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Form 990

Department of the Treasury Internal Revenue Service

#### **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 ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 D Employer identification number B Check if applicable POWDER RIVER BASIN RESOURCE COUNCIL ☐ Address change 74-2183158 ☐ Name change Doing business as ☐ Initial return Final Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 934 N MAIN STREET ☐ Amended return (307) 672-5809 ☐ Application pendin City or town, state or province, country, and ZIP or foreign postal code SHERIDAN, WY 82801 G Gross receipts \$ 446 746 Name and address of principal officer H(a) Is this a group return for JILL MORRISON subordinates? ☐Yes ☑No 934 N MAIN STREET H(b) Are all subordinates SHERIDAN, WY 82801 ☐ Yes ☐No included? I Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► WWW POWDERRIVERBASIN ORG **H(c)** Group exemption number ▶ L Year of formation 1981 M State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Part I Summary 1 Briefly describe the organization's mission or most significant activities THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE - THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS - THE EDUCATION AND EMPOWERMENT OF WYOMING'S Governance CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Activities & Number of voting members of the governing body (Part VI, line 1a) . . . . 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 12 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . 5 8 6 Total number of volunteers (estimate if necessary) . . . 6 110 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥ **b** Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 436,529 564,649 9 Program service revenue (Part VIII, line 2g) . . . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 1,566 1,915 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,705 2,825 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 572,920 441,269 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 339,093 318,983 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶22,006 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 107,871 111,446 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 450.539 426.854 19 Revenue less expenses Subtract line 18 from line 12 . . 14,415 122,381 Assets or Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . . 925,207 940,125 21 Total liabilities (Part X, line 26) . . . 1.693 2.196 22 Net assets or fund balances Subtract line 21 from line 20 ... 923,514 937,929 Part II Signature Block 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 has any knowledge 2017-11-14 Signature of officer Date Sign Here JILL MORRISON EXEC DIR Type or print name and title Print/Type preparer's name MICHAEL B JOHNSON Preparer's signature MICHAEL B JOHNSON Date 2017-11-14 Check 🗹 ıf P00912386 Paid self-employed Firm's name MOHATT JOHNSON & GODWIN LLP Firm's EIN > 83-0232295 Preparer Firm's address ▶ PO BOX 603 Phone no (307) 672-6494 **Exhibit C Use Only** SHERIDAN, WY 828010603

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 🗌 No

| Form         | 990 (2016)                              |   |                            |   |  | Page <b>2</b>               |
|--------------|---|---|----------------------------|---|--|-----------------------------|
| Pai          | rt IIII Statemen                        | it of Program Service   | Accomplis                  | hments                                    |  |                             |
|              | Check if Sch                            | nedule O contains a respor  | se or note to              | any line in this Part III                 | 35_X A A A X X X X   | 🗹                           |
| 1            | ·                                       | organization's mission  |                            |   |  |                             |
| UNIC<br>LIVE | QUE LAND, MINERAL,<br>LIHOOD OF PRESENT | WATER, AND CLEAN AIR  | RESOURCES C<br>NS - THE ED | ONSISTENT WITH RESP<br>UCATION AND EMPOWE | RURAL LIFESTYLE - THE CONSERY ONSIBLE USE OF THOSE RESOURC RMENT OF WYOMING'S CITIZENS T | ES TO SUSTAIN THE           |
| _            |   |   |                            |   |  |                             |
| 2            | Did the organization                    | n undertake any significan  | t program ser              | vices during the year wh                  | nich were not listed on  |                             |
|              | the prior Form 990                      | or 990-EZ?  |                            |   |  | 🗌 Yes 🗹 No                  |
|              | If "Yes," describe th                   | nese new services on Sche   | dule O                     |   |  |                             |
| 3            | Did the organization                    | n cease conducting, or ma   | ke significant             | changes in how it condu                   | icts, any program  |                             |
|              | services? If "Yes," describe the        |   | <br>o                      |   |  | ☐ Yes 🗹 No                  |
| 4            | Section $501(c)(3)$ a                   | ization's program service a<br>and 501(c)(4) organization<br>anue, if any, for each progi | s are required             | to report the amount o                    | largest program services, as measu<br>f grants and allocations to others, t              | red by expenses<br>he total |
| 4a           | (Code                                   | ) (Expenses \$  | 352,973                    | including grants of \$                    | ) (Revenue \$  | )                           |
|              | See Additional Data                     |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
| 4b           | (Code                                   | ) (Expenses \$  |                            | including grants of \$                    | ) (Revenue \$  | )                           |
|              |   |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              | ·                                       |   |                            |   |  |                             |
|              | :                                       |   |                            |   |  |                             |
|              | 9                                       |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              | ·                                       |   |                            |   |  |                             |
|              | A                                       |   |                            |   |  |                             |
|              | 0                                       |   |                            |   |  |                             |
| 4c           | (Code                                   | ) (Expenses \$  |                            | including grants of \$                    | ) (Revenue \$  | )                           |
|              | K                                       |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              | ·                                       |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              |   |   |                            |   |  |                             |
|              | -                                       |   |                            |   |  |                             |
| 4d           | Other program same                      | rices (Describe in Schedule   | . 0 )                      |   |  |                             |
| TU           | (Expenses \$                            | ,   | ling grants of             | \$  | ) (Revenue \$  | ÿ                           |
| 4e           | Total program sei                       |   | 352,9                      | <u> </u>                                  | , ,  |                             |

Form **990** (2016)

| 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   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸   | 2   | Yes |    |
| 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 |
|     | 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   | Yes |    |
| 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 |
| 8   | If "Yes," complete Schedule D, Part III 🥞   | 8   |     | No |
| 9   | 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 services? If "Yes," complete Schedule D, Part IV             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |    |
|     | 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 167 <i>If "Yes," complete Schedule D, Part VII</i> 🥞  | 11b |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | No |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e |     | No |
| f   | 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  | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
| 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  | 12b |     | No |
| 13  | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| 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 | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |

| L'ana VI Che | cklist of Reauir | ed Schedules | (continued) |
|--------------|------------------|--------------|-------------|
|--------------|------------------|--------------|-------------|

| 20a   No   1/2       |     |  |     | Yes | No |
|--|-----|--|-----|-----|----|
| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic granization or Part X, column (A), In a 17 If Yes, "complete Schedule I, Parts I and II .  22   | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | No |
| government on Part IX, column (A), Ine ?? If "res," complete Schedule I, Parts I and II .  22 Not the organization report more than \$5,000 of grants or other passassance to or for domestic individuals on Part IX, column (A), Ine ?? If "res," complete Schedule I, Parts I and III .  23 No Did the organization nave restrict routlees, key employees, and highest compensated employees? If "res," complete Schedule I, Parts I and III .  24 Did the organization nave 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 "res," answer lines 24b Princips 24d and complete Schedule I, "No Jo to line 25a .  25b Did the organization marks an a restrow account other than a refunding excrow at any time during the year to defease any tax-exempt bonds? of the organization marks an a root behalf of inssuer for bonds outstanding at any time during the year?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  25c Did the organization marks an area to see that the organization of the seer reported on any of the organization of the parts of the parts of the parts of the organization and the parts of the parts of the organization and the parts of the parts of the organization of the parts of the parts of the organization of the parts of the parts of the parts of the organization of the parts of the parts of the organization of the parts of the parts of the organization of the parts of the parts of the parts of the organization of the parts of the p | b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year that was issued after December 31, 2002? If "Yes," answer lines 24d himspire 100,00 as of the last day of the year and complete Schedule I, If "No." or to line 25a.  24a No.  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24c of december 25c. The complete Schedule I, If "Yes," answer lines 24d himspire 24d.  25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-62?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-62?  25d Did the organization reflect the engaged of any of other assessment to an organization provide and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-62?  25d Did the organization aparty to a business transaction with a office, director, trude, key employees, auditable to any office, director, trude, key employees, and the prior office, director, trude, key employee, substantial contributor of any office person of applicable ling thresholds,   | 21  |  | 21  |     | No |
| current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 No complete Schedule 1, and the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 1.  24b 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization ministin an an escrive account other than a refunding escrive at any time during the year 24d Did the organization and as an "in behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization engage in an excess benefit transaction with a dissipulified person during the year? If "Yes," complete Schedule I., Part II 1.  1b Is the organization aware that it engaged in an excess benefit transaction with a dissipulified person in a prior year, and that the transaction has not been reported on any of the organizations sport forms 900 or 990-827.  25a No If "Yes," complete Schedule I., Part II 1.  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or oayables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II 1.  27b 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 of any of these persons? If "Yes," complete Schedule I., Part IV 1.  28a No the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV 1.  28b No 29b Did the organization receive contributions of art, historical treasure  | 22  |  | 22  |     | No |
| the last day of the year, that was issued after December 31, 2002? If "Yes," answer hies 24b through 24d and complete Schedule K. If "Mrs," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part II b. Is the organization has not been reported on any of the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II is 15 b. Is the organization has not been reported on any of the organization flower or payables to any current or former officers, directors, rustuses, key employees, highest compensated employees, or isqualified persons? If "Yes," complete Schedule L, Part II is 25b. No 16 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, rustuses, key employees, bighest compensated employees, or isqualified persons? If "Yes," complete Schedule L, Part II is 25b. No 17 b. The part II is 25b. No 17 b. The part II is 25b. No 18 b. The organization reports any amount on Part X, line 5, 6, or 22 for receivable schedule L, Part IV is 18 b. The organization apparent of any of these persons? If "Yes," complete Schedule L, Part IV is 18 b. A family member of a current or former officer, director, rustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, rustee, or key employee? If "Yes," complete Schedule L, Part II is 18 b. No 18 b. A family member of a cu   | 23  | current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"  | 23  |     | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c   24d   25a   25   | 24a | the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and  | 24a |     | No |
| to defease any tax-exempt bonds? 2  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2  25a Section 501(c)(3), 501(c)(4), and 801(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contribution or employee thereof, agrant selection committee member, or to a 15% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule I, 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 I, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  Did the organization receive more than \$25,000 in non-cash contributions of "Yes," complete Schedule IV, Part IV in the organization receive more than \$25,000 in non-cash contributions of "Yes," complete Schedule IV, Part II in IV  | Ь   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
| Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule  , Part I    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization proof profile   | С   |  | 24c |     |    |
| Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-22? 10 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, we employees, highest compensated employees, or disqualified persons? 16 "Yes," complete Schedule L, Part II .  25 Did the organization provide a grant or other assistance to an officer, director, trustees, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 16 "Yes," complete Schedule L, Part II .  28 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) and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key emplo   | d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |    |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  If "Yes," complete Schedule I. Part I I  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?  If "Yes," complete Schedule I. Part III  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 of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  By A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  By Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  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 conservation contributions? If "Yes," complete Schedule M  Did the organization exceive schedule M  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  31 No  32 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, Part I.  33 No  34 Was the organization have a controlled entity within the meaning of section 512(b)(1 | 25a | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"   | 25a |     | No |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II    27 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 of any of these persons? If "Yes," complete Schedule L, Part III .  28 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28a No  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28b No  A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .  29 No  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I .  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  33 No  34 Was the organization on 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, Part I .  35 Did the organization on who 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 .  36 Section 501(c)(3) organizations. Did the organization make any transfers to an  | b   | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   | 25b |     | No |
| 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  188 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)  199 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b No  290 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c No  291 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 290 No  302 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 300 No  303 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 311 No  304 The organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 No  305 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, Part II, III, or IV, and Part V, Ime 1 31 No  306 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? The "Yes," complete Schedule R, Part V, Ime 2 350 Old the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, Inne 2 37 No  307 Did the organization conduct more than 5% of its activities through an entity that   | 26  | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   | 26  |     | No |
| instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28b No  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  29 No  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II .  31 No  32 No  33 No  34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 if "Yes," complete Schedule R, Part I .  33 No  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b No  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 No  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purpos  | 27  | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  | 27  |     | No |
| Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28b  No  28c  No  28c  No  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  No  30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  No  31  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  No  31  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, Part I  No  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  State organization have a controlled entity within the meaning of section 512(b)(13)?  b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  No  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. lines 11b and 19? Note.  | 28  |  |     |     |    |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | а   |  |     |     |    |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 No  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 No  32 No  33 No  34 Was 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, Part II.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 No  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note.  | b   |  | 28a |     | No |
| officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c No Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II .  32 No  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, Part I .  33 No  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .  36 No  No  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Part VI, lines 11b and 19? Note.   |     | IV   | 28b |     | No |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |     | officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No |
| contributions? If "Yes," complete Schedule M   |     |  | 29  |     | No |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  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, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 No  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  No  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.   |     | contributions? If "Yes," complete Schedule M   | 30  |     | No |
| If "Yes," complete Schedule N, Part II   | 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .   | 31  |     | No |
| 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 32  | If "Yes," complete Schedule N, Part II   | 32  |     | No |
| Part V, line 1   | 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? <i>If "Yes," complete Schedule R, Part I</i>                          | 33  |     | No |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 34  |  | 34  |     | No |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| organization? If "Yes," complete Schedule R, Part V, line 2  | b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2 | 35b |     |    |
| is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Note.  No No Note.   | 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>                               | 36  |     | No |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O   | 37  |  | 37  |     | No |
|  | 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O                                  | 38  | Yes |    |

| Form 990 (2 | 2016)  | Page <b>5</b> |
|-------------|--|---------------|
| Part 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 |               |

|            | 55 144   |     | Yes | No |
|------------|--|-----|-----|----|
|            | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11   |     |     |    |
|            | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |     |     |    |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  | Yes |    |
| <b>2</b> a | 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  |     |     |    |
| Ь          | 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 |    |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | 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  | 3b  |     | -  |
|            | 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 |
| 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 |
| Ь          | 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?   |     |     |    |
| 6-         | Describe analysis to the second of the secon | 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 services provided to the payor?  | 7a  | Yes |    |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |    |
| c          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | 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  |     | No |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | No |
| 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  |     |    |
| 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   | 2   |    |
| 9a         | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |    |
| b          |  | 9b  |     |    |
| 10         | Section 501(c)(7) organizations. Enter   |     |     |    |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   10a   |     |     |    |
| Ь          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |     |     |    |
| 11         | Section 501(c)(12) organizations. Enter  |     |     |    |
| а          | 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 )   |     |     |    |
|            |  |     |     |    |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12a |     |    |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |    |
|            | (-/(/ gaamaa nampiana maakii iiiaaranaa issaatisi  |     |     |    |
|            | 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   | 13a |     |    |
|            | 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  |     |     |    |
| С          | Enter the amount of reserves on hand   |     |     |    |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | No |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |     |    |

Form 990 (2016) Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to lines Part VI 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 . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 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 Enter the number of voting members included in line 1a, above, who are independent **1**b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο 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 filed? 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? • 5 Νo 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . 8h Yes 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 . . . . . . . . . No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Yes b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b Yes 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 the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . 12a 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 12b Νo Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 13 Did the organization have a written whistleblower policy? . . . Yes 14 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? The organization's CEO, Executive Director, or top management official . . . . 15a Yes 15b No 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 16a Nο 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 16h Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17 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) 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

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

▶POWDER RIVER BASIN RESOURCE COUNCIL 934 NORTH MAIN STREET SHERIDAN, WY 82801 (307) 672-5809

| orm | 990 | (2016) |  |
|-----|-----|--------|--|
|     |     |        |  |

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

| (A)                                 | (B)  |                                   |                       | (C                            | )                            |                              |          | (D)   | (E)  | (F)  |
|-------------------------------------|--|-----------------------------------|-----------------------|-------------------------------|------------------------------|------------------------------|----------|---|--|--|
| Name and Title                      | Average<br>hours per<br>week (list<br>any hours<br>for related |                                   | ne b                  | o no<br>ox,<br>in of<br>tor/i | t ch<br>unle<br>fice<br>rust | ss per<br>r and a<br>:ee)    | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099- | Estimated amount of other compensation from the organization and |
|                                     | organizations<br>below dotted<br>line)                         | Individual trustee<br>or director | Institutional Trustee | Officer                       | Key employee                 | Highest compensated employee | Former   | MISC)   | MISC)  | related<br>organizations   |
| (1) BOB LERESCHE<br>CHAIR           | 1 00   | х                                 |                       | х                             |                              |                              |          | 0   | 0  | C  |
| (2) JOYCE EVANS VICE CHAIR          | 1 00   | Х                                 |                       |                               |                              |                              |          | 0   | 0  | 0  |
| (3) MARILYN HAM<br>SECRETARY        | 1 00   | ×                                 |                       | х                             |                              |                              |          | 0   | 0  | C  |
| (4) ROGER DAVIDSON<br>TREASURER     | 1 00   | Х                                 |                       | х                             |                              |                              |          | 0   | 0  | C  |
| (5) CHRISTY GERRITS DIRECTOR        | 1 00   | х                                 |                       |                               |                              |                              |          | .0  | 0  | C  |
| (6) JUDY LEGGETT<br>DIRECTOR        | 1 00   | х                                 |                       |                               |                              |                              |          | 0   | 0  | C  |
| (7) CAROL LERESCHE<br>DIRECTOR      | 1 00   | х                                 |                       |                               |                              |                              |          | 0   | o  | C  |
| (8) GARY PACKARD<br>DIRECTOR        | 1 00   | Х                                 |                       |                               |                              |                              |          | 0   | 0  | C  |
| (9) NANCY SORENSON<br>DIRECTOR      | 1 00   | х                                 |                       |                               |                              |                              |          | 0   | 0  | C  |
| (10) WILMA TOPE<br>DIRECTOR         | 1 00   | Х                                 |                       |                               |                              |                              |          | o   | 0  | C  |
| (11) MARCIA WESTKOTT<br>DIRECTOR    | 1 00   | х                                 |                       |                               |                              |                              |          | 0   | 0  | C  |
| (12) GILLIAN MALONE<br>IMMEDIATE PA | 1 00   | х                                 |                       | x                             |                              |                              |          | 0   | 0  | C  |
| (13) SHANNON ANDERSON<br>DIRECTOR   | 40 00  |                                   |                       | х                             |                              |                              |          | 44,500  | 0  | 6,569  |
|                                     |  |                                   |                       |                               |                              |                              |          |   |  |  |
|                                     | -  |                                   | -                     |                               |                              |                              |          |   |  |  |
|                                     |  |                                   |                       |                               |                              |                              |          |   |  |  |

| •              | (A) Name and Title   | (B) Average hours per week (list any hours            | Position than o                   | on (de                | (C)<br>o not<br>ox, u<br>n off | ched<br>nless | ck mo<br>pers       | re<br>on | ( <b>E</b><br>Repor<br>comper<br>from<br>organiza | table<br>nsation<br>the<br>tion (W- | (E) Reportable compensation from related organizations ( | n amount of othe<br>d compensation<br>(W- from the |                               | ated<br>of other<br>sation<br>the |
|----------------|--|---|-----------------------------------|-----------------------|--------------------------------|---------------|---------------------|----------|---|-------------------------------------|--|--|-------------------------------|-----------------------------------|
| ( <del>)</del> |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer                        | Key employee  | Highest compensated | Former   | 2/1099  | -MISC)                              | 2/1099-MISC  | .)   | organizat<br>relat<br>organiz | :ed                               |
| _              |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
|                |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
| _              |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
| _              |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
| C              | Sub-Total  |   | nΑ.                               |                       |                                | 9             | <b>P</b>            |          | 2   | 14,500                              |  |  |                               | 6,569                             |
| 2              | Total number of individuals (including of reportable compensation from the   |   | to thos                           | e liste               | ed ab                          | ove)          | who                 | rece     | eived more  | than \$1                            | 00,000   |  |                               |                                   |
| 3              | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>   |   |                                   | ee, ke                | ey en                          | nploy         | ee, o               | r hig    | ghest com   | pensated                            | employee on  | 3  | Yes                           | No<br>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   |                                     | No   |  |                               |                                   |
| 5              | Did any person listed on line 1a receiv<br>services rendered to the organization   |   |                                   |                       |                                | ,             |                     |          | _   | on or indi                          | vidual for<br>•  | 5  |                               | No                                |
| S              | ection B. Independent Contract Complete this table for your five high  |   | d indone                          |                       |                                | . 6           | A                   | h-+      |   |                                     | #100 000 of one  |  |                               |                                   |
| _              | from the organization Report comper  | sation for the c                                      | alendar                           | year                  | endi                           | ng w          | ith or              | wit      | hin the org                                       | ganization                          | n's tax year   | npens  |                               |                                   |
|                | Name a   | (A)<br>ind business addre                             | 55                                |                       |                                |               |                     |          |   | Desc                                | (B)<br>ription of services                               |  | Comper                        |                                   |
| _              |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
| _              |  |   |                                   |                       |                                |               |                     |          |   |                                     |  |  |                               |                                   |
|                | Fotal number of independent contractor compensation from the organization  | s (ıncludıng but                                      | not limi                          | ted t                 | o tho                          | se lis        | sted a              | abov     | (e) who re  | ceived m                            | ore than \$100,00  | 00 of  |                               |                                   |

