2c			
c d		servation easements included in (c		, ,	20			
u		ure listed in the National Register	, acquired diter 0/17/00	, and not on a	2d			
3	Number of cons	servation easements modified, trar	nsferred, released, exting	guished, or terminate	ed by the	e organizatio	on during the	
	tax year ▶							
1	Number of stat	es where property subject to conse	ervation easement is loc	ated <b>▶</b>				
5		nization have a written policy regard enforcement of the conservation e	· '	ring, inspection, han	dling of	Г	Yes No	
5	Staff and volun year	teer hours devoted to monitoring, i	nspecting, handling of vi	olations, and enforc	ıng cons	ervation ea	sements during	g the
	<b>-</b>							
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violati	ons, and enforcing c	onserva	tion easeme	ents during the	year
3		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	requirements of sec	ction 17		Yes No	
9	balance sheet,	escribe how the organization report and include, if applicable, the text in's accounting for conservation ea	of the footnote to the or				•	
ar	t IIII Organ	izations Maintaining Collectet if the organization answere	tions of Art, Histor		or Oth	er Simila	r Assets.	
La	works of art, hi	tion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	assets held for public ex	khibition, education,	or resea	arch in furthe		с
b	works of art, hi	tion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public ex	•				с
(	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			<b>&gt;</b> \$			
<b>(</b> i	ii) Assets include	ed in Form 990, Part X			<b>▶</b> \$			
2	If the organizat	tion received or held works of art, h nts required to be reported under S		ther similar assets fo	or financ			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

	dule D (Form 990) 2015  Organizations Maintaining	Collections of A	rt His	torio	al Treasur	es or (	Other Similar	Accete	Pag
aru	(continued)	Collections of A	и , піз		ai iieasui	es, or <b>c</b>	Julier Sillina	Assets	
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other rec	ords,ch	eck a	ny of the follow	ving that	are a significant	use of its	
а	Public exhibition		d		Loan or exch	ange prog	grams		
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's Part XIII	's collections and exp	plaın hov	v they	further the org	ganızatıoı	n's exempt purpo	ose in	
5	During the year, did the organization solid assets to be sold to raise funds rather than							Yes 🗆	No
Par	t IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form '	990, I	Part IV, line	9, or re	ported an amo	ount on F	orm 99
La	Is the organization an agent, trustee, cus	stodian or other inter	mediary	for co	ntributions or	other ass		Yes 🗆	No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the fol	lowing	table		,	A mount	
C	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
а	Did the organization include an amount of	n Form 990, Part X, I	lıne 21,	for es	row or custod	lial accou	int liability?	Yes	No
ь Рат	If "Yes," explain the arrangement in Part <b>t V Endowment Funds.</b> Comple		ion ans		d "Yes" to Fo	rm 990		10.	r years ba
a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
9	· · · · · ·								
	Provide the estimated percentage of the	current year end bala	ance (lın	e 1g,	column (a)) he	ld as			
а	Board designated or quasi-endowment <b>&gt;</b>								
b	Permanent endowment ▶								
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%							
	Are there endowment funds not in the pos	ssession of the orgar	nization 1	hat ar	e held and adı	mınıstere	d for the		es No
а	organization by							3a(i)	- 1
a	organization by (i) unrelated organizations			•					
	organization by (i) unrelated organizations (ii) related organizations							3a(ii)	
	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" on 3a(II), are the related organizations	ations listed as requ	 ired on S	Schedu	ıle R?				
b	organization by (i) unrelated organizations (ii) related organizations	ations listed as requor of the organization's	 ired on S	Schedu	ıle R?			3a(ii)	
b	organization by  (i) unrelated organizations	ations listed as requ of the organization's	 Ired on S endowm	Schedi ent fur	ıle R? nds		Form 990, Par	3a(ii) 3b	10. Book val

(i) unrelated organizations			3a(	i)							
<ul><li>(ii) related organizations</li></ul>		•	3a(	<del></del>							
Describe in Part XIII the intended uses of the organization's endowment funds											
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.											
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value							
<b>1a</b> Land		7,709,719		7,709,719							
<b>b</b> Buildings	234,264	9,012,779	4,937,667	4,309,376							
$oldsymbol{c}$ Leasehold improvements				0							
<b>d</b> Equipment		336,783,064	157,695,860	179,087,204							
<b>e</b> Other		13,730,458	-544,539	14,274,997							

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . .

205,381,296

Part VII Investments—Other Securities. Complete if the	organization answered 'Ye	Page : s' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.	(I-XP I	Call all a Confusion
(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)0 ther		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Fori	m 990, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)ASSOCIATED ORGANIZATIONS - PATRONAGE CAPITAL	116,011,643	С
(2)ASSOCIATED ORGANIZATIONS - NON G&T	2,718,740	С
Total. (Column (b) must equal Form 990. Part X, col (B) line 13)	<b>118,730,383</b>	

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		118,730,383	3	
Part IX Other Assets. Complete if the organization a	answered 'Yes' o	on Form	990, Part IV, line	11d Se	e Form 990, Part X, line 15
(a) Descrip	tion				(b) Book value
(1) SPECIAL FUND - COST OF RETIREMENT (CBM)					18,482,0
(2) SPECIAL FUND - RISK MANAGEMENT (CBM)					6,640,8
(3) SPECIAL FUND - DEFERRED REVENUE					3,000,8
(4) SPECIAL FUND - BASIN ECONOMIC DEVELOPMENT	FUND				1,100,2
(5) SPECIAL FUND - CONSERVATION LOAN FUND					284,2
(6) ACCRUED UTILITY REVENUE					6,440,6
(7) OTHER REGULATORY ASSETS-COST OF POWER ADJ	USTMENT				17,4
(8) PRELIMINARY SURVEY AND INVEST CHARGES					144,6
(9) ACCOUNTS RECEIVABLE FROM ASSOCIATED ORGA	NIZATIONS				33,2
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	)				<b>▶</b> 36,143,3
Part X Other Liabilities. Complete if the organ	ization answe	red 'Ye	s' on Form 990.	Part IV	V. line 11e or 11f.
See Form 990, Part X, line 25.			,		,
1. (a) Description of liability	(b) Book va	alue			
Federal Income taxes					
CUSTOMER ADVANCES FOR CONSTRUCTION	4,3	19,088			
CBM PREPAID COST OF RETIREMENT	18,4	68,263			
PENSIONS & BENEFITS	6,0	57,797			
CUSTOMER CCR PREPAYMENTS	51	33,606			
CONSUMER DEPOSITS	7,89	92,942			
OTHER LIABILITIES	1:	80,640			
CBM RISK MANAGEMENT FUND	6,6	40,860			

616,733

44,709,929

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part

CBM CAPITAL COST RECOVERY

XIII 🔼

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

18,482,078 6,640,860 3,000,000 1,100,218 284,218 6,440,611 17,489 144,664 33,246 36,143,384

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

**ADJUSTMENTS** 

**ADJUSTMENTS** 

**ADJUSTMENTS** 

1

2

189,362,296

1

Page 4

c	Recoveries of prior year gran	nts	2c			
d	Other (Describe in Part XIII	)		54.44		
			2d	51,444	1 1	
е	Add lines <b>2a</b> through <b>2d</b> .				2e	51,444
3					3	189,310,852
4		90, Part VIII, line 12, but not on line 1		1		
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b .	4a		1 1	
b	Other (Describe in Part XIII	)	4b	288,152	]	
c	Add lines <b>4a</b> and <b>4b</b>				4c	288,152
5		nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 12 )		5	189,599,004
Par		<b>Expenses per Audited Financial S</b> anization answered 'Yes' on Form 990			s per	Return.
1	Total expenses and losses p	per audited financial statements			1	180,403,004
2	A mounts included on line 1 l	but not on Form 990, Part IX, line 25				
а	Donated services and use of	f facilities	2a			
b	Prior year adjustments .		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII	)	. 2d		1	
e	Add lines <b>2a</b> through <b>2d .</b>				2e	0
3	Subtract line <b>2e</b> from line <b>1</b>				3	180,403,004
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII	)	. 4b	11,246,000	1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	11,246,000
5	Total expenses Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I	, line 18	)	5	191,649,004
Prov		or Part II, lines 3, 5, and 9, Part III, lines				
	: V , line 4 , Part X , line 2 , Part X rmation	(I, lines 2d and 4b, and Part XII, lines 2d a	and 4b A	Also complete this part t	o provid	e any additional
	Return Reference	Explanation	1			
PART	X, LINE 2	THE COOPERATIVE IS EXEMPT FROM				

