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#### **Return of Organization Exempt From Income Tax**

DLN: 93493241007367 OMB No 1545-0047

2016

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

		of the Treasur enue Service	Information about	t Form 990 and its instructions is at <u>w</u>			Open to Public Inspection			
A F	or th	e <b>2016</b> ca		ning 01-01-2016 , and ending 12	-31-2016					
☐ Ad		pplicable change	C Name of organization BRIDGER VALLEY ELECTRIC ASSOCIA	ATION INC		<b>D Employe</b> 83-0106	er identification number 908			
	tıal ret	_	Doing business as							
<b>⊡</b> etu:	rn/terr	minated d return		all is not delivered to street address) Room,	E Telephone	E Telephone number				
		a return on pending	PO BOX 399	1770		(307) 78	(307) 786-2800			
			City or town, state or province, count MOUNTAIN VIEW, WY 82939	try, and ZIP or foreign postal code		<b>G</b> Gross red	reipts \$ 14,061,328			
			<b>F</b> Name and address of principal DOUGLAS J REDDEN	officer		s this a group ret				
			PO BOX 399 MT VIEW, WY 82939			subordinates? Are all subordinate	□Yes ☑No □Yes ☑No			
<b>I</b> Ta	x-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(12) ◀	(insert no ) 4947(a)(1) or 52	─ `´´ı	ncluded?				
J W	ebsit	te:► WW	/W BVEA COOP	(		Group exemption	•			
<b>K</b> For	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Assoc	ciation  Other	<b>L</b> Year of	formation 1938	<b>M</b> State of legal domicile WY			
Pa	rt I	Sumi	mary							
	1 8	Briefly des	scribe the organization's mission or ectric power and internet service to							
ıce	=	sale of ele-	ceric power and internet service to	members						
E	-									
Activities & Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization disc	continued its operations or disposed o	f more than	25% of its net as	ssets			
<u>ت</u> س				g body (Part VI, line 1a)			3 7			
<b>₹</b> Σ UN do	1		•	the governing body (Part VI, line 1b)			4 7			
Ě	1		• •	endar year 2016 (Part V, line 2a)			<b>5</b> 36			
₹C‡	1		,	essary)			<b>7a</b> 0			
	1			Form 990-T, line 34			7b			
	-	Net ame	ated business taxable income from	1101111 990-1, IIIIe 34	<del></del>	Prior Year	Current Year			
۵.	8	Contribut	nons and grants (Part VIII, line 1h)				0			
Rəvenue	9	Program :	service revenue (Part VIII, line 2g)			13,639,7	86 13,899,248			
λċξ	10	Investme	ent income (Part VIII, column (A), l	66 140,641						
	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0			
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12	)	13,799,6	52 14,039,889			
	1		nd similar amounts paid (Part IX, c	` ''			0			
	1		,	llumn (A), line 4)		963,7				
8	1			nefits (Part IX, column (A), lines 5–10	))	2,965,4				
Expenses	Ι.		onal fundraising fees (Part IX, colun				C			
쥜	1		raising expenses (Part IX, column (D), lir penses (Part IX, column (A), lines 1	•		9,870,4	42 9,107,522			
			enses Add lines 13-17 (must equa	•		13,799,6				
		·	·	m line 12		13,733,0	11,033,003			
Net Assets or Fund Balances					Begir	nning of Current Ye	ear End of Year			
Sset 3ala	20	Total asse	ets (Part X, line 16)			25,983,8	82 27,015,695			
절절	21	Total liab	ulities (Part X, line 26)			10,059,8	01 10,420,737			
žĮ	22	Net asset	ts or fund balances Subtract line 2	1 from line 20		15,924,0	81 16,594,958			
Unde know	ledge	alties of pe and belie		ned this return, including accompanyi Declaration of preparer (other than o						
апу к	nowle	euge I.								
		* * * * * * * * * * * * * * * * * * *	* ure of officer			2017-08-29 Date				
Sign Here		, -				Date				
пет	•		AS J REDDEN General Manager r print name and title							
		<b>     </b>	rint/Type preparer's name	Preparer's signature	Date		TIN			
Paid	d		Brent Mickelsen	Brent Mickelsen		Check L If P	00304222			
	- pare	<b>ਹ</b> । ⊢	irm's name 🕨 Blodgett Mickelsen & Ac			Firm's EIN ▶				
	On	1 -	irm's address ► 7139 W Deschutes Ave	Ste 102		Phone no (509) 7	<sup>2</sup> 35-0379			
			Kennewick, WA 99336							
			this return with the preparer show	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u></u>	☑ Yes ☐ No			
For P	aper	work Red	duction Act Notice, see the sepa	arate instructions.	Cat	No 11282Y	Form <b>990</b> (2016)			