| The defended campa gins   La   | Part VI   |  |   | ener er este te se   | Nune in this Book V |                                |                              | N  |
|--|---|--|---|----------------------|---------------------|--------------------------------|------------------------------|--|
| Bar    | 470   | Check if Schedu  | ie O Contains a resp  | onse of flore to any | (A)                 | (B) Related or exempt function | (C)<br>Unrelated<br>business | Revenue<br>excluded from<br>tax under sections |
| Business Code    Business Code | ontributions, Gifts, Grants<br>nd Other Similar Amounts | b Membership dues c Fundraising events d Related organizatio e Government grants (of f All other contributions and similar amounts rabove g Noncash contributi in lines 1a-1f \$ | 1b 1c 1c ns 1d contributions) 1e s, gifts, grants, tot included 1f ons included | 421,077              |                     |                                |                              |  |
| Total Add lines 2a-2f.    A  |   | Total.Add lines 1a-  | 1f  |                      |                     |                                |                              | - N  |
| 1,565   1,56   | Program Service Revenue                                 |  |   | <b>DOSINES</b>       |                     |                                |                              |  |
| 4 Income from investment of tax-exempt bond proceeds  5 Royalities  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  (i) Securities (ii) Other  7a Gross amount assets other than investory b Less cost or other bases and sales expenses c Gan or (loss)  880  880  891  892  893  894  895  895  896  897  995  996  997  997  998  998  999  999  999   | 3   | Investment income (i   | ncluding dividends,   | interest, and other  | (2)                 |                                |                              |  |
| 1  | 4   | similar amounts) .<br>Income from investm  | ent of tax-exempt b   | ond proceeds         | 1,5                 | 65                             |                              | 1,56   |
| Ta Gross amount from sales of than inventory  b Lass cost or other basis and sales expenses  C Gain or (fass)  3 Gross income from fundraising events (not including \$ 15,452 of contributions reported on line 1c)  See Part IV, line 18   | b   | Less rental expenses<br>Rental income or<br>(loss)   |   |                      |                     |                                |                              |  |
| other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  350  350  350  350  350  350  350  35  |   | Gross amount<br>from sales of<br>assets other  |   | (II) Other           | 50                  |                                |                              |  |
| Ba Gross income from fundraising events (not including \$\frac{1}{15,452}\$ of contributions reported on line 1c) See Part IV, line 18   | c   | other basis and<br>sales expenses<br>Gain or (loss)  |   | 35                   | 50                  | 50 35                          | D)                           |  |
| b Less direct expenses . b . c Net income or (loss) from gaming activities . b . 2,825 | 8a  | Gross income from f<br>(not including \$<br>contributions reports<br>See Part IV, line 18<br>Less direct expense   | undraising events   | 5,027<br>5,027       | _                   |                                |                              |  |
| returns and allowances   | ь   | See Part IV line 19  | <br>a<br>s b  |                      |                     | 25                             |                              | 2,8  |
| total revenue. See Instructions 441,269 350 4,31   | ь   | Less cost of goods so  | a sold b  |                      |                     |                                |                              |  |
| d All other revenue  | 11  |  | Revenue   | Business Code        |                     |                                |                              |  |
| e Total. Add lines 11a-11d   |   |  |   |                      |                     |                                |                              |  |
| 12 Total revenue, See Instructions   |   |  | 21 02 02  |                      |                     |                                |                              |  |
|  |   |  |   |                      | 441,2               | 69 35                          | 0                            | 4,39   |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

|     | Check if Schedule O contains a response or note to any  | line in this Part IX  |                              |   | 🗆                          |
|-----|---|-----------------------|------------------------------|---|----------------------------|
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                       |                              |   | *                          |
| 2   | Programs and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |   |                            |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16   |                       |                              |   |                            |
| 4   | Benefits paid to or for members   |                       |                              |   | -                          |
| 5   | Compensation of current officers, directors, trustees, and key employees  | 44,500                | 44,430                       |   | 70                         |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 45,744                | 24,521                       | 17,141                                    | 4,082                      |
| 7   | Other salaries and wages  | 140,604               | 119,405                      | 11,847                                    | 9,352                      |
| 8   | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 63,285                | 51,639                       | 7,981                                     | 3,665                      |
| 9   | Other employee benefits   | 6,674                 | 5,660                        | 694                                       | 320                        |
| 10  | Payroll taxes   | 18,176                | 15,343                       | 1,939                                     | 894                        |
| 11  | Fees for services (non-employees)   |                       |                              |   |                            |
| ä   | a Management  |                       |                              |   |                            |
| ŀ   | o Legal   | 14,587                | 14,475                       | 48  | 64                         |
| (   | Accounting  | 4,105                 |                              | 4,105                                     |                            |
| c   | d Lobbying  |                       |                              |   |                            |
| •   | e Professional fundraising services See Part IV, line 17  |                       |                              |   |                            |
| f   | Investment management fees  |                       |                              |   |                            |
| ç   | Other (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule O)   |                       |                              |   |                            |
| 12  | Advertising and promotion   | 2,073                 | 2,073                        |   |                            |
| 13  | Office expenses   | 27,983                | 24,512                       | 2,268                                     | 1,203                      |
| 14  | Information technology  |                       |                              |   |                            |
| 15  | Royalties   |                       |                              |   |                            |
| 16  | Occupancy   | 10,287                | 9,734                        | 365                                       | 188                        |
| 17  | Travel  | 18,963                | 17,595                       | 854                                       | 514                        |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                       |                              |   |                            |
| 19  | Conferences, conventions, and meetings  | 3,675                 | 3,042                        | 501                                       | 132                        |
| 20  | Interest  |                       |                              |   |                            |
| 21  | Payments to affiliates  |                       |                              |   |                            |
| 22  | Depreciation, depletion, and amortization   | 10,752                | 8,773                        | 1,350                                     | 629                        |
| 23  | Insurance   | 7,550                 | 5,162                        | 1,878                                     | 510                        |
| 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 )                   |                       |                              |   |                            |
|     | a CONTRACT WORK   | 4,119                 | 3,507                        | 442                                       | 170                        |
| 1   | b DUES  | 3,181                 | 2,662                        | 379                                       | 140                        |
|     | REPAIRS AND MAINTENANCE   | 596                   | 440                          | 83  | 73                         |
| - 9 | d   |                       |                              |   |                            |
| - 6 | e All other expenses  |                       |                              |   | -                          |
| 25  | Total functional expenses. Add lines 1 through 24e  | 426,854               | 352,973                      | 51,875                                    | 22,006                     |
|     | 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) |                       |                              |   |                            |

#### Part X Balance Sheet

| 11<br>12<br>13<br>14<br>15<br>16                                 | Cash-non-interest-bearing   |  |   | (A)<br>Beginning of year |             | (B)<br>End of year |  |  |  |  |
|--|---|--|---|--------------------------|-------------|--------------------|--|--|--|--|
| 2 3 4 5 6 6 7 8 9 10 6 11 12 13 14 15 16 17                      | Savings and temporary cash investments .  |  | _   |                          |             |                    |  |  |  |  |
| 3 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17                          |   |  | •   | 9,485                    | 1           | 11,947             |  |  |  |  |
| 4 5 6 6 8 9 10 6 11 12 13 14 15 16 17                            | Pledges and grants receivable, net  | Savings and temporary cash investments |   |                          |             |                    |  |  |  |  |
| 5<br>6<br>7<br>8<br>9<br>103<br>11<br>12<br>13<br>14<br>15<br>16 |   |  |   |                          | 3           |                    |  |  |  |  |
| 66<br>\$2 7<br>8 9<br>10 6<br>11<br>12<br>13<br>14<br>15<br>16   | Accounts receivable, net  |  | 4   |                          |             |                    |  |  |  |  |
| 10a<br>111<br>12<br>13<br>14<br>15<br>16                         | Loans and other receivables from current and for<br>trustees, key employees, and highest compensa<br>II of Schedule L<br>Loans and other receivables from other disquali<br>section 4958(f)(1)), persons described in section | ated en<br>fied pe                     | ployees Complete Part<br>sons (as defined under |                          | 5           |                    |  |  |  |  |
| 10a<br>111<br>12<br>13<br>14<br>15<br>16                         | contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L  Notes and loans receivable, net   | section 501(c)(9)                      |   | 6<br>7                   |             |                    |  |  |  |  |
| 10a<br>111<br>12<br>13<br>14<br>15<br>16                         | Inventories for sale or use   |  |   |                          | 8           |                    |  |  |  |  |
| 10a t 11 12 13 14 15 16  | Prepaid expenses and deferred charges   |  | ·   |                          | 9           |                    |  |  |  |  |
| 11<br>12<br>13<br>14<br>15<br>16                                 | Land, buildings, and equipment cost or other  | i i                                    | · ·   |                          |             |                    |  |  |  |  |
| 11<br>12<br>13<br>14<br>15<br>16                                 | basis Complete Part VI of Schedule D  | 10a                                    | 232,048   |                          |             |                    |  |  |  |  |
| 12<br>13<br>14<br>15<br>16                                       | Less accumulated depreciation   | 10b                                    | 94,628  | 123,382                  | <b>10</b> c | 137,420            |  |  |  |  |
| 13<br>14<br>15<br>16   | Investments—publicly traded securities .  |  |   |                          | 11          |                    |  |  |  |  |
| 14<br>15<br>16   | Investments—other securities See Part IV, line  | - 90 N X                               |   | 12                       |             |                    |  |  |  |  |
| 15<br>16   | Investments—program-related See Part IV, line   | e 11 .                                 |   |                          | 13          |                    |  |  |  |  |
| 16<br>17   | Intangible assets   | [                                      |   | 14                       |             |                    |  |  |  |  |
| 17   | Other assets See Part IV, line 11   |  |   |                          | 15          |                    |  |  |  |  |
|  | Total assets.Add lines 1 through 15 (must equ   |  | _   | 925,207                  | 16          | 940,125            |  |  |  |  |
| 1.0  | Accounts payable and accrued expenses   |  |   | 1,693                    | 17          | 2,196              |  |  |  |  |
| 18   | Grants payable  |  |   |                          | 18          |                    |  |  |  |  |
| 19   | Deferred revenue  |  |   | 19                       |             |                    |  |  |  |  |
| 20   | Tax-exempt bond liabilities   |  |   | 20                       |             |                    |  |  |  |  |
| 100  | Escrow or custodial account liability Complete F  | Part IV                                | f Schedule D                                    |                          | 21          |                    |  |  |  |  |
| Liabilities  | Loans and other payables to current and former key employees, highest compensated employee  | officer                                | , directors, trustees,                          |                          |             |                    |  |  |  |  |
| 운  | persons Complete Part II of Schedule L  |  |   |                          | 22          |                    |  |  |  |  |
| □ <sub>23</sub>  | Secured mortgages and notes payable to unrela   | ted the                                | d parties                                       |                          | 23          |                    |  |  |  |  |
| 24   | Unsecured notes and loans payable to unrelated  | third i                                | arties  |                          | 24          |                    |  |  |  |  |
| 25   | Other liabilities (including federal income tax, pa<br>and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D  | ayables                                | to related third parties,                       |                          | 25          |                    |  |  |  |  |
| 26   | Total liabilities. Add lines 17 through 25  |  |   | 1,693                    | 26          | 2,196              |  |  |  |  |
| Assets or Fund Balances 22 28 29 31 32                           | Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33 Unrestricted net assets   |  |   |                          | 27          |                    |  |  |  |  |
| က္ထိ 28  | Temporarily restricted net assets   |  |   | 28                       |             |                    |  |  |  |  |
| <u> </u>   | Permanently restricted net assets   |  |   |                          | 29          |                    |  |  |  |  |
| ᆁ  | Organizations that do not follow SFAS 117   | (ASC 9                                 | 58),  |                          |             |                    |  |  |  |  |
| 20<br>30   | check here ►  and complete lines 30 th Capital stock or trust principal, or current funds   | rough<br>                              | 34.   |                          | 30          |                    |  |  |  |  |
| 31   | Paid-in or capital surplus, or land, building or eq   | uıpmer                                 | t fund  |                          | 31          |                    |  |  |  |  |
| ¥ 32   | Retained earnings, endowment, accumulated ind   | ome, o                                 | r other funds                                   | 923,514                  | 32          | 937,929            |  |  |  |  |
| 33<br>24   | Total net assets or fund balances   |  | [   | 923,514                  | 33          | 937,929            |  |  |  |  |
| Z 34   |   |  | <del>-</del>                                    | 925,207                  | 34          | 940,125            |  |  |  |  |

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

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

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Nο

**2**¢

3a

**3**b

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#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-2183158

Name: POWDER RIVER BASIN RESOURCE COUNCIL

Form 990 (2016)

#### Form 990, Part III, Line 4a:

POWDER RIVER BASIN RESOURCE COUNCIL'S (POWDER RIVER) MISSION STATEMENT REMAINS THE GUIDING FORCE FROM WHICH WE OPERATE -THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE -THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS -THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING ATTEMPTING TO PROTECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRENTLY HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND IS AFFILIATED WITH FOUR GRASSROOTS CITIZEN GROUPS IN WYOMING POWDER RIVER BASIN RESOURCE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONSERVATION ISSUES THE GROUP UNITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND AGRICULTURALISTS WITH A DEEP RESPECT FOR THE LAND AROUND A SHARED VISION TO PROTECT AND IMPROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES SPLIT ESTATE AND PRIVATE PROPERTY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDITORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES ON WHICH OUR ORGANIZATION IS WORKING ON POWDER RIVER PUBLISHES THE POWDER RIVER BREAKS ON A BIMONTHLY BASIS FROM JANUARY/ FEBRUARY TO NOVEMBER/DECEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE DIFFERENT PROJECTS UNDERTAKEN BY POWDER RIVER IN THE PAST MONTHS. IT IS PROVIDED TO MEMBERS AND IS AVAILABLE TO THE PUBLIC AT DESIGNATED DROP SITES POWDER RIVER MAINTAINS A WEBSITE AT WWW POWDERRIVERBASIN ORG THAT INFORMS AND EDUCATES THE PUBLIC ON CONSERVATION ISSUES THAT POWDER RIVER BASIN RESOURCE COUNCIL IS ADDRESSING POWDER RIVER BASIN RESOURCE COUNCIL MAINTAINS THREE OFFICE LOCATIONS IN WYOMING THE MAIN OFFICE IS LOCATED IN SHERIDAN AND THE OTHERS ARE IN CHEYENNE AND GILLETTE POWDER RIVER'S WORK IS OVERSEEN BY THE BOARD OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER MEMBERSHIP FOR A TWO YEAR TERM AS A GRASSROOTS ORGANIZATION, MEMBERS DECIDE THE DIRECTION AND FOCUS OF POWDER RIVER'S WORK MEMBERS BRING RESOLUTIONS FOR A VOTE OF MEMBERSHIP APPROVAL AT THE ANNUAL MEETING THAT IS HELD IN THE AUTUMN OF EACH YEAR AND IS OPEN TO THE PUBLIC EVERY YEAR A KEYNOTE SPEAKER PROVIDES INSIGHTS AND INFORMATION ON SELECTED ISSUES AND IS OPEN TO QUESTIONS FROM THE AUDIENCE THAT NORMALLY EXCEEDS 200 PEOPLE IN 2016 PETE SIMPSON, WYOMING LEADER, HISTORIAN AND FORMER LEGISLATOR, PROVIDED THE KEY NOTE EVERY YEAR POWDER RIVER SPONSORS SCHOLARSHIPS AT THE WYOMING HIGH SCHOOL STATE SCIENCE FAIR FOR SCIENCE PROJECTS THAT PROMOTE CONSERVATION AND EDUCATION ON THE PRAIRIE ECOSYSTEMS OF WYOMING THE YOUTH IN CONSERVATION AWARDS ARE A CASH AWARD TO SELECTED PARTICIPANTS IN THE WYOMING STATE SCIENCE FAIR WHOSE PROJECTS BEST MEETS THE CRITERIA FOR THE AWARD. EACH YEAR JUDGES FROM POWDER RIVER SELECT THE BEST PROJECTS OUT OF THE MANY THEY VIEW AT THE STATE SCIENCE FAIR. THIS FAIR IS VISITED BY THOUSANDS OF STUDENTS AND ADULTS EACH YEAR. THE YOUTH IN CONSERVATION AWARD WAS STARTED WITH FUNDS RECEIVED BY POWDER RIVER IN MEMORIAM OF BILL BARLOW ONE OF OUR FOUNDING MEMBERS. THE AWARDS WORK TO ENGAGE YOUNG PEOPLE IN PUBLIC POLICY DEBATES SURROUNDING ENERGY DEVELOPMENT AND ITS IMPACTS ON WYOMING'S LAND, WATER AND AIR RESOURCE CRITERIA FOR THE AWARD ARE ON THE POWDER RIVER WEBSITE IN 2016, THE AWARDES WERE LANDEN FULLER, FORT LARAMIE HIGH SCHOOL ON "MICROBIAL FUEL CELLS", NORA LEGERSKI AND MAGGIE MAJHANOVICH, PINEDALE MIDDLE SCHOOL ON "SAGE GROUSE SUCCESS- AND NICHOLAS AASBY, HOLY NAME SCHOOL, SHERIDAN ON "THE MYSTERIOUS CASE OF DR CRAYFISH AND MR COAL"