AMORTIZATION OF POSTRETIREMENT BENEFIT LOSS 51,444

2b

COOPERATIVE IS SUBJECT TO INCOME TAX ON ITS UNRELATED BUSINESS INCOME (UBI)

FAS 158 POSTRETIREMENT BENEFIT LOSS 113,452 REGULATORY CREDITS 174,700

2015 MARGINS ALLOCATED IN 2016 11,071,300 REGULATORY CREDITS 174,700

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

ON FEDERAL FORM 990-T

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Schedule D (F	orm 990) 2015		Page <b>5</b>
Part XIII	Supplemental Information	n (continued)	
Re	turn Reference	Explanation	

Schedule D (Form 990) 2015

### **Additional Data**

Software Version:

Software ID:

**EIN:** 83-0162161

Name: POWDER RIVER ENERGY CORPORATION

(b) Book value

18,482,078

6,640,860

3,000,000

1,100,218

6,440,611

284,218

17,489

33,246

144,664

Form 990, Schedule D, Part IX, - Other Assets (a) Description

Form 990, Schedule D, Part X, - Other Liabilities

CUSTOMER ADVANCES FOR CONSTRUCTION

CBM PREPAID COST OF RETIREMENT

CUSTOMER CCR PREPAYMENTS

CBM RISK MANAGEMENT FUND

CBM CAPITAL COST RECOVERY

PENSIONS & BENEFITS

CONSUMER DEPOSITS

OTHER LIABILITIES

(a) Description of Liability

(1) SPECIAL FUND - COST OF RETIREMENT

(2) SPECIAL FUND - RISK MANAGEMENT (C

(3) SPECIAL FUND - DEFERRED REVENUE

(6) ACCRUED UTILITY REVENUE

(CBM)	
BM)	

(4) SPECIAL FUND - BASIN ECONOMIC DEVELOPMENT FUND (5) SPECIAL FUND - CONSERVATION LOAN FUND

(7) OTHER REGULATORY ASSETS-COST OF POWER ADJUSTMENT (8) PRELIMINARY SURVEY AND INVEST CHARGES

(9) ACCOUNTS RECEIVABLE FROM ASSOCIATED ORGANIZATIONS

(b) Book Value 4,319,088

18,468,263 6,057,797 533,606 7,892,942 180,640

6,640,860

616,733

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493305004136 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number POWDER RIVER ENERGY CORPORATION 83-0162161 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 25,592 BOOK ADMINISTRATIVE SUPPORT POWDER RIVER ENERGY 20-8802389 501(C)(3) 31,500 CHARITABLE CORPORATION DONATION, (1) FOUNDATION SCHOLARSHIPS For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV Return Reference Explanation

PART I, LINE 2 THE COMPANY PROVIDES FUNDING TO THE POWDER RIVER ENERGY CORPORATION FOUNDATION THROUGH DONATIONS AND

SPONSORSHIPS, AS WELL AS PROVIDING ADMINISTRATIVE SUPPORT THE FOUNDATION'S BOARD OF DIRECTORS IS APPOINTED BY THE COMPANY'S BOARD OF DIRECTORS THE ORGANIZATION ALSO GIVES NON-CASH ASSISTANCE TO THE POWDER RIVER ENERGY CORPORATION FOUNDATION IN THE FORM OF ADMINISTRATIVE, LEGAL, AND OPERATIONAL SUPPORT THE COST OF THE NON-CASH ASSISTANCE PROVIDED IN 2015 WAS \$25,592

Page 2

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493305004136 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization POWDER RIVER ENERGY CORPORATION 83-0162161 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T

Page 2

Form 990

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MISC compensation (		(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
	P	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	l compensation			as deferred on prior