Form	990 (2016)				Page <b>2</b>
Par	Statement	of Program Service Ac	complishments		
	Check if Sche	dule O contains a response o	r note to any line in this Part III .		🗆
1		organization's mission			
sale o	of electric power and i	nternet service to members			
2	Did the organization	undertake any significant pro	ogram services during the year which	were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0		
3	Did the organization	cease conducting, or make s	ignificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section $501(c)(3)$ an		mplishments for each of its three large e required to report the amount of gra service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program com	cas (Dosemba in Schodilla O			
4a	(Expenses \$	ces (Describe in Schedule O		(Revenue \$	)
	(Expenses %				

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2

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9

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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16

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18

19

Yes

Yes

Yes

Yes

Yes

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

or X as applicable

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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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 negotiation

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

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

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

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

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

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, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

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

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

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? . . .

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

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

**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 . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 

No No

Page 3

No

No

No No No Nο

Nο

No

No

No

Νo

Nο

No

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Form **990** (2016)

29

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Yes

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24d

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25b

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28a

28b

28c

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35h

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Yes

Yes

Form 990 (2016)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 22

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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 and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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 and 

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11a 11	4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	4	V	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	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
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
·	If res, to fine 3a of 3b, did the organization merofin 6000-1.	5c		
	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?	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 service provided to the payor?	7a		
b	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?	7c		
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?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		N.
<b>.</b> .	Did the second control of the second control	<u> </u>		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter	_		
	Gross income from members or shareholders	7		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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  Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Future the amount of vectors on hand	1	l	
	Enter the amount of reserves on hand	4		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Form	990 (2016)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<b>✓</b>
	action At Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  JUSTIN SWEEP 40014 BUSINESS LOOP I-80 MT VIEW, WY 82939 (307) 786-2800			

Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) KIM CHARLES President	7 00	Х		x				18,763	0	49
(2) GARY NIX Vice President	6 00	Х		x				18,613	0	49
(3) DOUGLAS J REDDEN General Manager	40 00	х		х				130,348	0	38,140
(4) MARVIN APPLEQUIST Director	6 00	х						18,013	0	49
(5) RUTH REES Sec/Treas	6 00	Х		х				21,812	0	49
(6) RICK MAXFIELD Director	6 00	Х						19,213	0	49
(7) JASON HAYCOCK Director	5 00	Х						19,213	0	49
(8) G Matt Henry Director	5 00	Х						17,713	0	49
(9) JUSTIN SWEEP OFFICE/FIN MGR	40 00			х				100,752	0	40,265
(10) ANDREW J HEWITT  OPERATIONS MGR	40 00					x		106,875	0	40,541
(11) ROGER TIMS INTERNET SUPERVISO	40 00					х		105,157	0	38,481
(12) BOBBY LARSEN OPERATIONS SUPERV	43 00					×		102,570	0	38,767
(13) TROY BRADSHAW MECHANIC	0 00 40 00					х		154,142	0	12,186

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and Title **(B)** Average (C)
Position (do not check more **(D)** Reportable **(F)** Estimated **(E)** Reportable