CARTRIDGES FOR KIDS RECYCLING- CFK (CARTRIDGES FOR KIDS) IS A RECYCLING PROGRAM THAT POWDER RIVER BASIN RESOURCE COUNCIL HAS BEEN PARTICIPATION. IN SINCE ARRIVED FOR AND RICHORD AND RECYCLING PROGRAM THAT POWDER RIVER BASIN RESOURCE COUNCIL HAS BEEN PARTICIPATION. PARTICIPATING IN SINCE APRIL 2011 TO HELP FUND OUR YOUTH IN CONSERVATION PROGRAM WE RECYCLE CELL PHONES, LAPTOPS, MP3 PLAYERS, PDAS, LASER AND INKJET CARTRIDGES, TABLETS, E-READERS AND NOTEBOOKS WE RECYCLE AT FOUR LOCATIONS IN THE SHERIDAN AREA IN 2016, POWDER RIVER'S MULTI-YEAR NAME OF THE STREET OF THE STREET AND MOTED OF WE RECEIVE AT THE STREET AND MOTED AND THE STREET AND A STREET AND MOTED AND THE STREET AND A STREET AND THE S WELLS WE CONTINUED OUR CANVASSING AND OUTREACH EFFORTS TO RURAL SUBDIVISIONS AND LANDOWNERS IN LARAMIE COUNTY TO EDUCATE HOMEOWNERS ON OIL AND GAS DRILLING SETBACKS AND MITIGATION MEASURES TO PROTECT THEIR QUALITY OF LIFE FROM THE IMPACTS OF NOISE, LIGHT, AND AIR POLLUTION WE CONTINUED OUR EFFORTS TO ADDRESS THE PLUGGING AND RECLAMATION OF ORPHAN OIL AND GAS WELLS AND SUPPORTED THE COMMISSION PROPOSAL TO INCREASE THE MIL LEVY TAX ON INDUSTRY TO HELP WITH PLUGGING AND RECLAMATION COSTS WYOMING HAS NOT STEPPED UP PLUGGING OF ORPHAN WELLS AND NEARLY 2,000- MOSTLY CBM WELLS- HAVE BEEN RECLAIMED WE ALSO WORKED TO GET THE BLM TO INCREASE THEIR FOCUS ON THE ORPHAN WELL CRISIS AND BLM DID RAISE BONDING ON 52 COMPANIES AND GOT INDUSTRY TO PLUG MORE IDLE FEDERAL WELLS WE MOBILIZED THE PUBLIC TO TESTIFY AND COMMENT FOR RULES THAT RESTRICT POLLUTANTS FROM OIL AND GAS WELLS THE EPA APPROVED THE RULES IN 2016 THAT APPLY TO NEW OIL AND GAS FACILITIES AND BLM PASSED RULES TO RESTRICT FLARING AND METHANE EMISSIONS IN 2016, DEQ ACTED ON OUR RECOMMENDATION TO PROPOSE NEW RULES TO REQUIRE BONDING FOR 12 OLD GRAND-FATHERED OIL AND GAS WASTE DISPOSAL FACILITIES THREE OF THESE FACILITIES HAVE SOIL AND WATER CONTAMINATION OUR AGRICULTURAL AND LOCAL FOOD WORK IN 2016 CONTINUED TO FOCUS ON PROMOTING OUR LOCAL FOOD AND AGRICULTURAL ECONOMY IN 2016, THROUGH THE EFFORTS OF OUR LEADERS, POWDER RIVER ESTABLISHED WYOMING'S FIRST FOOD FOREST IN SHERIDAN, AND THE STATE'S THIRD SEED LENDING LIBRARY IN SHERIDAN ON THE FARM TO SCHOOL FRONT, POWDER RIVER CO-HOSTED A JUNIOR MASTER GARDENER AND FARM TO SCHOOL GARDENS WORKSHOPS WITH THE WYOMING DEPARTMENT OF EDUCATION IN GILLETTE, WE WERE INVITED TO PRESENT ON THE BENEFITS OF FARM TO SCHOOL TO THE JOINT EDUCATION COMMITTEE, AND WE AWARDED THREE SCHOLARSHIPS TO HIGH SCHOOL STUDENTS AS PART OF OUR FIRST ANNUAL NATIONAL AG DAY VIDEO CONTEST FOCUSED ON SUSTAINABLE AGRICULTURE POWDER RIVER LAUNCHED ITS PRODUCER SUPPORT CAMPAIGN BY PASSING ITS OWN INTERNAL FOOD PURCHASING POLICY POWDER RIVER MEMBERS AND LEADERS ALSO WORKED TO DEFEAT A STATE RESOLUTION THAT WOULD HAVE ENDORSED THE SAFE AND ACCURATE FOOD LABELING ACT (DARK ACT) POWDER RIVER WAS THE ONLY ORGANIZATION WILLING TO SPEAK AGAINST THE RESOLUTION AND ELEVATE THE CONCERNS OF ITS LOCAL FAMILY FARMERS WE HELD OUR 11TH ANNUAL HARVEST CELEBRATION TO HIGHLIGHT LOCAL FOODS AND PROMOTE LOCAL FOOD AND AGRICULTURE WE MADE SIGNIFICANT PROGRESS IN 2016 ON OUR POLICY AND ORGANIZING WORK TO REFORM THE FEDERAL COAL PROGRAM, COAL LEASING AND ADDRESS COAL MINE BANKRUPTCIES AND SELF-BONDING POWDER RIVER LED ORGANIZING EFFORTS AT A BLM HEARING ON THE PROGRAMMATIC ENVIRONMENTAL IMPACT STATEMENT (PEIS) IN CASPER, WYOMING, AND WE SUPPORTED ORGANIZING EFFORTS AT THE OTHER PUBLIC HEARINGS IN THE SUMMER OF 2016 WITH OUR ALLIES WE ORGANIZED A TECHNICAL WORKSHOP ON FEDERAL COAL REFORM AT DENVER UNIVERSITY IN JULY 2016 THAT WAS WELL ATTENDED BY BLM STAFF AND DOI DECISION-MAKERS 2016 WAS ALSO A MILESTONE YEAR IN OUR WORK TO REFORM COAL MINE BONDING PRACTICES AND TO HOLD THE COAL INDUSTRY ACCOUNTABLE FOR THE FULL COST OF RECLAIMING LANDS. THROUGH POWDER RIVER'S INTERVENTION IN THE BANKRUPTCY PROCESS, ADMINISTRATIVE ADVOCACY EFFORTS INCLUDING CITIZEN COMPLAINTS, A STRONG TRADITIONAL AND SOCIAL MEDIA COMMUNICATIONS PUSH, AND TIRELESS WORK BEHIND THE SCENES MEETING WITH AGENCY DECISION-MAKERS, ALL THREE MAJOR COAL COMPANIES ALPHA/CONTURA, ARCH, AND PEABODY) THAT WENT IN TO BANKRUPTCY EMERGED WITH COMMITMENTS TO REPLACE SELF-BONDS SEPARATELY, CLOUD PEAK VOLUNTARILY MADE THE DECISION TO REPLACE ITS SELF-BONDS GIVEN THE POLITICAL UNCERTAINTY AND PUBLIC PRESSURE SURROUNDING THE USE OF SELF-BONDS IN 2016, THE OFFICE OF SURFACE MINING ANNOUNCED THEY WOULD CARRY OUT RULEMAKING TO SIGNIFICANTLY REVISE SELF-BONDING RULES POWDER RIVER LED EFFORTS TO DRAFT TECHNICAL COMMENTS

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Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990. Internal Revenue Service
Name of the organization

**Employer identification number** POWDER RIVER BASIN RESOURCE COUNCIL 74-2183158 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is  $\,$  (For lines 1 through 12, check only one box )1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's  $\Box$ name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 П (b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in ablasection 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i)Name of supported organization (iii) Type of (ii)EIN (iv) (v) (vi) organization Is the organization listed in Amount of Amount of other (described on lines your governing document? monetary support support (see 1- 10 above (see (see instructions) instructions) instructions))

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

**Total** 

Cat No 11285F

Yes

No

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

|             | Section A. Public Support                                 |                     |                       |                       |                      |                  |              |              |
|-------------|---|---------------------|-----------------------|-----------------------|----------------------|------------------|--------------|--------------|
|             | Calendar year   | (a)2012             | <b>(b)</b> 2013       | (c)2014               | (d)2015              | (0)              | 2016         | (f)Total     |
|             | (or fiscal year beginning in) ▶                           | (8)2012             | (0)2013               | (0)2014               | (4)2013              | (6).             | 2010         | (T)TOCAL     |
| 1           | Gifts, grants, contributions, and                         |                     |                       | ==                    |                      |                  |              |              |
|             | membership fees received (Do not                          | 376,095             | 439,236               | 551,044               | 564,649              |                  | 436,529      | 2,367,553    |
| -           | include any "unusual grant ") Tax revenues levied for the |                     |                       |                       |                      |                  |              |              |
| 2           | organization's benefit and either paid                    |                     |                       |                       |                      |                  |              |              |
|             | to or expended on its behalf                              |                     |                       |                       |                      |                  |              |              |
| 3           | The value of services or facilities                       |                     |                       |                       |                      |                  |              |              |
| _           | furnished by a governmental unit to                       |                     |                       |                       |                      |                  |              |              |
|             | the organization without charge                           |                     |                       |                       |                      |                  |              |              |
| 4           | Total. Add lines 1 through 3                              | 376,095             | 439,236               | 551,044               | 564,649              |                  | 436,529      | 2,367,553    |
| 5           | The portion of total contributions by                     |                     |                       |                       |                      |                  |              |              |
| •           | each person (other than a                                 |                     |                       |                       |                      |                  |              |              |
|             | governmental unit or publicly                             |                     |                       |                       |                      |                  | - 1          | 178,404      |
|             | supported organization) included on                       |                     |                       |                       |                      |                  | - 1          | 178,404      |
|             | line 1 that exceeds 2% of the amount                      |                     |                       |                       |                      |                  |              |              |
|             | shown on line 11, column (f)                              |                     |                       |                       |                      |                  |              |              |
| 6           | Public support. Subtract line 5 from                      |                     |                       |                       |                      |                  |              | 2,189,149    |
|             | line 4  |                     |                       |                       |                      |                  |              |              |
|             | ection B. Total Support                                   |                     |                       |                       |                      |                  |              |              |
|             | Calendar year<br>(or fiscal year beginning in) ▶          | (a)2012             | <b>(b)</b> 2013       | (c)2014               | (d)2015              | (e)              | 2016         | (f)Total     |
| 7           | Amounts from line 4                                       | 376,095             | 439,236               | 551,044               | 564,649              |                  | 436,529      | 2,367,553    |
| 8           | Gross income from interest,                               | 370,033             | 439,230               | 331,044               | 304,049              |                  | 430,323      | 2,307,333    |
| 0           | dividends, payments received on                           |                     |                       |                       |                      |                  |              |              |
|             | securities loans, rents, royalties and                    | 1,434               | 1,230                 | 1,342                 | 1,566                |                  | 1,565        | 7,137        |
|             | income from similar sources                               |                     |                       | '1                    |                      |                  | 1            |              |
| 9           | Net income from unrelated business                        |                     |                       |                       |                      |                  |              |              |
| _           | activities, whether or not the                            | 4,780               | 5,205                 | 2,740                 | 5,705                |                  | 1,825        | 20,255       |
|             | business is regularly carried on                          | ·                   |                       |                       | <u> </u>             |                  |              | ,            |
| 10          |   |                     |                       |                       |                      |                  |              |              |
|             | loss from the sale of capital assets                      |                     |                       |                       |                      |                  |              |              |
|             | (Explain in Part VI )                                     |                     |                       |                       |                      |                  |              |              |
| 11          | <b>Total support.</b> Add lines 7 through                 |                     |                       |                       |                      |                  |              | 2,394,945    |
|             | 10  |                     |                       |                       |                      |                  |              |              |
| 12          | Gross receipts from related activities, e                 | tc (see instructio  | ins)                  |                       |                      | 12               |              | 24,476       |
| 13          | First five years. If the Form 990 is for                  | the organization    | 's first, second, thi | ırd, fourth, or fıfth | tax year as a sec    | tion 501         | (c)(3) orga  | nızatıon,    |
|             | check this box and stop here                              |                     |                       |                       |                      |                  | ▶ □          |              |
| 5           | ection C. Computation of Public                           |                     |                       |                       |                      |                  |              |              |
| _           |   |                     |                       | roluma (f\)           |                      | 1                | r —          | 01.010.01    |
| 14          | ,, ,  |                     | 10000V/V              | Joidini (1))          |                      | 14               |              | 91 410 %     |
| 15          |   |                     |                       |                       |                      | 15               |              | 91 720 %     |
| <b>16</b> a | 33 1/3% support test—2016. If the                         | organization did n  | ot check the box o    | on line 13, and lin   | e 14 is 33 1/3% oi   | more, o          | check this b |              |
|             | and stop here. The organization qualif                    | ies as a publicly s | upported organiza     | tion                  |                      |                  |              | ▶ ☑          |
| b           | 33 1/3% support test-2015. If the                         | organization did    | not check a box o     | n line 13 or 16a, a   | and line 15 is 33 1  | /3% <b>o</b> r n | nore, check  | this         |
|             | box and <b>stop here.</b> The organization                | qualifies as a pub  | licly supported arc   | anization             |                      |                  |              | ▶ □          |
| 17-         | 10%-facts-and-circumstances test-                         |                     |                       |                       | e 13 16a or 16h      | and line         | o 14         | , _          |
| 1/0         | is 10% or more, and if the organization                   |                     |                       |                       |                      |                  |              |              |
|             | in Part VI how the organization meets t                   |                     |                       |                       |                      |                  |              |              |
|             | -   |                     | Jannotanioes test     | The organization (    | adimes as a pasi     | ci, supp         | ortea        | ightharpoons |
| _           | organization  | 2045 7511           |                       |                       | 10 15 15             | 4.7              |              |              |
| b           | 10%-facts-and-circumstances test                          |                     |                       |                       |                      |                  | nd line      |              |
|             | 15 is 10% or more, and if the organiza                    |                     |                       |                       |                      |                  | t. = t       |              |
|             | Explain in Part VI how the organization                   | i meets the Tacts   | -and-circumstance     | es test The orga      | nization qualifies a | is a publ        | icly         |              |
|             | supported organization                                    |                     |                       |                       |                      |                  |              | ▶□           |
| 18          | Private foundation. If the organization                   | n did not check a   | box on line 13, 16    | 5a, 16b, 17a, or 1    | 7b, check this box   | and see          | 1            |              |
|             | instructions  |                     |                       |                       |                      |                  |              | ightharpoons |
| _           |   |                     |                       |                       | 0.1 1.1              |                  |              |              |

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 (e)2016 (f)Total

#### Part IV Supporting Organizations

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

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

| Р   | art I  | IV Supporting Organizations (continued)  |              |          |          |  |  |
|-----|--|--|--------------|----------|----------|--|--|
| _   |  |  |              | Yes      | No       |  |  |
| 11  | . н  | Has the organization accepted a gift or contribution from any of the following persons?  |              |          |          |  |  |
| i   |  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a          |          |          |  |  |
|     | • A  | A family member of a person described in (a) above?  | 11b          |          | -        |  |  |
|     |  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | 11c          |          |          |  |  |
|     |  |  |              | <u> </u> |          |  |  |
| _ : | Sect   | tion B. Type I Supporting Organizations  |              |          |          |  |  |
|     |  |  |              | Yes      | No       |  |  |
| 1   | el<br><b>V</b> .<br>or<br>tr   | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in PaVI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such sowers during the tax year   | rt           |          |          |  |  |
| 2   |  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that   | 1            |          | _        |  |  |
|     | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting |  |              |          |          |  |  |
|     | oı   | organization   | 2            |          | L        |  |  |
| -   | ect  | tion C. Type II Supporting Organizations   |              |          |          |  |  |
| _   |  | and the state of t |              | Yes      | No       |  |  |
| 1   | ea   | Nere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)  | of           |          |          |  |  |
|     |  |  | 1            |          |          |  |  |
| -   | acti   | tion D. All Type III Supporting Organizations  |              |          |          |  |  |
| _   | iecti  | tion D. All Type III Supporting Organizations  |              | Yes      | No       |  |  |
| 1   | ta<br>Fo   | Old the organization provide to each of its supported organizations, by the last day of the fifth month of the organization' ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing locuments in effect on the date of notification, to the extent not previously provided?   |              |          |          |  |  |
|     |  |  | 1            |          |          |  |  |
| 2   | (s   | Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organizations) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization naintained a close and continuous working relationship with the supported organization(s)   |              |          |          |  |  |
| _   | _  |  | 2            |          | <u> </u> |  |  |
| 3   | or   | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the reganization's investment policies and in directing the use of the organization's income or assets at all times during the tree or assets at all times during the tree organization's supported organizations played in this regard   | ×            |          |          |  |  |
|     | ,-   | the restriction of the restriction of the state of the st | 3            |          | Ь.       |  |  |
| 9   | ecti   | tion E. Type III Functionally-Integrated Supporting Organizations  |              |          |          |  |  |
| 1   |  | heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru   | ictions)     |          |          |  |  |
|     | а [  | The organization satisfied the Activities Test Complete line 2 below   |              |          |          |  |  |
|     | Ь  | The organization is the parent of each of its supported organizations. Complete line 3 below   |              |          |          |  |  |
|     | c [  | The organization supported a governmental entity Describe in Part VI how you supported a government entity (s  | see instru   | ctions)  |          |  |  |
| 2   | Ac   | activities Test Answer (a) and (b) below.  |              | Yes      | No       |  |  |
|     | su<br>or<br>re   | old substantially all of the organization's activities during the tax year directly further the exempt purposes of the upported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> in the organization was responsive the interpolation of the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a           |          |          |  |  |
|     | or<br>or   | old the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the rganization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the rganization's position that its supported organization(s) would have engaged in these activities but for the organization's avolvement  |              |          |          |  |  |
| 3   |  | arent of Supported Organizations Answer (a) and (b) below.   | 2b           |          |          |  |  |
| ٥   | a Di   | old the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? <i>Provide details in Part VI</i> .  | of <b>3a</b> |          | _        |  |  |
|     | <b>b</b> Di  | it supported organizations? Frovide details in <b>Part VI.</b> Indeed the organization exercise a substantial degree of direction over the policies, programs and activities of each of its upported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard   |              |          |          |  |  |
|     | su   |  | 3b           | ) ==:    | 2015     |  |  |
|     |  | Schedule A (Form 9   | 90 or 99     | JU-EZ)   | 2016     |  |  |

instructions)

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

| Schedule A (Form 990 or 990-EZ) 2016  |                                 |  | Page <b>7</b>                             |
|---|---------------------------------|--|---|
| Part V Type III Non-Functionally Integrated   | d 509(a)(3) Supporting          | Organizations (continu                 | ed)                                       |
| Section D - Distributions   |                                 |  | Current Year                              |
| 1 Amounts paid to supported organizations to accomplish   | exempt purposes                 |  |   |
| 2 Amounts paid to perform activity that directly furthers of  |                                 | d organizations, in                    |   |
| excess of income from activity  |                                 |  |   |
| 3 Administrative expenses paid to accomplish exempt pur   | rposes of supported organizat   | ions                                   |   |
| 4 Amounts paid to acquire exempt-use assets   |                                 |  |   |
| 5 Qualified set-aside amounts (prior IRS approval require   | ed)                             |  |   |
| 6 Other distributions (describe in Part VI) See instruction   | าร                              |  |   |
| 7 Total annual distributions. Add lines 1 through 6   |                                 |  |   |
| Distributions to attentive supported organizations to who details in Part VI) See instructions  | nich the organization is respon | sive (provide                          |   |
| 9 Distributable amount for 2016 from Section C, line 6  |                                 |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                                 |  |   |
| 25 Ente o amount arriada y Ente y antoane   |                                 |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions     | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
| Distributable amount for 2016 from Section C, line  |                                 |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)   |                                 |  |   |
| 3 Excess distributions carryover, if any, to 2016   |                                 |  |   |
| a   |                                 |  |   |
| b   |                                 |  |   |
| c From 2013   |                                 |  |   |
| <b>d</b> From 2014  |                                 |  |   |
| e From 2015   |                                 |  | -1  |
| f Total of lines 3a through e   |                                 |  |   |
| g Applied to underdistributions of prior years  |                                 |  |   |
| h Applied to 2016 distributable amount  |                                 |  |   |
| i Carryover from 2011 not applied (see instructions)  |                                 |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                 |  |   |
| 4 Distributions for 2016 from Section D, line 7 \$  |                                 |  |   |
| a Applied to underdistributions of prior years  |                                 |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                                 |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                                 |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                 |  |   |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                 |  |   |
| <ul> <li>7 Excess distributions carryover to 2017. Add lines</li> <li>3j and 4c</li> </ul>  |                                 |  |   |
| 8 Breakdown of line 7   |                                 |  |   |
| a   |                                 |  |   |
| <b>b</b> Excess from 2013.  |                                 |  |   |
| c Excess from 2014.   |                                 |  |   |
| d Excess from 2015  |                                 |  |   |
| e Excess from 2016.   |                                 |  |   |