### (I) compensation compensation compensation

Schedule J (Form 990) 2015

See Additional Data Table

AMOUNT OF 50% OF THE TOTAL FEES, WITH A MAXIMUM OF \$50/OUARTER

OUTSIDE OF OUR SERVICE TERRITORY THIS OCCURS PRIMARILY WHEN TRAVEL IS NECESSARY TO TWO DESTINATIONS THE FIRST DESTINATION IS THE STATE CAPITAL IN CHEYENNE, WYOMING FOR REGULATORY, GOVERNMENTAL, AND ASSOCIATED MEETINGS OR ACTIVITIES AFFECTING THE COMPANY THE SECOND LOCATION IS THE BISMARCK, NORTH DAKOTA OFFICES OF OUR PRINCIPAL POWER SUPPLIER, BASIN ELECTRIC POWER COOPERATIVE AS BASIN IS A COOPERATIVE ORGANIZATION, THE COMPANY IS AN OWNER-MEMBER OF BASIN AND PARTICIPATES IN ITS GENERAL AND SPECIAL MEETINGS THESE CHARTERS ARE FOR BUSINESS PURPOSES ONLY, HAVE NO COMPENSATORY PURPOSES WHATSOEVER, AND OFTEN ALLOW FOR SAME DAY ROUND TRIP TRAVEL ONLY THE COMPANY CEO, MIKE

Schedule J (Form 990) 2015

leasley, or its board of directors can authorize charter expense the company offers a wellness program each year for ALL EMPLOYEES PART OF THE PROGRAM INCLUDES REIMBURSEMENT OF FITNESS CENTER OR WEIGHT MANAGEMENT PROGRAM FEES IN AN

Page 3

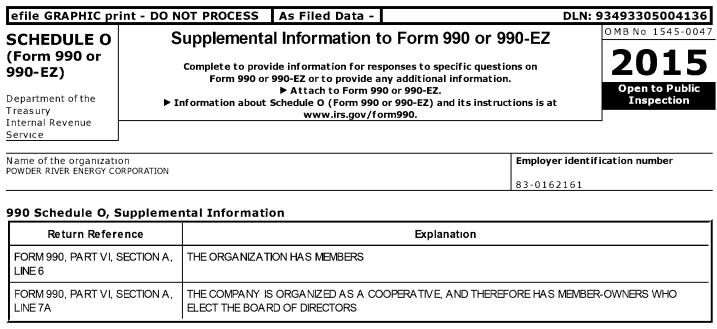
Schedule J (Form 990) 2015

Software ID: Software Version:

**EIN:** 83-0162161

Name: POWDER RIVER ENERGY CORPORATION

(A) Name and Title	,	(B) Breakdown o'	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1MIKE EASLEY CHIEF EXECUTIVE OFFICER	(1)	294,828	25,102	5,616	107,050	16,069	9 448,665	
		0	0	0	0	i	0 0	. (
1C CURTIS MOCK CHIEF FINANCIAL AND	(1)	) 111,578	3,859	2,081	42,088	6,832	2 166,438	i c
ADMINISTRATION O	(11)	ol	0	0	0	 		
<b>2</b> LES PENNING DEPUTY GENERAL MANAGER	(1)	) 161,680	8,352	3,075	67,126	9,822	2 250,055	, с
AND CHIEF OPE	(11)	0	0	0	0	 	0 0	,
3MIKE POMMARANE SR VICE PRESIDENT OF	(1)	) 147,432	4,602	2,868	66,100	8,935	5 229,937	(
SYST	(11)	0	0	0	0	l i		
4MATT DAVIS SR VP OF ENGINEERING &	(1)	) 144,200	3,602	2,697	62,496	8,636	6 221,631	
TECHNICAL SE	(11)	o	0		0	i :		
5MICHAEL BINGHAM DISTRICT FOREMAN	(1)	) 144,654	1,403	, 0	45,140	6,133	3 197,330	,
	(11)	0	0	0	0		0	. (
6JEFFREY PILLOW JOURNEYMAN LINEMAN	(1)	) 131,552	1,352	. 0	42,576	5,625	5 181,105	, (
	(11)	0	0		0	(	0	. (
7CORY JENSEN SERVICE FOREMAN	(1)	) 119,277	1,413	1,907	46,691	6,206	6 175,494	, (
	(11)	o	0	0	0	i	0 0	
8WAYNE POLLAT DISTRICT FOREMAN	(1)	) 120,726	1,359	, 0'	38,952	6,206	6 167,243	,
	(11)	ol	0	,	0	i		
9DOUG WILSON CHIEF INFORMATION	(1)	) 116,558	4,109	2,227	58,224	7,126	6 188,244	
OFFICER	(11)	,	0		0	 	0 0	