Maine and Mac	hours per week (list any hours	than o	ne bo	ox, u in off	inles ficer rust	and a	on		compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

c ·	1b Sub-Total												
d	Total (add lines 1b and 1c)						▶		833,184		208,723		
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6												

c ·	Sub-Total	art VII, Sectio	nA.				<b>&gt;</b>								
d.	Fotal (add lines 1b and 1c)						<b>•</b>			833,	184				208,723
2	Total number of individuals (including of reportable compensation from the			e list	ed al	oove	e) who	rec	eived r	more th	nan \$1	100,000			
														Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule 2</i>				•		, ,		-				n <b>3</b>		No
4	For any individual listed on line 1a, is organization and related organization											m the			

	Sub-Total		
	Total (add lines 1b and 1c)		208,723
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 6		
		Yes	No
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		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 J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	162	
3	services rendered to the organization? If "Yes," complete Schedule J for such person		No

2	of reportable compensation from the organization • 6			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 J 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

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 J 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
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com-	nenca	tion	

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 J 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
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ation	

S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more that from the organization. Report compensation for the calendar year ending with or within the organization.		ensation	
	(A)	(B)	- (	C)

1	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	<b>(C)</b> Compensation						

Form 990 (2016)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part	VII												
		Check if Schedul	le O contains i	a respo	nse or r	note to any		his Part VII	Ι.	(B)		 c)	<u> </u> (D)
								revenue	e fu	lated or xempt unction evenue	Unre bus	elated iness	Revenue excluded from tax under sections 512-514
/6	1a	Federated campaig	ns	1a					16	venue		L	312-314
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	Membership dues		<b>1</b> b									
Gra no		: Fundraising events		1c									
fs. P	6	l Related organizatio	ns	1d									
ii gi	6	Government grants (c	ontributions)	1e									
sin. Sir	f	All other contributions	, gifts, grants,										
utio		and similar amounts n above	ot included	1f									
를 돌	g	Noncash contribution	ons included										
ng pu		ın lınes 1a-1f \$											
	<u> </u>	Total.Add lines 1a-1	lr				Code	0					
Program Service Revenue	22	CONTRACT WORK				Dusiness	221000		10,531	10	),531		
<u> ۲</u> ۰۸۰	_	ELECTRIC ENERGY SALE	 ES				221000	13,	161,434	13,161			
Ce F	С	INTERNET SERVICE SAL	.ES				221000		722,771	722	2,771		
ervi	d	POLE RENTALS							4,512	4	,512		
E S	е												
gra	f	All other program se	rvice revenue										
ď	g.	<b>Fotal.</b> Add lines 2a-2i	f		<b>&gt;</b>	13,8	399,248						
		nvestment income (i		ends, ı	nterest,	and other		127,77	7R	127,778			
		imilar amounts) . Income from investm		· mpt b	and proc	eeds <b>&gt;</b>	<u> </u>	127,77	0	127,770			
				-		. •	-		0				
			(ı) Rea			Personal							
	6a	Gross rents											
	b	Less rental expenses											
	С	Rental income or (loss)											
	d	Net rental income o	r (loss)			· •	_		0				
			(ı) Securit	:ies	(II)	Other							
		Gross amount from sales of				34,30	2						
		assets other than inventory											
	h	Less cost or											
		other basis and sales expenses				21,439	€						
		Gain or (loss)				12,863	3						
		Net gain or (loss)				<b>&gt;</b>		12,86	53	12,863			
e)		Gross income from f (not including \$	-	ents of									
æ		contributions reporte See Part IV, line 18		_									
lev		Less direct expense		a b									
er F		Net income or (loss)			ents .				0				
Other Revenue		Gross income from g		es		· · · · · · · · · · · · · · · · · · ·							
0		See Part IV, line 19		а	l								
	b	Less direct expense	s	b									
	С	Net income or (loss)	from gaming	activit	ies .	. •			0				
		Gross sales of invent returns and allowand											
				а	)								
	b	Less cost of goods s	sold	b									
	С	Net income or (loss)		invent					0				
	11:	Miscellaneous	Revenue		Busir	ess Code							
	11.	a											
	ь				-								
	c												
	[												
	q	All other revenue .											
		Total. Add lines 11a			٠.,	<b>&gt;</b>			1				
	12	Total revenue. See	Instructions						U				
								14,039,88	19	14,039,889			Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				_
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_			
Check if Schedule O contains a response or note to any	line in this Part IX	 (B)	(c)	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	1,047,861			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	443,188			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,275,448			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	378,660			
9 Other employee benefits	561,484			
<b>10</b> Payroll taxes	225,726			
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
c Accounting	0			
<b>d</b> Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
<b>16</b> Occupancy	0			
<b>17</b> Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			