Schedule A (Form 990 or 990-EZ) 2016

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#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test** 

Schodula A /Form 000 or 000\_E7\ 2016

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

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

| • S<br>• S<br>If the<br>(Prox | Section 501(c)(3) organizations tha<br>Section 501(c)(3) organizations tha |   | section 501(h)) Country (h)               | omplete Par<br>i)) Comple    | rt II-A Do not<br>te Part II-B D                         | t complet<br>Do not coi | e P <mark>art</mark> II-l<br>mplete Pa               | art II-A                      |
|-------------------------------|--|---|---|------------------------------|--|-------------------------|--|-------------------------------|
|                               | ne of the organization<br>VDER RIVER BASIN RESOURCE COUNCIL                | *   |   |                              | Employer ic  | dentifica               | tion nun   | nber                          |
|                               |  |   |   |                              | 74-2183158   |                         |  |                               |
| Par                           | I-A Complete if the orga   | nization is exempt under secti  | on 501(c) or is                           | a section                    | n 527 orga   | nizatio                 | n.   |                               |
| 1 2                           | Provide a description of the organ<br>Political expenditures               | nization's direct and indirect political ca   | mpaign activities ir                      | n Part IV                    | •  | \$                      |  |                               |
| 3                             | Volunteer hours  |   |   |                              |  |                         |  |                               |
| Par                           | t I-B Complete if the orga   | nization is exempt under secti  | on 501(c)(3).                             |                              |  |                         |  |                               |
| 1                             | ·  | ax incurred by the organization under s   |   |                              | <b>&gt;</b>  | \$                      |  |                               |
| 2                             | Enter the amount of any excise to  | \$  |   |                              |  |                         |  |                               |
| 3                             | If the organization incurred a sec   | tion 4955 tax, did it file Form 4720 for  | this year?                                |                              |  |                         | Yes  | ☐ No                          |
| <b>4</b> a                    | Was a correction made?   |   | ☐ Yes                                     | □ No                         |  |                         |  |                               |
| <u>b</u>                      | If "Yes," describe in Part IV  |   |   |                              |  |                         |  |                               |
| Pari                          | I-C Complete if the orga   | nization is exempt under secti  | on 501(c), exce                           | ept section                  | on <b>501</b> (c)(                                       | 3).                     |  |                               |
| 1                             | Enter the amount directly expend   | ed by the filing organization for section   | n 527 exempt funct                        | ion activitie                | es 🕨   | \$                      |  |                               |
| 2                             | Enter the amount of the filing org<br>function activities                  | anization's funds contributed to other  | organizations for se                      | ection 527 e                 | exempt<br>•  | \$                      |  |                               |
| 3                             | Total exempt function expenditur   | es Add lines 1 and 2 Enter here and o   | on Form 1120-POL,                         | line 17b                     | <b>&gt;</b>  | \$                      |  |                               |
| 4                             | Did the filing organization fileFor  | m 1120-POL for this year?   |   |                              |  |                         | Yes  | □ No                          |
| 5                             | organization made payments For of political contributions received         | employer identification number (EIN) of<br>each organization listed, enter the am<br>that were promptly and directly delive<br>ee (PAC) If additional space is needed | ount paid from the<br>red to a separate p | filing orga<br>olitical orga | nization's fun<br>anization, suc                         | which the               | filing<br>enter the                                  |                               |
|                               | (a) Name   | (b) Address   | (c) EIN                                   | filing o                     | ount paid fror<br>rganization's<br>if none, enter<br>-0- | con<br>a<br>dire        | itribution:<br>nd promp<br>ectly deliv<br>separate ( | vered to a political If none, |
|                               |  |   |   |                              |  |                         |  |                               |
| 2                             |  |   |   |                              |  |                         |  |                               |
| 3                             |  |   |   |                              |  |                         |  |                               |
| 1                             |  |   |   |                              |  |                         |  |                               |

Cat No 50084S

| Schedule | C (Form | 990 or 990 | -FZ) 2016 |
|----------|---------|------------|-----------|

Page 2

| F  | art II-A Complete if the organization is a section 501(h)).                             | exempt under section 501(c)(3) and file                                     | ed Form 5768 (election                 | n under                             |
|----|---|---|--|-------------------------------------|
| A  | Check   if the filing organization belongs to an expenses, and share of excess lobbying | affiliated group (and list in Part IV each affiliated ig<br>g expenditures) | group member's name, add               | iress, EIN,                         |
| В  | Check ▶ ☐ If the filing organization checked box A                                      | A and "limited control" provisions apply                                    |  |                                     |
|    | Limits on Lobbyi<br>(The term "expenditures" mea  | ng Expenditures<br>ans amounts paid or incurred.)                           | (a) Filing<br>organization's<br>totals | ( <b>b)</b> Affiliated group totals |
| 1a | Total lobbying expenditures to influence public opinion                                 | on (grass roots lobbying)   |  |                                     |
| b  | Total lobbying expenditures to influence a legislative                                  | body (direct lobbying)  | 13,314                                 |                                     |
| c  | Total lobbying expenditures (add lines 1a and 1b)                                       | 13,314  |  |                                     |
| d  | Other exempt purpose expenditures   | 413,540   |  |                                     |
| e  | Total exempt purpose expenditures (add lines 1c and                                     | 426,854   |  |                                     |
| f  | Lobbying nontaxable amount Enter the amount fron columns                                | 85,371  |  |                                     |
|    | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |  |                                     |
|    | Not over \$500,000  | 20% of the amount on line 1e  |  |                                     |
|    | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000                             |  |                                     |
|    | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000                           |  |                                     |
|    | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000                            |  |                                     |
|    | Over \$17,000,000   | \$1,000,000   |  |                                     |
| q  | Grassroots nontaxable amount (enter 25% of line 1f                                      | 21,343  |  |                                     |
| h  |   | ,   | 21,543                                 | -                                   |
| i  | Subtract line 1f from line 1c If zero or less, enter -0                                 |   |  | -                                   |
| i  |   |   | enorting                               |                                     |
| ,  | section 4911 tax for this year?   | an or line any did the organization me rollin 4720 re                       | Parmi                                  | ∐ Yes ∐ No                          |
|    | ·   |   | ·                                      |                                     |

### 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| ,   | Lobbying Expenditu   | res During 4- | Year Averagir   | ng Period |          |           |
|-----|--|---------------|-----------------|-----------|----------|-----------|
|     | Calendar year (or fiscal year<br>beginning in)             | (a) 2013      | <b>(b)</b> 2014 | (c) 2015  | (d) 2016 | (e) Total |
| 2a  | Lobbying nontaxable amount                                 | 83,375        | 82,609          | 90,116    | 85,371   | 341,471   |
| b   | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |               |                 |           |          | 512,207   |
| _c  | Total lobbying expenditures                                | 26,745        | 12,337          | 14,892    | 13,314   | 67,288    |
| _d_ | Grassroots nontaxable amount                               | 20,844        | 20,652          | 22,529    | 21,343   | 85,368    |
| e   | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |               |                 |           |          | 128,052   |
| _f  | Grassroots lobbying expenditures                           |               |                 |           |          |           |

Schedule C (Form 990 or 990EZ) 2016

| Pa    | ort II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).  | ed       |          |      |         |     |
|-------|--|----------|----------|------|---------|-----|
| For   | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | (a)      |          |      | (b)     |     |
| activ | , , ,  | Yes      | No       |      | lmour   | nt  |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of               |          |          |      |         |     |
| а     | Volunteers?  |          |          |      |         |     |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |          |          |      |         |     |
| C     | Media advertisements?  |          |          |      |         | _   |
| d     | Mailings to members, legislators, or the public?   |          |          |      |         |     |
| е     | Publications, or published or broadcast statements?  |          |          |      |         |     |
| f     | Grants to other organizations for lobbying purposes?   |          |          |      |         |     |
| g     | Direct contact with legislators, their staffs, government officials, or a legislative body?  |          |          |      |         |     |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |          |          |      |         |     |
| i     | Other activities?  |          |          |      |         |     |
| j     | Total Add lines 1c through 1i  |          |          |      |         |     |
| 2a    | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |          |          |      |         |     |
| b     | If "Yes," enter the amount of any tax incurred under section 4912  |          |          |      |         |     |
| C     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |          |          |      |         |     |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |          |          |      |         |     |
| Pa    | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) (6).   | (5), o   | r secti  | on 5 | 501(c   | :)  |
| -     | (0).   |          |          |      | Yes     | No  |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |          | Г        | 1    |         | Ī   |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |          |          | 2    |         |     |
| 3     | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |          |          | 3    |         |     |
|       | complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."   | III-A    |          |      | 01(c    | (6) |
| 1     | Dues, assessments and similar amounts from members   | 1        |          |      |         |     |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |          |          |      |         |     |
| a     | Current year   | 2a       |          |      |         |     |
| Ь     | Carryover from last year   | 2b       |          |      |         |     |
| c     | Total  | 2c       |          |      |         |     |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3        |          |      |         |     |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4        |          |      |         |     |
| 5     | Taxable amount of lobbying and political expenditures (see instructions)   | 5        |          |      |         |     |
| P     | art IV Supplemental Information  | -        |          |      |         |     |
| Pro   | vide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1. Also, complete this part for any additional information                     | Part II- | A, lines | 1 an | d 2 (se | ee  |
|       | Return Reference Explanation   |          |          |      |         |     |

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DLN: 93493318089437

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

 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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

|       | me of the organization<br>WDER RIVER BASIN RESOURCE COUNCIL   |  |         | Employer ic      | lentification         | number      |
|-------|---|--|---------|------------------|-----------------------|-------------|
| PU    | WOLK KIVEN BASIN RESOURCE COUNCIL   |  |         | 74-2183158       |                       |             |
| Pa    | Organizations Maintaining Donor Complete if the organization answere  | Advised Funds or Other Similar Funded "Yes" on Form 990, Part IV, line 6.                            | is or   | Accounts.        |                       |             |
|       |   | (a) Donor advised funds  |         | (b)Funds a       | nd other acco         | unts        |
| 1     | Total number at end of year   |  |         |                  |                       |             |
| 2     | Aggregate value of contributions to (during year)   |  |         |                  |                       |             |
| 3     | Aggregate value of grants from (during year)  |  |         |                  |                       |             |
| 4     | Aggregate value at end of year  |  |         |                  |                       |             |
| 5     | Did the organization inform all donors and donor funds are the organization's property, subject to  |  | or adv  | ısed             |                       | Yes 🗆 N     |
| 6     | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?                   |  |         |                  |                       | Yes 🗌 N     |
| Pa    | rt II Conservation Easements. Complet   | e if the organization answered "Yes" on I  | Form    | 990, Part I      | V, line 7.            |             |
| 1     | Purpose(s) of conservation easements held by th   | e organization (check all that apply)  |         |                  |                       |             |
|       | $\square$ Preservation of land for public use (e g , red  | reation or education) Preservation o   | fan h   | nistorically im  | portant land a        | area        |
|       | Protection of natural habitat   | Preservation o   | of a ce | rtified historic | structure             |             |
|       | Preservation of open space  |  |         |                  |                       |             |
| 2     | Complete lines 2a through 2d if the organization easement on the last day of the tax year   | held a qualified conservation contribution in the  | e forn  |                  | ation<br>at the End o | of the Year |
| a     | Total number of conservation easements  |  | L       | 2a               |                       |             |
| b     | Total acreage restricted by conservation easemer  | ts   |         | 2b               |                       |             |
| С     | Number of conservation easements on a certified   | historic structure included in (a)   |         | 2c               |                       |             |
| d     | Number of conservation easements included in (c<br>structure listed in the National Register  | ) acquired after 8/17/06, and not on a historic  |         | 2d               |                       |             |
| 3     | Number of conservation easements modified, tra tax year ▶   | nsferred, released, extinguished, or terminated  | l by th | ne organizatio   | n during the          |             |
| 4     | Number of states where property subject to cons   | ervation easement is located 🕨   |         |                  |                       |             |
| 5     | Does the organization have a written policy regar<br>and enforcement of the conservation easements  | ding the periodic monitoring, inspection, handl<br>it holds?   | ing of  | violations,      | ☐ Yes                 | □ No        |
| 6     | Staff and volunteer hours devoted to monitoring,  | inspecting, handling of violations, and enforcing  | ng cor  | servation eas    | ements durir          | ng the year |
| 7     | Amount of expenses incurred in monitoring, insper   | ecting, handling of violations, and enforcing cor  | nserva  | ation easemei    | nts during the        | e year      |
| 8     | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?  | e 2(d) above satisfy the requirements of section   | on 170  | O(h)(4)(B)(ı)    | ☐ Yes                 | □ No        |
| 9     | In Part XIII, describe how the organization report<br>balance sheet, and include, if applicable, the text   | of the footnote to the organization's financial s  |         | ,                |                       |             |
| 0-1   | the organization's accounting for conservation eat III Organizations Maintaining Collect  | sements<br>tions of Art, Historical Treasures, or (  | Otho    | r Similar A      | cente                 |             |
| - G I | Complete if the organization answere  |  | Othe    | i Sillinai A     | 33613.                |             |
| 1a    | If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it | FAS 116 (ASC 958), not to report in its revenue<br>ald for public exhibition, education, or research | ın fu   |                  |                       |             |
| b     | If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items                 |  |         |                  |                       |             |
| (     | i) Revenue included on Form 990, Part VIII, line 1  |  |         | ▶ \$             |                       |             |
| (i    | i)Assets included in Form 990, Part X   |  |         |                  |                       |             |
| 2     | If the organization received or held works of art, following amounts required to be reported under  |  | finan   |                  |                       |             |
| а     | Revenue included on Form 990, Part VIII, line 1   | ·  |         | <b>-</b> ▶ \$    |                       |             |
| ь     | Assets included in Form 990 Part Y  |  |         |                  |                       | -           |

| SCH  | eaule D          | (Form 990) 2016   |                           |                       |              |           |          |               |           |                           |            |            | Page i   |
|------|------------------|---|---------------------------|-----------------------|--------------|-----------|----------|---------------|-----------|---------------------------|------------|------------|----------|
| Pai  | t III            | Organizations N   | laintaining Co            | llections of Art,     | Histori      | cal Tr    | easur    | res, or       | Other     | Similar A                 | Assets (d  | ontinued)  | V)       |
| 3    |                  | the organization's ac<br>(check all that apply)                 |                           | n, and other record   |              | any of    | the foll | owing t       | hat are a | significant               | use of its | collection | 1        |
| а    |                  | Public exhibition   |                           |                       | d            |           | Loan d   | or excha      | nge prog  | grams                     |            |            |          |
| b    |                  | Scholarly research  |                           |                       | е            |           | Other    |               |           |                           |            |            |          |
| C    |                  | Preservation for futu   | re generations            |                       |              |           |          |               |           |                           |            |            |          |
| 4    | Provid<br>Part X | le a description of the   | _                         | llections and explain | n how the    | y furth   | er the   | organız       | ation's e | xempt purp                | ose in     |            |          |
| 5    |                  | g the year, did the org<br>to be sold to raise fu               |                           |                       |              |           |          |               |           | nılar                     | ☐ Ye       | s 🔲 :      | No       |
| Pa   | rt IV            | Escrow and Cus<br>Complete if the o<br>X, line 21.              |                           |                       | orm 990      | , Part    | IV, lın  | e 9, or       | reporte   | ed an amo                 |            |            |          |
| 1a   |                  | organization an ager<br>ed on Form 990, Part                    |                           | an or other interme   | diary for    | contrib   | outions  | or othe       | er assets | not                       | ☐ Ye       | s 🗆 :      | No       |
| b    | If "Ye           | s," explain the arrang  | sement in Part VIII       | and complete the      | following    | table     |          | ſ             |           |                           | Amount     |            | _        |
| c    |                  | ning balance  | gement in rait All.       | and complete the      | Ollowing     | table     |          | 1             | 1c        |                           | Amount     |            |          |
| d    | _                | ons during the year   |                           |                       |              |           |          | 1             | 1d        |                           |            |            | _        |
| e    |                  | outions during the yea  | ar                        |                       |              |           |          | 1             | 1e        |                           |            |            |          |
| f    |                  | g balance   |                           |                       |              |           |          | Ì             | 1f        |                           |            |            |          |
| 2a   |                  | e organization include  | e an amount on Fo         | orm 990. Part X. line | e 21. for    | escrow    | or cus   | ا<br>todial a | ccount li | ability?                  | ☐ Ye       |            |          |
| Ь    |                  | s," explain the arrang  |                           |                       |              |           |          |               |           | ,                         |            |            | No       |
| Pa   | rt V             | Endowment Fur   | <b>ıds.</b> Complete ıf   | the organization      | answer       | ed "Ye    | es" on   | Form 9        | 990, Pa   | rt IV, lıne               | 10.        |            |          |
|      |                  | 6   |                           | (a)Current year       | <b>(b)</b> P | rior year | . (      | c)Two ye      | ears back | (d)Three y                | ears back  | (e)Four ye | ars back |
|      | -                | ng of year balance .  |                           |                       |              |           | _        |               |           |                           | -          |            |          |
|      |                  | utions  |                           |                       | ļ            |           | _        |               |           |                           |            |            |          |
|      |                  | estment earnings, ga  | ins, and losses           |                       | ļ            |           | -        |               |           |                           |            |            |          |
| е    | Other e          | or scholarships   .<br>xpenditures for facilit<br>grams   .   . | ues                       |                       |              |           |          |               |           |                           |            |            |          |
|      |                  | strative expenses   |                           |                       |              |           | -        |               |           |                           |            |            |          |
|      |                  | rear balance  |                           |                       |              |           |          |               |           |                           |            |            |          |
| _    |                  |   |                           |                       |              |           |          |               |           |                           |            |            |          |
| 2    |                  | e the estimated perce<br>designated or quasi-                   | =                         | ent year end balanc   | e (line 1    | g, colur  | nn (a))  | i held as     | 5         |                           |            |            |          |
| a    |                  | -   | endowment >               |                       |              |           |          |               |           |                           |            |            |          |
| Ь    |                  | nent endowment >  |                           |                       |              |           |          |               |           |                           |            |            |          |
| С    |                  | prarily restricted endo   |                           | 1.1.000/              |              |           |          |               |           |                           |            |            |          |
| 3a   | Are th           | ercentages on lines 2a<br>ere endowment funds<br>zation by      |                           | ·                     | ation that   | are he    | eld and  | admini        | stered fo | r the                     |            | Yes        | No       |
|      | (i) un           | related organizations   |                           |                       |              |           |          |               |           |                           | 3a         | (i)        | 1        |
|      | (ii) re          | lated organizations   |                           |                       |              |           |          |               |           |                           | 3a         | (ii)       |          |
| b    | If "Yes          | " on $3a(\pi)$ , are the re                                     | elated organization       | ns listed as required | on Sche      | dule R    | •        |               |           |                           | . 3        | 3b         |          |
| 4    | Descri           | be in Part XIII the int   | ended uses of the         | organization's end    | owment f     | unds      |          |               |           |                           |            |            |          |
| Par  | t VI             | Land, Buildings,  |                           |                       | 000          | D         |          |               | c -       | 000 0                     | . 100      | 4.0        |          |
|      | Descrip          | Complete of the or  | (a) Cost or oth (investme | ner basis (b)Cos      | t or other   |           |          |               |           | m 990, Pa<br>lepreciation |            | d)Book val | ue       |
| 1a   | Land .           |   |                           |                       |              | 2         | 7,475    |               |           |                           |            |            | 27,475   |
| Ь    | Building         | s   |                           |                       |              | 12        | 2,265    |               |           | 35,704                    |            |            | 86,561   |
| С    | Leaseho          | ld improvements   |                           | Ť                     |              |           |          |               |           |                           | 1          |            |          |
| d    | Equipme          | ent   |                           |                       |              | 8         | 2,308    |               |           | 58,924                    |            |            | 23,384   |
| e    | Other            |   |                           |                       |              |           |          |               |           |                           |            |            |          |
| Гota | I. Add Iı        | nes 1a through 1e (C  | Column (d) must e         | qual Form 990, Pari   | X, colur     | nn (B),   | line 10  | O(c)).        | -         | <b>&gt;</b>               |            |            | 137,420  |