Return ReferenceExplanationFORM 990, PART VI, SECTION A,<br/>LINE 8BTHERE ARE NO COMMITTEES WITH BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING<br/>BODYFORM 990, PART VI, SECTION B, LINE<br/>11THE FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY THE COMPANY'S FINANCIAL<br/>ANALYST, A

990 Schedule O, Supplemental Information

ND REVIEWED BY THE CHIEF FINANCIAL AND ADMINISTRATION OFFICER THE FORM 990 IS PROVIDED. TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. AND PRESENTED AT A REGULARLY SCHEDULED. BOARD MEE TING TO ADDRESS QUESTIONS THE PROCESS INCLUDES A REVIEW OF THE FORM BY THE COMPANY'S AUDI TORS ANY NECESSARY REVISIONS ARE INCORPORATED BEFORE THE CHIEF FINANCIAL AND **ADMINISTRATI** ON OFFICER AUTHORIZES ELECTRONIC FILING OF THE FORM 990 AND SCHEDULES. THE FINAL **VERSION I** S PROVIDED TO AUDITORS FOR FILING AND TO THE BOARD OF DIRECTORS

Return Reference

FORM 990, PART VI. ALL EMPLOYEES ARE EXPECTED TO BE FAMILIAR WITH THE COMPANY'S CODE OF ETHICS POLICY, AND ARE EXPECTED TO

990 Schedule O, Supplemental Information

F THE SALARY OF THE CEO

SECTION B,	DISCLOSE ANY SITUATIONS THAT VIOLATE, MAY VIOLATE, OR COULD APPEAR TO VIOLATE THE SPIRIT AND INTENT OF
LINE 12C	THE POLICY THE POLICY COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING ALL POLICY
	INTERPRETATIONS OR VIOLATIONS DECISIONS CONSIDERED INCONSISTENT WITH THE CONFLICT OF INTEREST POLICY ARE
	REPORTED TO THE ENTIRE BOARD OF DIRECTORS, THROUGH THE BOARD PRESIDENT, VICE PRESIDENT OR THE CEO. THE
	BOARD OF DIRECTORS SHALL DECIDE IF AN INTEREST SHOULD PREVENT THE COOPERATIVE FROM ENTERING INTO A
	PARTICULAR TRANSACTION A PERSON WHO IS EMPLOYED BY OR HAS A SUBSTANTIAL FINANCIAL INTEREST IN A
	COMPETING DISCHESS OF ONE OF LING EMEDOY OF CHIEST IFO TO THE COOPERATIVE IS NOT CHALLETED TO BE A DOADD

COMPETING BUSINESS OR ONE SELLING ENERGY OR SUPPLIES TO THE COOPERATIVE IS NOT QUALIFIED TO BE A BOARD MEMBER

FORM 990,
PART VI,
SECTION B,
LINE 15A

N CREATING ITS SALARY STRUCTURE THE BOARD OF DIRECTORS IS THE ULTIMATE DETERMINING BODY O

Return
Reference

FORM 990, PART | THE COMPANY FILES AN ANNUAL FINANCIAL STATEMENT. THE RUS FINANCIAL AND OPERATING REPORT ELECTRIC

DISTRIBUTION, WITH THE UNITED STATES DEPARTMENT OF AGRICULTURE, WHICH IS A MATTER OF PUBLIC RECORD THE

990 Schedule O. Supplemental Information

VI. SECTION C.

XI. LINE 9

LINE 19	COMPANY, WHICH IS ORGANIZED AS A COOPERATIVE, AND THEREFORE IS OWNED BY ITS MEMBERS, MAKES ALL OF
	ITS GOVERNING DOCUMENTS AND POLICIES AVAILABLE TO THEM BYLAWS ARE PROVIDED WHEN A NEW MEMBER
	ENROLLS, AND ALL OTHER POLICIES ARE AVAILABLE UPON REQUEST
FORM 990 PART	ALLOCATED CAPITAL CREDITS 12 335 275. RETIRED CAPITAL CREDITS -2 297 561. PATRONAGE CAPITA