0

0

0

315,295

1,337,651

6,036,744

2,239,059

1,782,165

552,291

-3,155,683 14,039,889

0

Form 990 (2016)

/ Other salaries and wages	2,2/3,446	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	378,660	
<b>9</b> Other employee benefits	561,484	
<b>10</b> Payroll taxes	225,726	
11 Fees for services (non-employees)		

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

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

25 Total functional expenses. Add lines 1 through 24e 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)

21 Payments to affiliates . . . .

expenses on Schedule O )

**b** DISTRIBUTION COSTS

c ADMIN & GENERAL EXP

d INTERNET COSTS

e All other expenses

**20** Interest . . .

23 Insurance . . .

a Cost of power

	_	<b>-</b>				I	
	2	Savings and temporary cash investments .	580,562	2	1,067,392		
	3	Pledges and grants receivable, net		3	0		
	4	Accounts receivable, net			1,474,986	4	1,508,258
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5	0		
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6	0		
et	7	Notes and loans receivable, net			7	0	
sset	8	Inventories for sale or use	•	346,422	8	387,147	
⋖	9	Prepaid expenses and deferred charges			157,505	9	133,593
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	43,304,041			
	ь	Less accumulated depreciation	10b	21,437,911	21,417,434	10c	21,866,130
	11	Investments—publicly traded securities .		11	0		
	12	Investments—other securities See Part IV, line		12	0		
	I						

· ·							
۷	9	Prepaid expenses and deferred charges	157,505	9	133,593		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	b	Less accumulated depreciation	21,417,434	<b>10</b> c	21,866,130		
	11	Investments—publicly traded securities .		11	0		
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	906,372	13	952,575		
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11			1,100,001	15	1,100,000

16

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33

34

Liabilities 22

Fund Balances

Assets or

Net

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 .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

25,983,882

2,273,920

6.626.157

1.159.724

10,059,801

15,924,081

15,924,081

25.983.882

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

27,015,695

2.030,998

7.230.863

1.158.876

10,420,737

16,594,958

16,594,958

27.015.695

Form **990** (2016)

3a

3b

Nο

Form 990 (2016)

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

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

Audit Act and OMB Circular A-133?

#### Additional Data

Software Version: 2016v3.0 **EIN:** 83-0106908

Name: BRIDGER VALLEY ELECTRIC ASSOCIATION INC.

Form 990 (2016)

Form 990, Part III, Line 4a:

SALE OF ELECTRIC UTILITY SERVICE TO MEMBERS

**Software ID:** 16000303

Form 990, Part III, Line 4b: PROVIDE INTERNET SERVICE TO MEMBERS

SCHEDULE D

**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.

DLN: 93493241007367 OMB No 1545-0047

Open to Public

(Form 990)

► Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** BRIDGER VALLEY ELECTRIC ASSOCIATION INC 83-0106908 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

 ${f d}$  Equipment .