137,420

| (a) Description of security or category<br>(including name of security)  | (b)Book<br>value         | (c)Method of valuation<br>Cost or end-of-year market value  |
|--|--------------------------|---|
| 1)Financial derivatives  |                          |   |
| 3)Other  |                          |   |
| A)   |                          |   |
| В)   |                          |   |
| (C)  |                          |   |
| (D)  |                          |   |
| (E)  |                          |   |
| (F)  |                          |   |
| (G)  |                          |   |
| (H)  |                          |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  | •                        |   |
| Part VIII Investments—Program Related. Complete if to<br>See Form 990, Part X, line 13.  | the organization answere | d 'Yes' on Form 990, Part IV, line 11c.                     |
| (a) Description of investment  | (b) Book value           | (c) Method of valuation<br>Cost or end-of-year market value |
| (1)  |                          |   |
| (2)  |                          |   |
| (3)  |                          |   |
| 4)   |                          |   |
| 5)   |                          |   |
| (6)  |                          |   |
| (7)  |                          |   |
| (8)  |                          |   |
| (9)  |                          |   |
| 1) 2)  |                          |   |
| 3)   |                          |   |
|  |                          |   |
| (4)  |                          | III   |
|  |                          |   |
| 5)   |                          |   |
| (4)<br>(5)<br>(6)  |                          |   |
| .5)<br>(6)<br>(7)  |                          |   |
| (5)<br>(6)<br>(7)  |                          |   |
| (6)<br>(7)<br>(8)  |                          |   |
| 5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 )  Part X Other Liabilities. Complete if the organization a  | nswered 'Yes' on Form 9  |   |
| (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15   |                          | 90, Part IV, line 11e or 11f.                               |
| 5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  L. (a) Description of liability                                  | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  L. (a) Description of liability                                  | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| Fort X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes   | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes                     | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes                   | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes 2)                | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes                 | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)     | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (8) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  2) 3) 4) 5) 6) | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |
| (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19  | nswered 'Yes' on Form 9  | 90, Part IV, line 11e or 11f.                               |

| Schedule | D (Form | 9901 | 2016 |
|----------|---------|------|------|

Page 4

| Pa  | rt XI Reconciliation of Revenue per Audited Financial Statements  Complete if the organization answered 'Yes' on Form 990 |         |                                       |
|-----|---|---------|---------------------------------------|
| 1   | Total revenue, gains, and other support per audited financial statements  | 1       | 1                                     |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |         | *                                     |
| а   | Net unrealized gains (losses) on investments  |         |                                       |
| b   | Donated services and use of facilities  | i.      |                                       |
| С   | Recoveries of prior year grants   |         |                                       |
| d   | Other (Describe in Part XIII )  |         |                                       |
| е   | Add lines 2a through 2d   | 2e      |                                       |
| 3   | Subtract line <b>2e</b> from line <b>1</b>  | 3       | · · · · · · · · · · · · · · · · · · · |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |         | *                                     |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |         |                                       |
| b   | Other (Describe in Part XIII ) 4b   |         |                                       |
| С   | Add lines <b>4a</b> and <b>4b</b>   | . 4c    |                                       |
| 5   | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5       |                                       |
| Par | Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered 'Yes' on Form 990      |         |                                       |
| 1   | Total expenses and losses per audited financial statements  | 1       | 1                                     |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25  |         |                                       |
| a   | Donated services and use of facilities  |         |                                       |
| b   | Prior year adjustments  |         |                                       |
| С   | Other losses  |         |                                       |
| d   | Other (Describe in Part XIII ) 2d   |         |                                       |
| е   | Add lines 2a through 2d   | 2e      |                                       |
| 3   | Subtract line 2e from line 1  | . 3     |                                       |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |         | ·                                     |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                                       |
| b   | Other (Describe in Part XIII ) 4b   |         |                                       |
| С   | Add lines <b>4a</b> and <b>4b</b>   | 4c      |                                       |
| 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  | 5       |                                       |
| Par | t XIII Supplemental Information   |         |                                       |
|     | ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1                 | and 2b. |                                       |
|     | V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete thi                      |         | additional information                |
|     | Paturn Reference Evaluation   |         |                                       |

Schedule D (Form 990) 2015

Page **5** 

| Part XIII Supplemental I |             |  |
|--------------------------|-------------|--|
| Return Reference         | Explanation |  |

Schedule D (Form 990) 2016

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**SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

DLN: 93493318089437 OMB No 1545-0047

2016

| Department of the Treasury Internal Revenue Service          | Attach to Form 990 or Form 990-EZ.   |  |               |                                      | Open to Public Inspection               |   |   |
|--|--|--|---------------|--------------------------------------|---|---|---|
| Name of the organization<br>POWDER RIVER BASIN RE            |  | anc o (Torin 93  | J 01 330      | and its instructions                 | J at THYW ITS                           |   | entification number                                     |
|  |  |  |               |                                      |   | 74-2183158  |   |
|  | <b>g Activities.</b> Complete<br>Z filers are not required                               |  |               |                                      | Form 990,                               | Part IV, line   | 17.   |
| 1 Indicate whether the                                       | organization raised funds  | through any o  | f the fo      | llowing activities Che               | ck all that a                           | pply  |   |
| a Mail solicitations   | a Mail solicitations e Solicitation of non-government grants                             |  |               |                                      |   |   |   |
| <b>b</b> Internet and ema                                    | ail solicitations  |  | f             | Solicitation of g                    | overnment o                             | grants  |   |
| c Phone solicitation   | าร   |  | g             | Special fundrais                     | ing events                              |   |   |
| <b>d</b> In-person solicita                                  | ations   |  |               |                                      |   |   |   |
| or key employees lis   | have a written or oral agre<br>ted in Form 990, Part VII)<br>highest paid individuals or | or entity in co  | nnectio       | n with professional fur              | idraising sei                           | rvices?   | ∕es □ No<br>Ser Is                                      |
|  | at least \$5,000 by the orga   |  | ,             | paredam to agreemen                  | ito ander m                             | nen ene ranara  | 36.13   |
| (i) Name and address<br>Individual<br>or entity (fundraiser) |  | (iii) Did<br>fundraiser ha<br>custody or<br>control of<br>contribution |               | (iv) Gross receipts<br>from activity | (or rel                                 | ount paid to<br>tained by)<br>ser listed in<br>ol (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |  | Yes No   | $\overline{}$ |                                      |   |   |   |
| 1  |  |  |               |                                      |   |   |   |
| 2  |  |  |               |                                      |   |   |   |
| 3  |  |  |               |                                      |   |   |   |
| 4  |  |  | +             |                                      |   |   |   |
| 5  |  |  |               |                                      |   |   |   |
| 6  |  |  |               |                                      |   |   |   |
|  |  |  |               |                                      |   |   |   |
| 7  |  |  |               |                                      |   |   |   |
| 8  |  |  |               |                                      |   |   |   |
| 9  |  |  |               |                                      |   |   |   |
| 10   |  |  |               |                                      |   |   |   |
| Total  |  |  |               |                                      |   |   |   |
|  | the organization is register   | ed or licensed   | to solic      | cit contributions or has             | been notifi                             | ed it is exempt                                       | from registration or                                    |
|  |  |  | *********     |                                      | *************************************** | ***************************************               |   |
| or Paperwork Reduction Ac                                    | t Notice, see the Instruction  | is for Form 996  | or 990        | -EZ. Cat N                           | o 50083H                                | Schedule G  | (Form 990 or 990-EZ) 2016                               |

| Pa          | than \$15,000 of fundraising e<br>gross receipts greater than \$5                     | vent contributions and                    | answered "Yes" on For<br>gross income on Forn    | m 990, Part IV, line 18<br>n 990-EZ, lines 1 and 6 | 3, or reported more<br>5b. List events with    |
|-------------|---|---|--|--|--|
| Revenue     | ¥   | (a)Event #1  ANNUAL MEETING  (event type) | (b) Event #2  (event type)                       | (c)Other events  (total number)                    | (d) Total events (add col (a) through col (c)) |
|             | 1 Gross receipts  | 14,369                                    |  |  | 14,369   |
|             | 2 Less Contributions  | 10,387                                    |  |  | 10,387   |
|             | 3 Gross income (line 1 minus line 2)  | 3,982                                     |  |  | 3,982  |
|             | 4 Cash prizes   |   |  |  |  |
| S           | 5 Noncash prizes  |   |  |  |  |
| nse         | 6 Rent/facility costs   |   |  |  |  |
| Expenses    | 7 Food and beverages  |   |  |  |  |
| т<br>Т      | 8 Entertainment   |   |  |  |  |
| Direct      | 9 Other direct expenses   | 3,982                                     |  |  | 3,982  |
|             | 10 Direct expense summary Add lines 4 t   | hrough 9 ın column (d)                    | •: ::•:: •: :•:: •: ::•::                        | x 10 x 10 F  | 3,982  |
|             | 11 Net income summary Subtract line 10  | from line 3, column (d)                   |  |  |  |
| Pai         | <b>t III Gaming.</b> Complete if the orga   | anization answered "Ye                    | es" on Form 990, Part 1                          | IV, line 19, or reported                           | more than \$15,000                             |
| Reversie    |   | (a) Bingo                                 | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming                                   | (d) Total gaming (add col (a) through col (c)) |
| _           | 1 Gross revenue   |   | 7  |  |  |
| Expenses    | 2 Cash prizes   |   |  |  |  |
| 찙           | 3 Noncash prizes  |   |  |  |  |
| Direct      | 4 Rent/facility costs   |   |  |  |  |
| ◬           | 5 Other direct expenses   |   |  |  |  |
|             | 1   | ☐ Yes %                                   | ☐ Yes <u>%</u>                                   | ☐ Yes %  |  |
|             | <b>6</b> Volunteer labor  | ☐ No                                      | ☐ No   | ☐ No   |  |
|             | 7 Direct expense summary Add lines 2 tl   | hrough 5 in column (d)                    |  | a se a se 🕨  |  |
|             | 8 Net gaming income summary Subtract  | : line 7 from line 1, colum               | n (d)  | * 100 * 100 P                                      | <u></u>  |
| 9<br>a<br>b | Enter the state(s) in which the organization licensed to conduct gas If "No," explain | ming activities in each of                |  |  | ☐ Yes ☐ No                                     |
| D           | II NO, EXPIAIT  |   |  |  |  |
| 10a<br>b    | Were any of the organization's gaming lic   | enses revoked, suspende                   |  |  | Yes No   |

| Sche    | dule G (Form 990 or 990-EZ) 2016  |   |   |   |        | F                                       | age 3    |
|---------|---|---|---|---|--------|---|----------|
| 11      | Does the organization conduct gaming  | activities with nonmember               | rs?   |   | Yes    | □No                                     |          |
| 12      | Is the organization a grantor, beneficial formed to administer charitable gamin |   | a member of a partnership or other entity   |   |        | □No                                     |          |
| 13      | Indicate the percentage of gaming act   | vity conducted in                       |   | _                                       |        |   |          |
| а       | The organization's facility   |   |   | 13a                                     |        |   | %        |
| b       | An outside facility   |   |   | 13b                                     |        |   | %        |
| 14      | Enter the name and address of the per   | son who prepares the orga               | anization's gaming/special events books and re  | cords                                   |        |   |          |
|         | Name •  |   |   |   |        |   |          |
|         | Address Does the organization have a contract revenue?                          | ,                                       |   |   |        | □No                                     |          |
| b       | If "Yes," enter the amount of gaming r<br>amount of gaming revenue retained by  |   |   | e                                       |        |   |          |
| C       | If "Yes," enter name and address of th  | e third party                           |   |   |        |   |          |
|         | Name •  | *************************************** |   |   |        |   |          |
|         | Address ▶   |   |   |   | ~      |   |          |
| 16      | Gaming manager information  |   |   |   |        |   |          |
|         | Name ► \$   |   |   |   |        |   | ******** |
|         | ☐ Director/officer  | ☐ Employee                              | ☐ Independent contractor  | *************************************** | •••••• | *************************************** | •••••    |
| 17<br>a | retain the state gaming license?  |   | listributions from the gaming proceeds to   |   | ] Yes  | □No                                     |          |
| Ь       |   |   | uted to other exempt organizations or spent   |   |        |   |          |
|         | in the organization's own exempt activ  |   | _ ·   | . () = = = 4                            | ·      | - d D- 1                                |          |
| Par     |   | 5c, 16, and 17b, as app                 | tions required by Part I, line 2b, columns<br>blicable. Also complete this part to provid |   |        |   |          |
|         | Return Reference  |   | Explanation   |   |        |   |          |
|         |   |   |   | ıle G (Form s                           | 990 ог | 990-EZ)                                 | 2016     |

DLN: 93493318089437

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

POWDER RIVER BASIN RESOURCE COUNCIL

**Employer identification number** 

74-2183158

| Return Reference                        | Explanation  |
|---|--|
| FORM 990 -<br>ORGANIZATION'S<br>MISSION | - THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE - THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS - THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING ATTEMPTING TO P ROTECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRE NITY HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND IS AFFILIATED WITH FOUR G RASSROOTS CITIZEN GROUPS IN WYOMING POWDER RIVER BASIN RESOURCE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONSERVATION ISSUES THE GROUP U NITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND AGRICULTURALISTS WITH A DE EP RESPECT FOR THE LAND AROUND A SHARED VISION TO PROTECT AND IMPROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES SPLIT ESTATE AND PRIVATE PROPER TY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDI TORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES ON WHICH OUR ORGANIZATION IS WORKING ON POWDER RIVER PUBLISHES THE POWDER RIVER BEAKS ON A BIMONTHLY BASIS FROM JANUARY/ FEBRUARY TO NOVEMBER/DECEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE DIFFERENT PROJECTS UNDERTAKEN BY POWDER RIVER IN THE PAST MONTHS IT IS PROVIDED TO MEMBERS AND IS AVAILABLE TO THE PUBLIC AT D ESIGNATED DROP SITES POWDER RIVER MAINTAINS A WEBSITE AT WWW POWDERRIVERBASIN ORG THAT IN FORMS AND EDUCATES THE PUBLIC ON CONSERVATION ISSUES THAT POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE IN CHEYENDE AND GILLET TE POWDER RIVER'S WORK IS OVERSEEN BY THE BOARD OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER MEMBERSHIP FOR A T WO YEAR TERM AS A GRASSROOTS ORGANIZATION, REMBERS DECIDE THE DIRECTION AND FOCUS OF POWDE R RIVER'S WORK IS OVERSEEN BY THE BOARD OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM THE AUDITIONS FOR A VOTE OF MEMBERSHIP APPROVAL AT THE ANNUAL MEETING THAT IS HELD IN |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | NGAGE YOUNG PEOPLE IN PUBLIC POLICY DEBATES SURROUNDING ENERGY DEVELOPMENT AND ITS IMPACTS ON WYOMING'S LAND, WATER AND AIR RESOURCE CRITERIA FOR THE AWARD ARE ON THE POWDER RIVER WEBSITE IN 2016, THE AWARDES WERE LANDEN FULLER, FORT LARAMIE HIGH SCHOOL ON "MICROBIAL FUEL CELLS", NORA LEGERSKI AND MAGGIE MAJHANOVICH, PINEDALE MIDDLE SCHOOL ON "SAGE GROUSE SUCCESS- AND NICHOLAS AASBY, HOLY NAME SCHOOL, SHERIDAN ON "THE MYSTERIOUS CASE OF DR CR AYFISH AND MR COAL" CARTRIDGES FOR KIDS RECYCLING- CFK (CARTRIDGES FOR KIDS) IS A RECYCL ING PROGRAM THAT POWDER RIVER BASIN RESOURCE COUNCIL HAS BEEN PARTICIPATING IN SINCE APRIL 2011 TO HELP FUND OUR YOUTH IN CONSERVATION PROGRAM WE RECYCLE CELL PHONES, LATTOPS, MP3 PLAYERS, PDAS, LASER AND INKJET CARTRIDGES, TABLETS, E-READERS AND NOTEBOOKS WE RECYCLE AT FOUR LOCATIONS IN THE SHERIDAN AREA IN 2016, POWDER RIVER'S MULTI-YEAR EFFORT TO PREVE NT OIL AND GAS WASTES FROM BEING DISPOSED OF INTO MADISON AQUIFER WERE SUCCESSFUL WE ALSO LEAD THE SUCCESSFUL EFFORT TO PASS NEW RULES AT THE WYOMING OIL AND GAS COMMISSION THAT R ESTRICT FLARING AND VENTING OF NATURAL GAS AND INCREASE BONDING FOR ALL OIL AND GAS WELS WE CONTINUED OUR CANVASSING AND OUTREACH EFFORTS TO RURAL SUBDIVISIONS AND LANDOWNERS IN LARAMIE COUNTY TO EDUCATE HOMEOWNERS ON OIL AND GAS CRILLING SETBACKS AND MITIGATION MEASU RES TO PROTECT THEIR QUALITY OF LIFE FROM THE IMPACTS OF NOISE, LIGHT, AND AIR POLLUTION WE CONTINUED OUR EFFORTS TO ADDRESS THE PLUGGING AND RECLAMATION OF ORPHAN WELLS A ND NEARLY 2,000-MOSTLY GBM WELLS. HAVE BEEN RECLAIMED WE ALSO WORKED TO GET THE BLM TO! INCREASE THEIR FOCUS ON THE ORPHAN WELL CRISIS AND BLD DOWNERS IN LECYALDRY OF MEALLY 2,000-MOSTLY GBM WELLS. HAVE BEEN RECLAIMED WE ALSO WORKED TO GET THE BLM TO! INCREASE THEIR FOCUS ON THE ORPHAN WELL CRISIS AND BLM DID RAISE BONDING ON SC COMPANIES AND GOT INDUSTRY TO PLUG MORE IDLE FEDERAL WELLS WE MOBILIZED THE PUBLIC TO TESTIFY AND COM MENT FOR RULES THAT RESTRICT POLLUTANTS FROM OIL AND GAS WELLS TO RESTRIPT AND COM MENT FOR THE BL |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | PART OF OUR FIRST ANNUAL NATIONAL AG DAY VIDEO CONTEST FOCUSED ON SUSTAINABLE AGRICULTURE POWDER RIVER LAUNCHED ITS PRODUCER SUPPORT CAMPAIGN BY PASSING ITS OWN INTERNAL FOOD PURC HASING POLICY POWDER RIVER MEMBERS AND LEADERS ALSO WORKED TO DEFEAT A STATE RESOLUTION T HAT WOULD HAVE ENDORSED THE SAFE AND ACCURATE FOOD LABELING ACT (DARK ACT) POWDER RIVER W AS THE ONLY ORGANIZATION WILLING TO SPEAK AGAINST THE RESOLUTION AND ELEVATE THE CONCERNS OF ITS LOCAL FAMILY FARMERS WE HELD OUR 11TH ANNUAL HARVEST CELEBRATION TO HIGHLIGHT LOCA L FOODS AND PROMOTE LOCAL FOOD AND AGRICULTURE WE MADE SIGNIFICANT PROGRESS IN 2016 ON OUR POLICY AND ORGANIZING WORK TO REFORM THE FEDERAL COAL PROGRAM, COAL LEASING AND ADDRESS COAL MINE BANKRUPTCIES AND SELF-BONDING POWDER RIVER LED ORGANIZING EFFORTS AT A BLM HEAR ING ON THE PROGRAMMATIC ENVIRONMENTAL IMPACT STATEMENT (PEIS) IN CASPER, WYOMING, AND WE S UPPORTED ORGANIZING EFFORTS AT THE OTHER PUBLIC HEARINGS IN THE SUMMER OF 2016 WITH OUR A LLIES WE ORGANIZED A TECHNICAL WORKSHOP ON FEDERAL COAL REFORM AT DENVER UNIVERSITY IN JULY 2016 THAT WAS WELL ATTENDED BY BLM STAFF AND DOI DECISION-MAKERS 2016 WAS ALSO A MILEST ONE YEAR IN OUR WORK TO REFORM COAL MINE BONDING PRACTICES AND TO HOLD THE COAL INDUSTRY A CCOUNTABLE FOR THE FULL COST OF RECLAIMING LANDS THROUGH POWDER RIVER'S INTERVENTION IN THE BANKRUPTCY PROCESS. ADMINISTRATIVE ADVOCACY EFFORTS INCLUDING CITIZEN COMPLAINTS, A STR ONG TRADITIONAL AND SOCIAL MEDIA COMMUNICATIONS PUSH, AND TIRELESS WORK BEHIND THE SCENES MEETING WITH AGENCY DECISION-MAKERS, ALL THREE MAJOR COAL COMPANIES ALPHA/CONTURA, ARCH, A ND PEABODY) THAT WENT IN TO BANKRUPTCY EMERGED WITH COMMITMENTS TO REPLACE SELF-BONDS SEP ARATELY, CLOUD PEAK VOLUNTARILY MADE THE DECISION TO REPLACE ITS' SELF-BONDS BED SELF-BONDS SEP ARATELY, CLOUD PEAK VOLUNTARILY MADE THE DECISION TO REPLACE ITS' SELF-BONDS BED FOR SUFFACE MINING ANNOUNCED THEY WOULD CARRY OUT RULEMAKING TO SIGNIFICANTLY REVISE S ELF-BONDING RULES POWDER RIVER LED EFFORTS TO DRAFT TECHNICAL COMMENTS |

| Return<br>Reference                         | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A | MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING |

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7B | DURING THE ANNUAL MEETING MEMBERS OF THE ORGANIZATION MAY PROPOSE RESOLUTIONS OUTLINING THE ACTIVITIES AND PROJECTS THAT THEY WOULD LIKE THE ORGANIZATION TO PARTICIPATE IN OR PURSUE THE RESOLUTION MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS AND THE RESOLUTIONS ARE THEN USED AS GUIDANCE BY THE BOARD OF DIRECTORS TO DETERMINE THE SUBSEQUENT YEAR'S ACTIVITIES OR PROJECTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE BOARD REVIEWED A DRAFT OF THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING |

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY, BOTH INTERNALLY AND WITH THE BOARD OF DIRECTORS AS ISSUES ARISE, THEY ARE CAREFULLY ANALYZED AGAINST THE POLICY TO ENSURE THE APPROPRIATE RESPONSE AND/OR REPORTING OF SUCH CONFLICTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | BOARD OF DIRECTORS REVIEWS JOB PERFORMANCE AND MAKES RECOMMENDATION WITHIN BUDGET CONSTRAINTS FOR KEY STAFF COMPENSATION |

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST |

#### efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Form **990** 

Department of the Treasury Internal Revenue Service

# **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

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

DLN: 93493319187718 OMB No 1545-0047

Open to Public Inspection

| A  | 01 1  |   | alendar year, or tax year b  |  | 31-2017                             |   |  |   |
|--|---|---|--|--|-------------------------------------|---|--|---|
|  |   | applicable  | C Name of organization<br>POWDER RIVER BASIN RESOU   | RCE COUNCIL  |                                     | D Emple   | oyer identii   | fication number   |
|  |   | s change<br>change  |  |  |                                     | 74-21   | .83158   |   |
|  |   | return  | Doing business as  |  |                                     |   |  |   |
|  | ☐ Final return/terminated ☐ Amended return  Number and street (or P O box if mail is not delivered to street address) Room/suite  ☐ Amended return  934 N MAIN STREET |   |  |  |                                     |   |  |   |
|  |   |   |  |  |                                     |   |  |   |
|  | plicat  | ition pending   |  |  |                                     | (307)   | 672-5809   |   |
|  |   |   | City or town, state or province,<br>SHERIDAN, WY 82801   | , country, and ZIP or foreign postal code  |                                     | <b>G</b> Gross  | receipts \$ 5  | 30,107  |
|  |   |   | F Name and address of prir   | ncipal officer   | H(a)                                | Is this a group   | return for   |   |
|  |   |   | JILL MORRISON<br>934 N MAIN STREET   |  |                                     | subordinates?   |  | □Yes <b>☑</b> No  |
| _  |   |   | SHERIDAN, WY 82801   |  | Н(Б)                                | Are all subordir<br>included?   | ates   | ☐ Yes ☐No   |
| I Ta   | x-exe   | empt status   | <b>☑</b> 501(c)(3) □ 501(c)(   | ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527   |                                     | If "No," attach   | a list (see  | instructions)   |
| J W  | ebsi  | ite:► WV  | WW POWDERRIVERBASIN ORG  |  | H(c)                                | Group exemption   | on number  | •   |
| <b>K</b> For                                 | n of o  | organization  | Corporation  Trust  T  | Association ☐ Other ▶  | L Year of                           | formation 1981  | M State<br>WY  | of legal domicile   |
| Pa   | rt I  | Sum   | mary   |  |                                     |   |  |   |
| Activities & Governance                      |   | - THE PRE<br>WYOMING<br>TO SUSTA  | ESERVATION AND ENRICHMEN<br>G'S UNIQUE LAND, MINERAL, \<br>AIN THE LIVELIHOOD OF PRES  | on or most significant activities<br>IT OF WYOMING'S AGRICULTURAL HERITAG<br>NATER, AND CLEAN AIR RESOURCES CONS<br>IENT AND FUTURE GENERATIONS - THE ED<br>IE IN THE DECISIONS THAT WILL IMPACT T | ISTENT WI<br>UCATION                | TH RESPONSIE<br>AND EMPOWER   | ILE USE OF N   | F THOSE RESOURCES<br>WYOMING'S  |
| em:  |   |   |  |  |                                     |   |  |   |
| G0)  |   | <u></u>   |  |  |                                     | 250/ 1:   | 20274  |   |
| ×ð   | 3   |   |  | n discontinued its operations or disposed of erning body (Part VI, line 1a)  |                                     |   | assets 3   | 13  |
| Se S   | 4   |   | -  | rs of the governing body (Part VI, line 1b)  |                                     |   | 4  | 13  |
| 3  | 5   | Total nur   | mber of individuals employed i   | in calendar year 2017 (Part V, line 2a)  |                                     |   | 5  | 7   |
| Ac   | 6   | Total nur   | mber of volunteers (estimate i   | fnecessary)  |                                     |   | 6  | 116   |
|  | 7a  | Total unr   | related business revenue from  | Part VIII, column (C), line 12   |                                     |   | 7a   | 0   |
|  | ь   | Net unre  | lated business taxable income  | from Form 990-T, line 34   |                                     |   | 7b   |   |
| -  |   |   |  |  |                                     | Prior Year  |  | Current Year  |
|  |   |   |  |  |                                     | FIIOI FEAT  |  | Current Year  |
| <u>q.</u>                                    | 8   | Contribul   | tions and grants (Part VIII, lin   | e 1h)  |                                     |   | 5,529  | 522,435   |
| ënua   | 1   |   |  | e 1h)  |                                     |   | 5,529  |   |
| Ravenua                                      | 9   | Program   | service revenue (Part VIII, lin  |  |                                     | 436   | 5,529<br>1,915   | 522,435   |
| Ravenua                                      | 9<br>10<br>11   | Program<br>Investme<br>Other rev  | service revenue (Part VIII, lin<br>ent income (Part VIII, column<br>venue (Part VIII, column (A), l  | ne 2g)   |                                     | 436   | 1,915<br>2,825   | 522,435<br>0<br>2,894<br>3,525  |
| Ravenue                                      | 9<br>10<br>11<br>12   | Program<br>Investme<br>Other rev<br>Total rev   | service revenue (Part VIII, lin<br>ent income (Part VIII, column<br>venue (Part VIII, column (A), l<br>enue—add lines 8 through 11   | ne 2g)   |                                     | 436   | 1,915  | 522,435<br>0<br>2,894<br>3,525<br>528,854   |
| Ravenue                                      | 9<br>10<br>11<br>12   | Program Investme Other rev Total rev Grants as  | service revenue (Part VIII, lin<br>ent income (Part VIII, column<br>venue (Part VIII, column (A), l<br>enue—add lines 8 through 11<br>nd similar amounts paid (Part  | ne 2g)   |                                     | 436   | 1,915<br>2,825   | 522,435<br>0<br>2,894<br>3,525<br>528,854   |
|  | 9<br>10<br>11<br>12<br>13<br>14   | Program Investme Other rev Total rev Grants an Benefits   | service revenue (Part VIII, linent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I  | ne 2g)   |                                     | 436<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:  | 1,915<br>2,825<br>1,269  | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other rev Total rev Grants as Benefits Salaries,   | service revenue (Part VIII, linent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employe  | ne 2g)   |                                     | 436<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:  | 1,915<br>2,825   | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0<br>0<br>337,918  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other rev Total rev Grants an Benefits Salaries, a Profession  | service revenue (Part VIII, line ant income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX,  | ne 2g)   |                                     | 436<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:  | 1,915<br>2,825<br>1,269  | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0  |
| (benses                                      | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio   | service revenue (Part VIII, liner income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (  | ne 2g)   |                                     | 436<br>318  | 1,915<br>2,825<br>1,269  | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0<br>0<br>337,918  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total rev Grants an Benefits Salaries, a Profession Total funding  | service revenue (Part VIII, line ant income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employe and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), line and incompenses | ne 2g)   |                                     | 430<br>443<br>318   | 1,915<br>2,825<br>1,269<br>3,983   | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0<br>0<br>337,918<br>0   |
| benses                                       | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex  | service revenue (Part VIII, line ant income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employee and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), livenses Add lines 13–17 (must venue (Part IX), column (A), livenses Add lines 13–17 (must  | ne 2g)   |                                     | 436<br>443<br>318<br>100<br>426   | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854   | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0<br>0<br>337,918<br>0<br>136,671<br>474,589   |
| Expenses                                     | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex  | service revenue (Part VIII, line ant income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employe and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), line and incompenses | ne 2g)   |                                     | 436<br>443<br>318<br>100<br>426   | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415  | 522,435<br>0<br>2,894<br>3,525<br>528,854<br>0<br>0<br>337,918<br>0   |
| Expenses                                     | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18   | Program Investme Other rev Total rev Grants al Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  | service revenue (Part VIII, liner income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 not amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), lipenses Add lines 13–17 (must less expenses Subtract line 1  | ine 2g)  |                                     | 436<br>2443<br>318<br>107<br>426<br>14  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b>   | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year  |
| Expenses                                     | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>162<br>b<br>17<br>18<br>19   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  | service revenue (Part VIII, liner income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employee and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line 1   | ne 2g)   |                                     | 436<br>443<br>318<br>100<br>426<br>14<br>101<br>102<br>103<br>104<br>104<br>104<br>104<br>104<br>104<br>104<br>104<br>104<br>104  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b>   | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year  |
| (benses                                      | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab  | service revenue (Part VIII, line ent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employee and fundraising fees (Part IX, raising expenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 16)   | ne 2g)   |                                     | 436 443 318 100 426 144 nning of Current  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b>   | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year 1,002,805 10,611   |
| Expenses                                     | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset  | service revenue (Part VIII, liner income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employee and fundraising fees (Part IX, raising expenses (Part IX, column (penses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line 1   | ne 2g)   |                                     | 436 443 318 100 426 144 nning of Current  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b>   | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year  |
| Net Assets or Expenses fund Balances         | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>111  | Program Investme Other rev Total rev Grants at Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign natties of pe and belie                         | service revenue (Part VIII, line ent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (A), line penses (Part IX, column (A), line services Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 16)   | ne 2g)   | Begir<br>g schedule                 | 436 318 103 426 1040 107 426 109 109 109 109 109 109 109 109 109 109  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year 1,002,805 10,611 992,194                                 |
| Net Assets or Expenses                       | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>111  | Program Investme Other rev Total rev Grants at Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign natties of pe and belie                         | service revenue (Part VIII, line ent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (A), line penses (Part IX, column (A), line services Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 16)   | ne 2g)   | Begir<br>g schedule                 | 436 318 103 426 1040 107 426 109 109 109 109 109 109 109 109 109 109  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year  1,002,805 10,611 992,194                                |
| Net Assets or Expenses fund Balances         | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>111  | Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign nalties of perand belief                        | service revenue (Part VIII, line ent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employe onal fundraising fees (Part IX, raising expenses (Part IX, column (A), line enses (Part IX, column (A), line enses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 16)   | ne 2g)   | Begir<br>g schedule                 | 436 441 318 401 400 426 14 101 426 14 16 16 16 16 16 16 16 16 16 16 16 16 16 | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year  1,002,805 10,611 992,194                                |
| in Det Assets or Expenses your Balances      | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>21<br>22   | Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign nalties of perand belief                        | service revenue (Part VIII, line ent income (Part VIII, column venue (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (A), line penses (Part IX, column (A), line services Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 16)   | ne 2g)   | Begir<br>g schedule                 | 436 443 316 107 426 144 2937 431 431 445 447 447 447 447 447 447 447 447 447  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year  1,002,805 10,611 992,194                                |
| wound Net Assets or Expenses y hour Balances | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>21<br>22   | Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign nalties of perand beliefedge                    | service revenue (Part VIII, line ent income (Part VIII, column (A), lenue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employe and fundraising fees (Part IX, raising expenses (Part IX, column (A), linenses (Part IX, column (A), linenses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 26)  | ne 2g)   | Begir<br>g schedule                 | 436 441 318 401 400 426 14 101 426 14 16 16 16 16 16 16 16 16 16 16 16 16 16 | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year  1,002,805 10,611 992,194                                |
| in Det Assets or Expenses your Balances      | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>21<br>22   | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of pe and belie                          | service revenue (Part VIII, line ent income (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employee and fundraising fees (Part IX, raising expenses (Part IX, column (A), lipenses (Part IX, column (A), lipenses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 26)   | ine 2g)  | Begir<br>g schedule<br>ficer) is ba | 436 441 318 401 400 426 14 101 426 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16                               | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 0 337,918 0 136,671 474,589 54,265 End of Year  1,002,805 10,611 992,194                                |
| Here Balances Expenses                       | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22   | Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other exi Total exp Revenue  Total ass Total liab Net asset Sign halties of pe and belief ledge  JILL Mc Type o | service revenue (Part VIII, line ent income (Part VIII, column (A), lenue (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employe and fundraising fees (Part IX, raising expenses (Part IX, column (A), linenses (Part IX, column (A), linenses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 26)  | ne 2g)   | Begir<br>g schedule                 | 436 443 318 100 426 14 101 426 14 15 101 102 103 104 104 105 105 106 107 107 107 107 107 107 107 107 107 107  | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br><b>Year</b><br>0,125<br>2,196<br>7,929                                  | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year 1,002,805 10,611 992,194 the best of my which preparer has |
| Net Assets or Expenses Fund Balances         | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>111<br>Pennowic  | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of pe and belie ledge  JILL Me Type o    | service revenue (Part VIII, line ent income (Part VIII, column (A), lenue—add lines 8 through 11 nd similar amounts paid (Part paid to or for members (Part I other compensation, employe and fundraising fees (Part IX, raising expenses (Part IX, column (A), line penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must less expenses Subtract line 1 ets (Part X, line 26)  | In e 2g)   | Beging schedule ficer) is bar       | 436 443 443 316 107 426 14 108 426 14 109 426 14 109 426 14 109 426 14 109 426 14 109 426 14 109 426 14 109 426 14 109 426 14 109 426 14 15 109 426 14 109 426 14 109 426 14 109 426 14 15 109 426 16 16 16 16 16 16 16 16 16 16 16 16 16   | 1,915<br>2,825<br>1,269<br>3,983<br>7,871<br>5,854<br>4,415<br>Year<br>0,125<br>2,196<br>7,929<br>hts, and to mation of the poor 1,238 | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year 1,002,805 10,611 992,194 the best of my which preparer has |
| Here Balances Expenses                       | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>111<br>Penedowick  | Program Investme Other rev Total rev Grants ai Benefits Salaries, a Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of pe and belie ledge  JILL Me Type o    | service revenue (Part VIII, line ent income (Part VIII, column (A), lenue—add lines 8 through 11 and similar amounts paid (Part Paid to or for members (Part I paid to or for members (Part II) other compensation, employed and fundraising fees (Part IX, raising expenses (Part IX, column (A), line penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must less expenses Subtract line 1 attree Block erjury, I declare that I have enforced in the structure of officer of the structure of the structure of officer of the structure of the struct | In e 2g)   | Beging schedule ficer) is bar       | 436 443 318 100 426 14 101 426 14 15 101 102 103 104 104 105 105 106 107 107 107 107 107 107 107 107 107 107  | 1,915 2,825 1,269 3,983 7,871 5,854 4,415 Year 0,125 2,196 7,929 hts, and to mation of 1   | 522,435 0 2,894 3,525 528,854 0 337,918 0 136,671 474,589 54,265 End of Year 1,002,805 10,611 992,194 the best of my which preparer has |