ALLOCATED CAPITAL CREDITS 12,335,275 RETIRED CAPITAL CREDITS -2,297,561 PATRONAGE CAPITAL CREDITS ASSIGNABLE -3,220,847 NET CHANGE IN FORFEITED, RETIRED, UNCLAIMED CAPITAL CREDITS -8,713 NET CHANGE IN RETIRED, UNCLAIMED CAPITAL CREDITS -6,845 DEFERRED REVENUE 2,050 .000 POST-RETIREMENT BENEFIT ADJUSTMENT -62,008 ROUNDING -1

Return Reference Explanation

PART IX, LINE 4

THE COMPANY HAS INTERPRETED THE INSTRUCTIONS TO PART IX, LINE 4, TO MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE CAPITAL RETIRED THIS IS

CONSISTENT WITH THE BY-LAWS OF THE COOPERATIVE

990 Schedule O. Supplemental Information

PART XII, FINANCIAL STATEMENTS
AND REPORTING, NUMBERS 2A-C
INDEPENDEN
T AUDITORS THE COMPANY HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT PROCESS THE COMPAN
Y CHANGED ITS FINANCIAL STATEMENT AUDIT PERIOD TO A CALENDAR YEAR, STARTING IN 2015
THERE
FORE THE FINANCIAL S IN THIS FORM 990 HAVE BEEN AUDITED

As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93493305004136 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990. Open to Public ▶ Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization POWDER RIVER ENERGY CORPORATION 83-0162161 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) PRECORP SERVICES LLC NO ACTIVITY WY 0 POWDER RIVER ENERGY PO BOX 930 CORPORATION SUNDANCE, WY 82729 83-0331925 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (e) (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes (1) POWDER RIVER ENERGY CORPORATION FOUNDATION INC CHARITABLE GIVING WY 501(C)(3) LINE 7 POWDER RIVER ENERGY PO BOX 930 CORPORATION SUNDANCE, WY 82729 20-8802389

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
			,			Yes	No		Yes	No	]
	_							_			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

					4 E
No No	Ь				00) 30.
Section 512 (b)(13) controlled entity?  Yes					D / Farms 0/
(h) Percentage ownership					Calcadula
(g) Share of end- of-year assets					·
(f) Share of total Income					·
(e) Type of entity (C corp, S corp, or trust)					-
(d) Direct controlling entity					·
(c) Legal domicile (state or foreign country)					·
(b) Primary activity					·
(a)  Name, address, and EIN of related organization					

chedule R (Form 990) 2015					Pag	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Y	es" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related o	rganizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including co	vered relationships	and transaction thresholds			
	(b) ransaction ype (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved	
1)POWDER RIVER ENERGY CORPORATION FOUNDATION B		57,092	COST			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r							(c)	/h)		(1)	(1)		(k)
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 601(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
												7	ı

Page 5

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Return Reference Explanation SCHEDULE R, PART 1 THE COMPANY HAS A DISREGARDED ENTITY, PRECORP SERVICES, LLC, WHICH HAS NOT, TO-DATE, CONDUCTED ANY ACTIVITY SCHEDULE R, PART 2 IN 2008, THE COMPANY ESTABLISHED THE POWDER RIVER ENERGY CORPORATION FOUNDATION, A CHARITABLE ORGANIZATION

IDEDICATED TO PROVIDING DONATIONS AND GRANTS FOR CHARITABLE PURPOSES WITHIN THE COMPANY'S SERVICE TERRITORY. THE FOUNDATION HAS A SEPARATE BOARD OF DIRECTORS THE COMPANY CONTINUES TO PROVIDE ADMINISTRATIVE SERVICES TO THE FOUNDATION, INCLUDING ACCOUNTING, OFFICE SPACE AND SUPPLIES, AND COMMUNICATIONS THE COMPANY PROCESSES AND THEIR ELECTRIC BILL TO THE NEAREST DOLLAR, WITH THE DIFFERENCE CONTRIBUTED TO THE FOUNDATION AS A DONATION WITH

TRANSFERS DONATIONS MADE THROUGH THE OPERATION ROUND-UP PROGRAM, WHICH ALLOWS MEMBERS TO CHOOSE TO ROUND UP

REGARD TO SCHEDULE R. PART V 2. NO TRANSACTION TYPE EXCEEDED \$50,000 DURING THE TAX YEAR