Page 2

Par	t IIII	Organizations Ma	aintaining Col	lections of	of Art, Hi	istori	cal Ti	reasu	ires, or	Other 9	Similar A:	ssets (cont	inued)	
3		g the organization's acqu s (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fol	llowing ti	hat are a	sıgnıfıcant ı	use of its col	llection	
а		Public exhibition				d		Loan	or excha	inge prog	rams			
b		Scholarly research				е		Other	r					
c		Preservation for future	generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No													
Pai	rt IV	Escrow and Custon Complete of the organization (Complete of the organization).			" on Forn	n 990	, Part	IV, lii	ne 9, or	reporte	d an amou		n 990, P	art
1a		e organization an agent, ded on Form 990, Part >		an or other	ıntermedia	ary for	contri	butions	s or othe	r assets r	not	☐ Yes	□ No	
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	ete the foll	lowina	table		Г		Α	mount		
c		nning balance		and comp.					ŀ	1c				
d	_	tions during the year							F	1d				
е		ibutions during the year							f	1e				
f		ng balance							<u> </u>	1f				
		-	an amount on Fo	000 Ba	ut∨ luna 3	11 600					h.l.t			
2a	Dia t	he organization include	an amount on Fo	imi 990, Pai	rt X, iine Z	11, 101 (	escrow	or cu:	Stoulal a	ccount lia	Dility	∐ Yes	∐ No	
b	If "Ye	es," explain the arrange	ment ın Part XIII	Check her	e if the ex	planati	on has	been	provided	l ın Part X	(III			
Pa	rt V	Endowment Fund	<b>ls.</b> Complete ıf	the organ	ization a	nswer	ed "Y	es" or	ា Form ។	990, Par	t IV, line 1	10.		
	_			(a)Currer	nt year	<b>(b)</b> Pr	nor yea	r	(c)Two ye	ars back	(d)Three year	ars back (e)	Four years	back
	-	ning of year balance .												
b	Contri	butions												
С	Net in	vestment earnings, gain	s, and losses											
d	Grants	s or scholarships	•											
e		expenditures for facilitier ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percer	ntage of the curre	ent year end	d balance (	(line 1d	ı, colu	mn (a)	)) held as	1 5				-
а		d designated or quasi-ei		•				` '	•					
b	Perm	nanent endowment >												
c	Tem	porarily restricted endov	vment >											
C		percentages on lines 2a,		ld equal 100	0%									
3а	Are t	here endowment funds nization by	•	·		on that	are h	eld and	d admini	stered for	the		Yes	No
	_	nrelated organizations										3a(i)		
	(ii) r	related organizations .										3a(ii)		
b		es" on 3a(II), are the rel		ns listed as i	required of	n Sche	dule R	?.				3b		
4	Desc	ribe in Part XIII the inte	nded uses of the	organizatio	n's endow	ment f	unds							
Pa	rt VI	Land, Buildings, Complete of the org			on Form	1 <u>99</u> 0,	Part :	IV <u>,</u> lın	ne 11a. :	See Forr	n 990, Pai	rt X <u>,</u> line 10	0	
	Descr	iption of property	(a) Cost or oth (investme		(b)Cost o	or other	basis (d	other)	(c)Accu	ımulated de	epreciation	( <b>d)</b> B	iook value	
1a	Land						36	59,083					3	869,083
	Buildir							19,456			1,319,875			199,581
		nold improvements					,	-			. , -			
-		1			1							1		