☑ Yes ☐ No

| Forn | 1 990 (20            | 17)   |   |  |   | Page 2                      |
|------|----------------------|---|---|--|---|-----------------------------|
| Pa   | rt III               | Statement of Program Se   | rvice Accomplish                        | ments                                    |   |                             |
|      |                      | Check if Schedule O contains a  | response or note to a                   | ny line in this Part III                 | NAS NAS NAS NA NA NA NA NA NA   | 🗹                           |
| 1    |                      | describe the organization's miss  |   |  |   |                             |
| UNIC | QUE LAND<br>LIHOOD ( | ), MINERAL, WATER, AND CLEAR  | N AIR RESOURCES CO<br>RATIONS - THE EDU | DNSISTENT WITH RESI<br>CATION AND EMPOWE | D RURAL LIFESTYLE - THE CONSER<br>PONSIBLE USE OF THOSE RESOURC<br>ERMENT OF WYOMING'S CITIZENS | ES TO SUSTAIN THE           |
| _    |                      |   |   |  |   |                             |
| 2    | Did the              | organization undertake any sig  | nificant program serv                   | ices during the year w                   | hich were not listed on   |                             |
|      |                      | or Form 990 or 990-EZ?  | · -                                     | = 1                                      |   | ☐ Yes ✓ No                  |
|      |                      | " describe these new services or  |   |  |   |                             |
| 3    |                      | organization cease conducting,  |   | hanges in how it condi                   | ucts, any program   |                             |
|      | services             | s?  |   |  |   | ☐ Yes ☑ No                  |
| 4    | Section              | e the organization's program se<br>501(c)(3) and 501(c)(4) organ<br>es, and revenue, if any, for each | zations are required                    | to report the amount o                   | largest program services, as meast<br>of grants and allocations to others, t                    | red by expenses<br>he total |
| 4a   | (Code                | ) (Expenses \$  | 430,365                                 | including grants of \$                   | ) (Revenue \$   | )                           |
|      | See Addı             | itional Data  |   |  | •   | .5                          |
|      | -                    |   |   |  |   |                             |
| 4b   | (Code                | ) (Expenses \$  |   | including grants of \$                   | ) (Revenue \$   | )                           |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      | 10-                  |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      | 0                    |   |   |  |   |                             |
|      | Ş <del></del>        |   |   |  |   |                             |
| 4c   | (Code                | ) (Expenses \$  |   | including grants of \$                   | ) (Revenue \$   | )                           |
|      | Š                    |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      | ). <del></del>       |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      |                      |   |   |  |   |                             |
|      | 2                    |   |   |  |   |                             |
|      | -                    |   |   |  |   |                             |
| 4d   | Other or             | rogram services (Describe in Sc   | hedule O)                               |  |   |                             |
|      | (Expens              |   | including grants of \$                  |  | ) (Revenue \$   | )                           |
| 4e   | Total p              | rogram service expenses 🕨   | 430,36                                  | 5  |   |                             |

| Pa  | rt 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   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸   | 2   | Yes |    |
| 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   | Yes |    |
| 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 |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  | 8   |     | No |
| 9   | 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 services? If "Yes," complete Schedule D, Part IV             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏  | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |    |
| 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 🥞   | 11b |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | No |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 3  | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e |     | No |
| f   | 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  | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII **  | 12a |     | No |
| 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  | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | -   | No |
| 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 | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |

| Part IV | Checklist of R | equired Schedules | (continued) |
|---------|----------------|-------------------|-------------|
|---------|----------------|-------------------|-------------|

|     |   |     | Yes  | 140      |
|-----|---|-----|------|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |      | No       |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |      |          |
| 21  | 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   | 21  |      | No       |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |      | No       |
| 23  | 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? <i>If "Yes," complete Schedule J</i>   | 23  |      | No       |
| 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 complete Schedule K If "No," go to line 25a                             | 24a |      | No       |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |      |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |      |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |      |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |      | No       |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b |      | No       |
| 26  | 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? If "Yes," complete Schedule L, Part II                                 | 26  |      | No       |
| 27  | 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 of any of these persons? If "Yes," complete Schedule L, Part III | 27  |      | No       |
| 28  | 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)  |     |      |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     |      |          |
| h   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part   | 28a |      | No       |
|     | IV  | 28b |      | No       |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |      | No       |
|     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |      | No       |
|     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |      | No       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |      | No       |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II   | 32  |      | No       |
| 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, Part I  | 33  |      | No       |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |      | No       |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |      | No       |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$   | 35b |      |          |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36  |      | No       |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |      | No       |
| 88  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes  |          |
|     |   |     | 0.00 | 0 (2047) |

| _   | rt V Statements Regarding Other IRS Filings and Tax Compliance   |            |     | Page |
|-----|--|------------|-----|------|
|     | Check if Schedule O contains a response or note to any line in this Part V   |            |     |      |
| _   | Check is Schedule of Contains a response of note to any line in this Part V  | ÷          | Yes | No   |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   10  |            |     |      |
| Ь   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |            |     |      |
| С   | 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?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | 2b         | Yes |      |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | 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  | 3b         |     |      |
| 4a  | 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   |
| 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   |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No   |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |      |
| 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?                                    | 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).  |            |     |      |
| a   | 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         | Yes |      |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         | Yes |      |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | 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         |     | No   |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No   |
| 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         |     |      |
| Ь   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |
| 10  | Section 501(c)(7) organizations. Enter   |            |     |      |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |     |      |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |      |
| L1  | Section 501(c)(12) organizations. Enter  |            |     |      |
| а   | 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 )   |            |     |      |
| l2a | 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   12b  |            |     |      |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |      |
| a   | 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 which the organization is licensed to issue qualified health plans . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

c  $\,$  Enter the amount of reserves on hand  $\,$  . . . . . . . . . . . . .

No

13a

14a

**14**b

13b

13c

Part VI Governance, Management, and DisclosureFor 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 . . . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 13 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 Enter the number of voting members included in line 1a, above, who are independent 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No 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 filed? 4 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Nο 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . Yes 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 . . . . . . . . . No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . 10a Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12h No Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c 13 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . . . . . . 14 Yes 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? The organization's CEO, Executive Director, or top management official . . . 15a Yes **b** Other officers or key employees of the organization . . . . . . . . . 15b Nο 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 16a Νo 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 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 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) 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 State the name, address, and telephone number of the person who possesses the organization's books and records 20

▶POWDER RIVER BASIN RESOURCE COUNCIL 934 NORTH MAIN STREET SHERIDAN, WY 82801 (307) 672-5809

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|   |                        |        |   |

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

| <b>(A)</b><br>Name and Title       | (B) Average hours per week (list any hours for related | Average Position (do not check more than one box, unless person six both an officer and a director/trustee)  Or related  Average Position (do not check more than one box, unless person from the organization (W. 2/1009- |                       |         |              |                              |        |        | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--------|--|--|
|                                    | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director  | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC)  | MISC   | related<br>organizations   |
| (1) BOB LERESCHE<br>CHAIR          | 1 00   | Х  |                       | ×       |              |                              |        | o      | 0  | 90   |
| (2) JOYCE EVANS<br>VICE CHAIR      | 1 00   | х  |                       |         |              |                              |        | O      | 0  | (  |
| (3) ROGER DAVIDSON<br>TREASURER    | 1 00   | х  |                       | ×       |              |                              |        | 0      | . 0  | C  |
| (4) CHRISTY GERRITS<br>SECRETARY   | 1 00   | Х  |                       | ×       |              |                              |        | o      | 0  | C  |
| (5) JUDY L'EGGETT<br>DIRECTOR      | 1 00   | х  |                       |         |              |                              |        | o      | 0  |  |
| (6) CAROL LERESCHE<br>DIRECTOR     | 1 00   | х  |                       |         |              |                              |        | ä      | 0  | C  |
| (7) NANCY SORENSON<br>DIRECTOR     | 1 00   | Х  |                       |         |              |                              |        | 0      | 0  | (  |
| (8) WILMA TOPE<br>DIRECTOR         | 1 00   | х  |                       |         |              |                              |        | 0      | 0  | (  |
| 9) MARCIA WESTKOTT<br>DIRECTOR     | 1 00   | Х  |                       |         |              |                              |        | 0      | 0  | (  |
| (10) GILLIAN MALONE<br>MMEDIATE PA | 1 00   | Х  |                       | ×       |              |                              |        | 0      | 0  | C  |
| 11) DJ PURCELL<br>DIRECTOR         | 1 00   | Х  |                       |         |              |                              |        | . 0    | 0  | (  |
| 12) WAYNE LAX<br>DIRECTOR          | 1 00   | Х  |                       |         |              |                              |        | 0      | 0  | (  |
| 13) SADIE CLARENDON<br>DIRECTOR    | 1 00   | Х  |                       |         |              |                              |        | o      | 0  | (  |
| 14) JILL MORRISON<br>XEC DIR       | 40 00  |  |                       | х       |              |                              |        | 47,000 | 0  | 33,098   |
|                                    |  |  |                       |         |              |                              |        |        |  |  |
|                                    |  |  |                       |         |              |                              |        |        |  |  |

| Pa | Section A. Officers, Direc  | tors, Trustees   | s, Key   | Emp                   | loye           | es,            | and I                        | High                          | nest Co                                      | mpensa                | ted Employees                        | (cont  | inued) |             |
|----|---|--|--|-----------------------|----------------|----------------|------------------------------|-------------------------------|--|-----------------------|--------------------------------------|--|--------|-------------|
|    | (A)<br>Name and Title   | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person compe is both an officer and a director/trustee) |                       |                |                |                              | Rep<br>comp<br>fro<br>organiz | ( <b>D)</b> ortable ensation m the ration (W |                       | W-                                   | (F) Estimated amount of other compensation from the organization and |        |             |
| :  |   | organizations<br>below dotted<br>line)                 | Individual trustee or director   | Institutional Trustee | Officer        | key employee   | Highest compensated employee | Former                        | 2/109  | 9-MISC)               | 2/1099-MISC                          |  |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      | _  |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      |  |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      | _  |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      |  |        |             |
|    |   |  |  |                       |                |                |                              |                               |  |                       |                                      |  |        |             |
|    |   |  |  |                       |                |                |                              |                               |  |                       | 143                                  |  |        |             |
|    |   |  |  |                       |                |                |                              |                               |  |                       |                                      |  |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      | $\top$   |        |             |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      | $\neg$   |        |             |
| 1b | Sub-Total   |  |  | Ή.                    |                |                | <b>&gt;</b>                  |                               |  |                       |                                      | $\top$   |        |             |
|    | Total from continuation sheets to P   |  |  |                       |                |                | •                            |                               |  | 47,000                |                                      | $\blacksquare$   |        | 22.000      |
| 2  | Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the | but not limited  |  |                       |                |                | ) who                        | rece                          | eived mo                                     |                       | 100,000                              | _  |        | 33,098      |
| _  |   |  |  |                       |                |                |                              |                               |  |                       |                                      |  | Yes    | No          |
| 3  | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .               |  |  |                       | -              |                | yee, d                       | _                             | ghest cor                                    | mpensate              | d employee on                        | 3  |        | No          |
| 4  | For any individual listed on line 1a, is  | the sum of repo  | ortable o  | comp                  | ensai          | tıon           | and o                        | ther                          | compen                                       | sation fro            | om the                               | 3  |        | No          |
|    | organization and related organization individual  | s greater than \$                                      | 150,000  | 07 <i>If</i>          | "Yes,          | ," со          | mplet                        | e Sc                          | hedule J                                     | for such              |                                      |  |        |             |
| 5  | Did any person listed on line 1a recei  | Ve or accrue cor                                       | nnensat  | on fr                 | •<br>•         | •<br>•         | unrela                       | ted.                          | 0.020.22                                     | tion or in            | doudual for                          | 4  |        | No          |
| _  | services rendered to the organization   |  |  |                       |                |                |                              |                               |  |                       | ulvidual for                         | 5  |        | No          |
|    | ection B. Independent Contract  |  |  |                       |                |                |                              |                               |  |                       | *                                    |  |        |             |
| 1  | Complete this table for your five high from the organization Report compe                               | est compensate<br>nsation for the c                    | d indepe<br>alendar  | ender<br>year         | nt cor<br>endi | ntrad<br>ing v | ctors t<br>vith oi           | that i<br>r witl              | received<br>hin the o                        | more tha<br>rganizati | an \$100,000 of cor<br>on's tax year | npens  | sation |             |
|    | (A) Name and business address  (B) Description of services  |  |  |                       |                |                |                              |                               | (C<br>Comper                                 |                       |                                      |  |        |             |
|    | Hume t  | addre  |  |                       |                |                |                              |                               |  | De.                   | Son poloni or Scrences               | $\rightrightarrows$  | comper | - June 1911 |
|    |   |  |  |                       |                |                |                              |                               |  |                       |                                      | $\dashv$   |        |             |
|    |   |  |  |                       |                |                |                              |                               |  |                       |                                      | $\rightrightarrows$  |        |             |
|    | Total number of independent contractor compensation from the organization ▶                             | s (including but                                       | not lim  | ited t                | o the          | ose I          | ısted                        | abov                          | re) who r                                    | eceived i             | nore than \$100,00                   | 00 of  |        |             |

|                              | Check if Schedule O contains a response or note to  | any line in this Part VI | II w w w                               |   | O  |
|------------------------------|---|--------------------------|--|---|--|
|                              |   | (A)<br>Total revenue     | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants | above 1f   506,4  | 522,435                  |  |   |  |
| Program Service Revenue      | b c d e f All other program service revenue   | ness Code                |  |   |  |
| -                            | 3 Investment income (including dividends, interest, and ot similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  | her 2,8                  | 94                                     |   | 2,894  |
|                              | (i) Real (II) Persona  6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  |                          |  |   |  |
|                              | 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses   |                          |  |   |  |
| Other Revenue                | C Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ 16,002 of contributions reported on line 1c) See Part IV, line 18 a 1 b Less direct expenses b 1 | ,253<br>,253             |  |   |  |
| Oth                          | b Less direct expenses b  | ,525                     | 25                                     |   | 3,52   |
|                              | returns and allowances  | de C                     |  |   |  |
|                              | 11a   | -                        |  |   |  |
|                              | c   |                          |  |   |  |
|                              | d All other revenue e Total. Add lines 11a-11d , , , ,  |                          |  |   |  |
|                              | 12 Total revenue. See Instructions  | 528,85                   | 54                                     |   | 6,419  |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

| Check if Schedule O contains a response or note to a  | ny line in this Part IX | # 1981 1981 19               |   | 🗆                                     |
|---|-------------------------|------------------------------|---|---------------------------------------|
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses   | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses            |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                         |                              |   |                                       |
| 2 Grants and other assistance to domestic individuals See Par<br>IV, line 22  | rt                      |                              |   | · · · · · · · · · · · · · · · · · · · |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16  |                         | _                            |   |                                       |
| 4 Benefits paid to or for members   |                         |                              |   |                                       |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 47,000                  | 45,299                       | 1,344                                     | 357                                   |
| 6 Compensation not included above, to disqualified persons (a<br>defined under section 4958(f)(1)) and persons described in<br>section 4958(c)(3)(B)  | ıs                      |                              |   |                                       |
| 7 Other salaries and wages  | 185,014                 | 165,059                      | 16,089                                    | 3,866                                 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 80,965                  | 71,259                       | 7,935                                     | 1,771                                 |
| 9 Other employee benefits   | 6,692                   | 5,958                        | 602                                       | 132                                   |
| <b>10</b> Payroll taxes   | 18,247                  | 16,302                       | 1,610                                     | 335                                   |
| 11 Fees for services (non-employees)  |                         |                              |   |                                       |
| a Management  |                         |                              |   |                                       |
| <b>b</b> Legal  | 4,178                   | 4,178                        |   |                                       |
| c Accounting  | 2,560                   |                              | 2,560                                     | ¥                                     |
| <b>d</b> Lobbying   |                         |                              |   |                                       |
| e Professional fundraising services See Part IV, line 17  |                         |                              |   |                                       |
| 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)  | 43,683                  | 43,683                       |   |                                       |
| 12 Advertising and promotion  | 8,325                   | 7,184                        | 899                                       | 242                                   |
| 13 Office expenses  | 20,374                  | 18,292                       | 1,689                                     | 393                                   |
| 14 Information technology   | 2                       | 2                            |   |                                       |
| 15 Royalties  |                         |                              |   |                                       |
| <b>16</b> Occupancy   | 9,594                   | 9,338                        | 205                                       | 51                                    |
| <b>17</b> Travel  | 16,369                  | 15,024                       | 471                                       | 874                                   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                         |                              |   | *                                     |
| 19 Conferences, conventions, and meetings   | 6,270                   | 5,770                        | 382                                       | 118                                   |
| <b>20</b> Interest  |                         |                              |   |                                       |
| <b>21</b> Payments to affiliates  |                         |                              |   |                                       |
| 22 Depreciation, depletion, and amortization  | 11,539                  | 10,462                       | 867                                       | 210                                   |
| 23 Insurance  | 7,682                   | 7,062                        | 543                                       | 77                                    |
| 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) |                         |                              |   |                                       |
| a DUES  | 3,967                   | 3,701                        | 235                                       | 31                                    |
| b REPAIRS AND MAINTENANCE   | 2,127                   | 1,792                        | 274                                       | 61                                    |
| c MISCELLANEOUS   | 1                       |                              |   | 1                                     |
| d   |                         |                              |   |                                       |
| e All other expenses  |                         |                              |   |                                       |
| Total functional expenses. Add lines 1 through 24e  | 474,589                 | 430,365                      | 35,705                                    | 8,519                                 |
| <b>26 Joint costs.</b> 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)  | 1                       |                              |   |                                       |

## Part X Balance Sheet

|               |     | Check if Schedule O contains a response or not   | e to a                               | ny line in this Part IX                 |                          |         | 🗆                  |
|---------------|-----|--|--------------------------------------|---|--------------------------|---------|--------------------|
|               |     |  |                                      |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|               | 1   | Cash-non-interest-bearing  |                                      |   | 11,947                   | 1       | 11,057             |
|               | 2   | Savings and temporary cash investments   |                                      | [                                       | 790,758                  | 2       | 865,866            |
|               | 3   | Pledges and grants receivable, net   |                                      |   |                          | 3       |                    |
|               | 4   | Accounts receivable, net   |                                      | [                                       |                          | 4       |                    |
|               | 5   | Loans and other receivables from current and fo<br>trustees, key employees, and highest compensa<br>II of Schedule L                       | ted er                               | nployees Complete Part                  |                          | 5       |                    |
| Assets        | 7   | section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (local part II of Schedule L         | n 4958<br>tions (<br>see in          | 8(c)(3)(B), and<br>of section 501(c)(9) |                          | 6       |                    |
| se            |     | Inventories for sale or use  |                                      | -                                       |                          |         |                    |
| AS            | 8   |  |                                      | •                                       |                          | 8       |                    |
| •             | 9   | Prepaid expenses and deferred charges  | , ,                                  |   |                          | 9       |                    |
|               | 10a | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D   | 10a                                  | 232,048                                 |                          |         |                    |
|               | b   | Less accumulated depreciation  | ess accumulated depreciation 106,166 |   |                          |         |                    |
|               | 11  | Investments—publicly traded securities .   |                                      |   |                          | 11      |                    |
|               | 12  | Investments—other securities See Part IV, line   | · 9 / 1                              |   | 12                       |         |                    |
|               | 13  | Investments—program-related See Part IV, line  | . %                                  |   | 13                       |         |                    |
|               | 14  | Intangible assets  | [                                    |   | 14                       |         |                    |
|               | 15  | Other assets See Part IV, line 11  | g ·                                  | [                                       |                          | 15      |                    |
|               | 16  | Total assets.Add lines 1 through 15 (must equa   | al line                              | 34)                                     | 940,125                  | 16      | 1,002,805          |
|               | 17  | Accounts payable and accrued expenses  |                                      |   | 2,196                    | 17      | 10,611             |
|               | 18  | Grants payable   |                                      |   | 18                       |         |                    |
|               | 19  | Deferred revenue   |                                      |   | 19                       |         |                    |
|               | 20  | Tax-exempt bond liabilities  |                                      |   | 20                       |         |                    |
| (A)           | 21  | Escrow or custodial account liability Complete P   | art IV                               | of Schedule D                           | =                        | 21      |                    |
| Liabilities   | 22  | Loans and other payables to current and former key employees, highest compensated employees  | officei                              | rs, directors, trustees,                |                          |         |                    |
| à             |     | persons Complete Part II of Schedule L   | , a                                  | a squarifica                            |                          | 22      |                    |
| Ĕ             | 23  | Secured mortgages and notes payable to unrelate  | ted the                              | rd parties                              | =                        | 23      |                    |
|               | 24  | Unsecured notes and loans payable to unrelated   |                                      | ·                                       |                          | 24      |                    |
|               |     | ·  |                                      | · -                                     |                          | 25      |                    |
|               | 25  | Other liabilities (including federal income tax, pa<br>and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D | yables                               | s to related third parties,             |                          | 25      |                    |
|               | 26  | Total liabilities. Add lines 17 through 25   |                                      |   | 2,196                    | 26      | 10,611             |
| Fund Balances | 27  | Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 Unrestricted net assets                              |                                      |   |                          | 27      |                    |
| ايج           | 28  | Temporarily restricted net assets  |                                      | <i>.</i> †                              |                          | 28      |                    |
| 9             | 29  | Permanently restricted net assets  |                                      |   | 29                       |         |                    |
| 티             |     | Organizations that do not follow SFAS 117 (  | ASC 9                                | 958),                                   |                          |         |                    |
|               |     | check here ▶ ☑ and complete lines 30 the   |                                      |   |                          |         |                    |
| 2             | 30  | Capital stock or trust principal, or current funds   |                                      |   |                          | 30      |                    |
| Assets or     | 31  | Paid-in or capital surplus, or land, building or equ   | nt fund                              |   | 31                       |         |                    |
| 8             | 32  | Retained earnings, endowment, accumulated inc  | or other funds                       | 937,929                                 | 32                       | 992,194 |                    |
| ا <u>د</u>    | 33  | Total net assets or fund balances  |                                      | [                                       | 937,929                  | 33      | 992,194            |
| 2             | 34  | Total liabilities and net assets/fund balances .   |                                      |   | 940,125                  | 34      | 1,002,805          |