36,516,718

4,598,784

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

20,320,110

21,866,130

677,356

16,196,608

3,921,428

	Investments—Other Securities. Complete if	the organi	zation answ	ered 'Yes' on	Form 990, Par	t IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b)Book value	Cos	(c)Method of va	
(1)Financial	derivatives		Value		or end or year	market value
( <b>2</b> )Closely-h ( <b>3</b> )Other	neld equity interests	· · ·				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related. Complete	ıf the organ	Nization ans	wered 'Ves' o	n Form 990 Pa	art IV line 11c
Pait VIII	See Form 990, Part X, line 13.					
4437777	(a) Description of investment	<b>(b)</b> Boo		Cos	(c) Method of v	
(1)INVESTM (1)	IENTS IN ASSOC ORGS		944,759		C	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answer  (a) Descripti		orm 990, Pa	rt IV, line 11d S	See Form 990, Pa	art X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part X	mn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization	answered	'Yes' on Fo	rm 990, Part 1	<b>&gt;</b> 	<u> </u> 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> Bo	ook value		
(1) Federal ı	ncome taxes					
CONSUMER	DEDOSITS			58,876		
DEFERRED (	REDII			1,100,000		
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )	•	<u> </u>	1,158,876		
•	or uncertain tax positions. In Part XIII, provide the text			ganızatıon's fına		

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Part XI

2

1

2

b

d

3

4

b

c

Part XIII

5

Schedule D (Form 990) 2016

2e

3

4c

5

1.724.708

Page 4

12,315,181

12.315.181

1,724,708

14,039,889

Schedule D (Form 990) 2015

Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains (losses) on investments	2a	
Donated services and use of facilities	2b	
Recoveries of prior year grants	2c	

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

2a

2b 2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b
2c
2d

d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	13,363,042
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			

3	Subtract line <b>2e</b> from line <b>1</b>		•		3	13,363,042
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					_
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )	4b		676,847		
_	Add been do and dis				4 -	676 047

Part	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )						5	14,039,88	39
С	Add lines <b>4a</b> and <b>4b</b>						4c	676,84	<b>∤</b> 7
b	Other (Describe in Part XIII )	4b			676	,847			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1								

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Page <b>5</b>	Schedule D (Form 990) 2015		
	tal Information <i>(continued)</i>	Part XIII Supplemental Info	
xplanation		Return Reference	

Schedule D (Form 990) 2016

#### **Additional Data**

Software Version: 2016v3.0

EIN: 83-0106908

Name: BRIDGER VALLEY ELECTRIC ASSOCIATION INC

Part X FIN48 Footnote

Return Reference

Supplemental Information

ation

T

THE COOPERATIVE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

**Software ID:** 16000303

Explanation

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	EXPENSES NETTED AGAINST OTHER INCOME \$676847

\_

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	2016 MARGINS ALLOCATED TO MEMBERS \$1047861 EXPENSES NETTED AGAINST OTHER INCOME \$676847

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49324	1007	367
Sch	edule J	C	ompensat	tion Information	01	ИВ No	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.				2016		
•	tment of the Treasury al Revenue Service	▶ Information a		J (Form 990) and its instruction <u>agov/form990</u> .	s is at	Open t Insp	ectio	
Nar	ne of the organiz	ation FRIC ASSOCIATION INC	<del></del>		Employer identifica	tion nu	ımber	
Pa	rt I Questi	ons Regarding Compensa	ıtion		05-0100908			
							Yes	No
1a				of the following to or for a person lis ny relevant information regarding th				
		s or charter travel	님	Housing allowance or residence for	•			
	_	companions		Payments for business use of pers				
		nification and gross-up paymen	ts 📙	Health or social club dues or initia				
	□ Discretion	nary spending account		Personal services (e g , maid, cha	iuffeur, cher)			
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding pay nplete Part III to explain	ment or reimbursement	1b		
2				or allowing expenses incurred by al or, regarding the items checked in li		2		
3	organization's C	EO/Executive Director Check a	Il that apply Do	ed to establish the compensation of not check any boxes for methods CEO/Executive Director, but explain				
	Compens	ation committee		Written employment contract				
		ent compensation consultant	$\mathbf{Z}$	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compen	sation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a with respect to the	filing organization or a			
а	Receive a sever	ance payment or change-of-cor	itrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ilified retirement plan?		4b		No
С		r receive payment from, an equ of lines 4a-c, list the persons an		ensation arrangement? plicable amounts for each item in Pa	art III	4c		No
5	For persons liste	e), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section contingent on the revenues of	-	must complete lines 5-9. the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any				
а	The organization					<b>6</b> a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 67 If "Ye	s," describe in Pa			7		
8				ured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes,"		8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	e presumption procedure described	ın Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the In:	structions for Fo	orm 990. Cat No	50053T Schedule 3	(Form	990)	2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

instructions, on row (ii)	Do no	npensation must be repor ot list any individuals that )(i)-(iii) for each listed ind	ted on Schedule J, report : are not listed on Form 9 dividual must equal the to	90, Part VII				t ındıvıdual	
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 DOUGLAS J REDDEN General Manager	(i)	118,828	8,000	3,520	20,740	17,400	168,488		
	(ii)								
2 TROY BRADSHAW MECHANIC	(i)	38,421	115,456 	265	6,683	5,503	166,328		
See Additional Data	(ii)								
Table									
_									
	+								
	+								
	+								
		1		1	l .	1	L	·	

Schedule J (Form 990) 2016 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2016

efile GRAPH	IC print	: - DO NOT PROCESS   As Filed Data -	DLN	: 93493241007367	
SCHEDUL	ΕO	Supplemental Information to Form 990 or 9	90-F7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	990-	Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instru	ions on on.	2016 Open to Public Inspection	
Name of the organization BRIDGER VALLEY ELECTRIC ASSOCIATION INC   BROOM Schedule O, Supplemental Information  Employer ide 83-0106908			' '	ification number	
Return Reference		Explanation			
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ORGANIZATION IS A COOPERATIVE FORMED TO PROVIDE ELECTRIC SERVICE TO ITS MEMBERS THE M EMBERS ELECT THE GOVERNING BODY AND APPROVE CHANGES IN THE BY-LAWS MEMBERS RECEIVE A SHAR E OF THE COOPERATIVE'S PROFITS THROUGH THE APPROVAL OF RETIREMENT OF PATORNAGE CAPITAL				

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THERE IS ONE CLASS OF MEMBERSHIP FOR ALL MEMBERS A MEMBER IS ENTITLED TO ONE VOTE TO ELECT THE BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	MEMBERS VOTE TO APPROVE CHANGES IN THE BYLAWS AND TO ELECT THE BOARD OF DIRECTORS IN ADDITION, MEMBERS COMPRISING NOT LESS THAN 10% OF THE TOTAL MEMBERSHIP MAY SUBMIT, BY PETITION, A WRITTEN COPY OF A PROPOSAL OR ITEM TO BE PLACED ON THE BALLOT TO BE VOTED ON BY THE EN TIRE MEMBERSHIP ALSO, THE GOVERNING BODY MAY NOT SELL, LEASE, OR DISPOSE OF PROPERTY REPRESENTING MORE THAN 10% OF THE TOTAL ASSETS OF THE ORGANIZATION UNLESS SUCH SALE IS AUTHORIZED BY THE VOTE OF A 2/3 MAJORITY OF THE TOTAL MEMBERSHIP

Return
Reference

Explanation

THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION

Form 990, THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION
Part VI, Line
11b Form
990 Review
Process

of Conflicts

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation	THE GENERAL MANAGER REVIEWS THE POTENTIAL CONFLICTS OF INTEREST, AT LEAST ANNUALLY, AND DI SCUSSES THEM WITH THE BOARD IN ORDER TO DETERMINE THE APPROPRIATE FORM OF ACTION, IF NECES SARY, IN ACCORDANCE WITH THE POLICY THE POLICY APPLIES TO ALL EMPLOYEES AND DIRECTORS
of Monitoring and Enforcement	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Reference	
Form 990, Part VI, Line	THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE GENERAL MANAGER ANNUALLY SALARY SURVEYS ARE USED IN THE DELIBERATION PROCESS
15a	
Compensation	
Review &	
Approval	
Process -	
CEO, Top	
Management	

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION AND BENEFITS FOR KEY EMPLOYEES IS RECOMMENDED BY THE GENERAL MANAGER AS PART OF THE ANNUAL BUDGET PROCESS THE BUDGET IS APPROVED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Explanation

Reference

Available

Form 990,	BY-LAWS ARE DISTRIBUTED TO MEMBERS AT THE TIME OF MEMBERSHIP APPLICATION. THE CONFLICT OF
Part VI, Line	INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. AN ANNUAL MEETING BROCURE PROVIDES A SUMMA
19 Other	RY OF THE PRIOR YEAR'S FINANCIAL'S TO THE MEMBERS
Organization	
Documents	
Publicly	

Return Reference Cother 2016 MARGINS ALLOCATED TO MEMBERS = \$1047861

Changes In
Net Assets
Or Fund
Balances Other
Increases

Return Explanation

Cother INCREASE IN OTHER EQUITIES = \$24791

Changes In

Net Assets
Or Fund
Balances Other
Increases

Return Explanation

Other RETIREMENT OF CAPITAL CREDITS = -\$401775

Changes In

# Net Assets Or Fund Balances Other Decreases

990 Schedule O, Supplemental Information Return Explanation Reference Other rounding = -\$0Changes In Net Assets Or Fund

Balances -Other Decreases

Return Reference	Explanation
PART I, LINE 14 AND PART IX LINE 4 - BENEFITS PAID TO OR FOR MEMBERS	THE IRS INSTRUCTIONS STATE THAT PATRONAGE DIVIDENDS PAID BY 501(C)(12) ORGANIZATIONS SHOUL D BE REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES ON LINE 4 THE COOPERATIVE HAS ALLOC ATED ALL OF ITS 2016 NET INCOME AS PATRONAGE DIVIDENDS TO ITS MEMBERS AND REPORTED THIS AM OUNT ON LINE 4 THE COOPERATIVE'S ACCOUNTING SYSTEM FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) WHICH DO NOT REPORT PATRONAGE DIVIDENDS AS AN EXPENSE, AS SUCH, THE 2016 MARGINS ARE ALSO RECORDED AS A RECONCILING ITEM ON SCHEDULE D PART XII OF THE FORM 990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493241007367 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** BRIDGER VALLEY ELECTRIC ASSOCIATION INC 83-0106908 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations during the tax year		nızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) cor enti	512(b) ntrolled ity?
(1)BRIDGER VALLEY ROUND-UP FOUNDATION	DONATE TO CHARITIES &	WY	501(C)(3)	PUBLIC CHARITY	BRIDGER VALLEY	Yes	No No
PO BOX 399	THE NEEDY	***	301(0)(3)	OBLIC CHARTT	ELECTRIC ASSOC		110
MOUNTAIN VIEW, WY 82939 26-1675486							
					+		_
Ear Danamusell Dadustion Act Notice and the Instructions for Earn	- 000	Cat No 5013	EV		Schedule R (Form	000) 20	16
For Paperwork Reduction Act Notice, see the Instructions for Forn	11 990.	Cat NO 5013	<b>3</b> I		ocnequie K (Form	<u>, 990) 20</u>	110

		(b)	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income				Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Part V Transactions With Related Organizations Complete if the organization answered "Yes" 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 organizations listed 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		No					
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d 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					
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No					
k 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		No					
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No					
o Sharing of paid employees with related organization(s)	10		No					

· · · · · · · · · · · · · · · · · · ·	.	
k 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	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No

No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction (d) (c) Amount involved Method of determining amount involved type (a-s)

Page **3** 

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

-													
<b>(a)</b> Name, address, and EIN of entity	(b) (c) Legal domicile (state or foreign country) (related, excluded from tax under sections 512-514) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income  (g) Share of end-of-year assets		of Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership		
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 99	0) 2016