Form **990** (2017)

| Pa  | rt XI Reconcilliation of Net Assets   |         |     |        |             |
|-----|---|---------|-----|--------|-------------|
| _   | Check if Schedule O contains a response or note to any line in this Part XI   |         |     |        | . $\square$ |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |     |        | 528,854     |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2       |     |        | 474,589     |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3       |     |        | 54,265      |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |     |        | 937,929     |
| 5   | Net unrealized gains (losses) on investments  | 5       |     |        |             |
| 6   | Donated services and use of facilities  | 6       |     |        |             |
| 7   | Investment expenses   | 7       |     |        |             |
| 8   | Prior period adjustments  | 8       |     |        |             |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |     |        |             |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10      |     |        | 992,194     |
| Par | t XII Financial Statements and Reporting  |         |     |        |             |
|     | Check if Schedule O contains a response or note to any line in this Part XII  | ¥_ &    |     | 140 PM |             |
|     |   |         |     | Yes    | No          |
| 1   |   |         |     |        |             |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |         |     |        |             |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a  |        | No          |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both   | on a    |     |        |             |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |         |     |        |             |
| b   | Were the organization's financial statements audited by an independent accountant?  |         | 2b  | v—     | No          |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  | basis,  |     |        |             |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |         |     |        |             |
| С   | 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? |         | 2c  |        |             |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Scho  | edule O | · 🔲 |        |             |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?  | ngle    | 3a  |        | No          |
| 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      | ıred    | 3b  |        |             |

#### **Additional Data**

Software ID: Software Version:

EIN: 74-2183158

Name: POWDER RIVER BASIN RESOURCE COUNCIL

Form 990 (2017)

#### Form 990, Part III, Line 4a:

POWDER RIVER BASIN RESOURCE COUNCIL'S (POWDER RIVER) MISSION STATEMENT REMAINS THE GUIDING PRINCIPLE FOR OUR WORK -THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE -THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS -THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING WORKING TO PROTECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRENTLY HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND HAS FOUR LOCAL COMMUNITY GROUPS THROUGHOUT WYOMING THAT ARE AFFILIATED WITH POWDER RIVER POWDER RIVER BASIN RESOURCE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONSERVATION ISSUES THE GROUP UNITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND AGRICULTURALISTS WITH A DEEP RESPECT FOR THE LAND AROUND A SHARED VISION TO PROTECT AND IMPROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES SPLIT ESTATE AND PRIVATE PROPERTY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDITORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES ON WHICH OUR ORGANIZATION IS WORKING ON POWDER RIVER PUBLISHES THE POWDER RIVER BREAKS ON A BIMONTHLY BASIS FROM JANUARY/ FEBRUARY TO NOVEMBER/DECEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE ISSUES AND PROJECTS UNDERTAKEN BY POWDER RIVER. IT IS PROVIDED TO MEMBERS AND IS AVAILABLE TO THE PUBLIC AT LIBRARIES ACROSS THE STATE AND OTHER DESIGNATED DROP SITES POWDER RIVER MAINTAINS A WEBSITE AT WWW POWDERRIVERBASIN ORG THAT INFORMS AND EDUCATES THE PUBLIC ON CONSERVATION ISSUES THAT POWDER RIVER BASIN RESOURCE COUNCIL IS ADDRESSING POWDER RIVER BASIN RESOURCE COUNCIL MAINTAINS THREE OFFICE LOCATIONS IN WYOMING THE MAIN OFFICE IS LOCATED IN SHERIDAN AND WE HAVE OFFICES AND STAFF IN CHEYENNE AND LARAMIE POWDER RIVER'S WORK IS OVERSEEN BY THE BOARD OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER MEMBERSHIP FOR A TWO YEAR TERM AS A GRASSROOTS ORGANIZATION, MEMBERS DECIDE THE DIRECTION AND FOCUS OF POWDER RIVER'S WORK MEMBERS BRING RESOLUTIONS FOR A VOTE OF MEMBERSHIP APPROVAL AT THE ANNUAL MEÉTING THAT IS HELD IN THE AUTUMN OF EACH YEAR AND IS OPEN TO THE PUBLIC EVERY YEAR A KEYNOTE SPEAKER PROVIDES INSIGHTS AND INFORMATION ON SELECTED ISSUES AND IS OPEN TO QUESTIONS FROM THE AUDIENCE THAT NORMALLY RANGES FROM 100 TO 200 PEOPLE IN 2018, OUR KEYNOTE FEATURED A PANEL OF PROMINENT WYOMING ECONOMISTS DISCUSSING 'WYOMING'S ENERGY AND ECONOMIC FUTURE " EVERY YEAR POWDER RÎVER SPONSORS SCHOLARSHIPS AT THE WYOMING HIGH SCHOOL STATE SCIENCE FAIR FOR SCIENCE PROJECTS THAT PROMOTE CONSERVATION AND EDUCATION ON THE PRAIRIE ECOSYSTEMS OF WYOMING THE YOUTH IN CONSERVATION AWARDS ARE A CASH AWARD TO SELECTED PARTICIPANTS IN THE WYOMING STATE SCIENCE FAIR WHOSE PROJECTS MEET THE CRITERIA FOR THE AWARD EACH YEAR JUDGES FROM POWDER RIVER SELECT THE BEST PROJECTS OUT OF THE MANY THEY VIEW AT THE STATE SCIENCE FAIR THIS FAIR IS VISITED BY THOUSANDS OF STUDENTS AND ADULTS EACH YEAR THE YOUTH IN CONSERVATION AWARD WAS STARTED WITH FUNDS RECEIVED BY POWDER RIVER IN MEMORIAM OF BILL BARLOW ONE OF OUR FOUNDING MEMBERS. THE AWARDS WORK TO ENGAGE YOUNG PEOPLE IN PUBLIC POLICY DEBATES SURROUNDING ENERGY DEVELOPMENT AND ITS IMPACTS ON WYOMING'S LAND, WATER AND AIR RESOURCE CRITERIA FOR THE AWARD ARE ON THE POWDER RIVER WEBSITE IN 2017, THE AWARDEES WERE THERESA BAUTZ FOR HER PROJECT ON "KEEPING THE SAGE IN SAGEBRUSH", ROXANNE ROGERS AND KATIE LABUDA FOR THEIR STUDY ON "SINGEING SOILS- AND CAITLIN HUAN FOR HER PROJECT ON "PROMOTING RENEWABLE ENERGY VIA ORGANIC SOLAR CELLS CARTRIDGES FOR KIDS RECYCLING - CFK (CARTRIDGES FOR KIDS) IS A RECYCLING PROGRAM THAT POWDER RIVER BASIN RESOURCE COUNCIL HAS BEEN PARTICIPATING IN SINCE APRIL 2011 TO HELP FUND OUR YOUTH IN CONSERVATION PROGRAM WE RECYCLE CELL PHONES, LAPTOPS, MP3 PLAYERS, PDAS, LASER AND INKJET CARTRIDGES, TABLETS, E-READERS AND NOTEBOOKS. WE RECYCLE AT FOUR LOCATIONS IN THE SHERIDAN AREA. IN 2017, POWDER RIVER'S MULTI-YEAR EFFORT TO PROTECT HOMES AND FARMS FROM A PROPOSED NEW COAL MINE ON THE TONGUE RIVER WAS SUCCESSFUL THE PROPOSED MINE PERMIT FAILED TO PROTECT OR PREVENT DAMAGE OUTSIDE THE PERMIT AREA FROM MINING, SUBSIDENCE OR BLASTING TO NEARBY HOMES AND FARMS, DOMESTIC WATER WELLS AND THE TONGUE RIVER. THE MINE PERMIT WAS FOUND TO BE DEFICIENT IN ADDRESSING THESE AREAS AND WAS REJECTED BY THE WYOMING ENVIRONMENTAL QUALITY COUNCIL THE PERMITTEE MUST ADDRESS THESE ISSUES IN A REVISED PERMIT. WE ALSO SUCCEEDED IN ENSURING THE LARGEST COAL MINES IN THE POWDER RIVER BASIN ARE NO LONG SELF-BONDED AND COAL COMPANIES REPLACED 2 4 BILLION DOLLARS IN SELF-BONDING WITH FINANCIAL GUARANTEES TO ENSURE FUTURE COAL MINE RECLAMATION WORK WE CONTINUE TO WATCHDOG FEDERAL COAL LEASING TO ENSURE ADEQUATE ANALYSIS ON THE IMPACTS OF LEASING THERE IS GREAT PUBLIC INTEREST IN FEDERAL COAL LEASING AND OUR STAFF FIELDS REGULAR CALLS AND EMAILS FROM LOCAL, REGIONAL AND NATIONAL REPORTERS AND PROVIDES CRITICAL BACKGROUND INFORMATION AND A WYOMING PERSPECTIVE ON THIS ISSUE WE ALSO ENGAGE REPORTERS, ALLIES AND DECISION MAKERS THROUGH SOCIAL MEDIA TO PUSH OUT WYOMING NEWS AND OUR LANDOWNER AND CITIZEN PERSPECTIVE TO A NATIONAL AUDIENCE OUR AGRICULTURAL AND LOCAL FOOD WORK IN 2017 CONTINUED TO FOCUS ON PROMOTING WYOMING'S LOCAL FOOD AND AGRICULTURAL ECONOMY IN 2017, THROUGH THE EFFORTS OF OUR LEADERS, POWDER RIVER'S WORK HELPED BRIDGE THE GAP BETWEEN THE CONSUMER AND PRODUCER, SHOWCASING THE VARIETY OF LOCAL FOODS AVAILABLE IN THE STATE AND HIGHLIGHTING RESOURCES AVAILABLE TO HELP PRODUCERS. WE HELPED ORGANIZE AND CO-SPONSORED A GOOD AGRICULTURAL PRACTICES WORKSHOP TO HELP PRODUCERS LEARN ABOUT FOOD SAFETY AND REDUCE THE RISK OF FOODBORNE DISEASE CONTAMINATION WE ALSO HOSTED A NATIVE SEED SAVING WORKSHOP AND PARTNERED WITH THE PLANT STEWARDSHIP INITIATIVE, SHERIDAN COUNTY CONSERVATION DISTRICT AND SHERIDAN COLLEGE AG DEPARTMENT TO HOST A REGENERATING LANDSCAPES AND SOIL HEALTH WORKSHOP FEATURING FARMER AND RANCHER, GABE BROWN BROWN IS ONE OF THE MOST SOUGHT AFTER SPEAKERS FOR NO TILL, COVER CROPS, LIVESTOCK GRAZING AND SOIL HEALTH IN THE U.S. WE PARTNERED WITH THE WYOMING BUSINESS COUNCIL AND THE FARMER VETERAN COALITION TO BRING THE NATIONAL "HOMEGROWN BY HEROES" PROGRAM TO WYOMING FINALLY, WE HOSTED OUR 12TH ANNUAL HARVEST CELEBRATION WITH OVER 100 ATTENDEES GATHERED TO ENJOY HOME GROWN FOOD AND FUN POWDER RIVER HAS WORKED TIRELESSLY TO PUSH THE WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY TO SECURE FINANCIAL ASSURANCE FOR THE CLEAN-UP OF 12 GRANDFATHERED, UNBONDED COMMERCIAL OILFIELD WASTE DISPOSAL FACILITIES IN 2017, WE SUCCEEDED AND SAVED WYOMING TAXPAYERS THE POTENTIAL LIABILITY OF NEARLY 10 MILLION IN CLEAN-UP COSTS FOR THOSE DISPOSAL FACILITIES WE CONTINUED OUR EFFORTS TO AID THE PAVILLION AREA LANDOWNERS TO GET ADDITIONAL INVESTIGATIONS OF THEIR WATER WELL CONTAMINATION AND CLEAN-UP OF OLD OIL AND GAS WASTES DISPOSAL PITS IN RESPONSE, THE STATE GOT THE INDUSTRY TO INCREASE CLEAN-UP EFFORTS OF CONTAMINATED PITS AND PLUG LEAKING GAS WELLS IN THE FIELD WE ALSO WORKED TO ENGAGE LEADERS AND MEMBERS IN EFFORTS TO REDUCE AIR POLLUTION FROM OIL AND GAS FACILITIES BY EXPANDING RULES CURRENTLY IN EFFECT IN THE GREEN RIVER BASIN TO OTHER AREAS OF THE STATE WE CONTINUE TO HOLD THE STATE AND GAS PACILITIES BY EXPANDING ROLES CURRENTLY IN EFFECT IN THE GREEN RIVER BASIN TO OTHER AREAS OF THE STATE WE CONTINUE TO HOLD THE STATE AND FEDERAL AGENCIES ACCOUNTABLE FOR PLUGGING AND RECLAMATION OF ORPHAN OIL AND GAS WELLS OUR ORGANIZING OUTREACH TO REDUCE THE IMPACTS OF OIL AND GAS DRILLING TO SUBURBAN AREAS NEAR CHEYENNE, WYOMING HAVE BEEN HELPFUL IN ENSURING THE HEALTH AND SAFETY OF NEARBY RESIDENTS IS PARAMOUNT FOR INDUSTRY, LOCAL AND STATE AGENCIES POWDER RIVER ALSO CONTINUES TO MONITOR AND ADDRESS URANIUM DEVELOPMENT IMPACTS AND ENSURE THE PUBLIC IS ENGAGED IN ANY PROPOSALS TO ADDRESS CONCERNS RELATED TO POTENTIAL NUCLEAR WASTE STORAGE PROPOSALS IN THE STATE MEANWHILE, IN LATE 2017 WE LAUNCHED A NEW RENEWABLE ENERGY EDUCATION CAMPAIGN TARGETING SOLAR UTILIZATION AND OPPORTUNITIES IN THE STATE FINALLY, OUR EFFORTS TO ENGAGE MEMBERS AND CITIZENS IN PROTECTION THE FORTIFICATION WILDERNESS STUDY AREA RESULTED IN SPECIFIC RECOMMENDATIONS FOR PROTECTIONS OF THE UNIQUE AREA IF IT IS RELEASED FROM THE WILDERNESS STUDY AREA STATUS IN THE FUTURE

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2017

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#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

**Public Charity Status and Public Support** 

Internal Revenue Service | | Name of the organization POWDER RIVER BASIN RESOURCE COUNCIL

Employer identification number

|    |         |  |                        |  |  |                         | 74-2183158                        |   |  |  |  |
|----|---------|--|------------------------|--|--|-------------------------|-----------------------------------|---|--|--|--|
|    | rt I    | Reason for Public  |                        |  |  |                         | See instructions.                 |   |  |  |  |
|    | organız | ation is not a private four  |                        |  |  |                         |                                   |   |  |  |  |
| 1  |         | A church, convention of  | churches, or as        | ssociation of churches   | described in <b>sec</b> t  | tion 170(b)(1)          | (A)(i).                           |   |  |  |  |
| 2  |         | A school described in se   | ection 170(b)(         | 1)(A)(ii). (Attach Sch   | nedule E (Form 9   | 90 or 990-EZ))          |                                   |   |  |  |  |
| 3  |         | A hospital or a cooperat   | ive hospital ser       | vice organization desci  | ribed in <b>section</b>  | 170(b)(1)(A)(           | iii).                             |   |  |  |  |
| 4  |         | A medical research organisme, city, and state  | inization operat       | ed in conjunction with   | a hospital descri  | bed in <b>section</b> : | 170(b)(1)(A)(iii). Er             | nter the hospital's                                   |  |  |  |
| 5  |         | An organization operate (b)(1)(A)(iv). (Comple   |                        | t of a college or univer   | rsity owned or op  | perated by a gov        | ernmental unit describ            | ped in section 170                                    |  |  |  |
| 6  |         | A federal, state, or local   | government or          | governmental unit de   | scribed in <b>sectio</b>   | on 170(b)(1)(A          | ()(v).                            |   |  |  |  |
| 7  | ✓       | An organization that not section 170(b)(1)(A)  |                        |  | s support from a   | governmental u          | init or from the genera           | al public described in                                |  |  |  |
| 8  |         | A community trust desc   | ribed in <b>sectio</b> | n 170(b)(1)(A)(vi)   | (Complete Part I   | I )                     |                                   |   |  |  |  |
| 9  |         | An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.  |                        |  |  |                         |                                   |   |  |  |  |
| .0 |         | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) |                        |  |  |                         |                                   |   |  |  |  |
| 1  |         | An organization organize   | ed and operated        | d exclusively to test for  | r public safety S  | ee section 509          | (a)(4).                           |   |  |  |  |
| .2 |         | An organization organizemore publicly supported in lines 12a through 12d   | l organizations (      | described in <b>section 5</b>  | 09(a)(1) or sec  | ction 509(a)(2          | ). See <mark>section 509(a</mark> |   |  |  |  |
| а  |         | Type I. A supporting or organization(s) the pow-<br>complete Part IV, Sec  | er to regularly a      | appoint or elect a majo  |  |                         |                                   |   |  |  |  |
| b  |         | Type II. A supporting of management of the sup must complete Part IV   | porting organiza       | ation vested in the san  |  |                         |                                   |   |  |  |  |
| С  |         | Type III functionally supported organization(  |                        |  |  |                         |                                   | ted with, its   |  |  |  |
| d  |         | Type III non-function functionally integrated instructions) You must   | The organizatio        | n generally must satisf  | fy a distribution i  | requirement and         |                                   |   |  |  |  |
| e  |         | Check this box if the orgintegrated, or Type III in  |                        |  |  | RS that It Is a Ty      | pe I, Type II, Type III           | [ functionally  |  |  |  |
| f  | Enter   | the number of supported  | dorganizations         | estections.  | 5011   |                         | · ·                               |   |  |  |  |
| g  | Provid  | de the foll <b>owing i</b> nformati  |                        | pported organization(  |  |                         |                                   |   |  |  |  |
|    |         | ame of supported<br>organization   | (ii) EIN               | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | in your governing document?   monetary support   other su<br>(see instructions)   instru |                         |                                   | (vi) Amount of<br>other support (see<br>instructions) |  |  |  |
|    |         |  |                        |  | Yes  | No                      |                                   |   |  |  |  |
|    |         |  |                        |  |  |                         |                                   |   |  |  |  |

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| S   | ection A. Public Support   |                     |                      |                      |                      |            |              |              |
|-----|--|---------------------|----------------------|----------------------|----------------------|------------|--------------|--------------|
|     | Calendar year  | (a) 2013            | <b>(b)</b> 2014      | (c) 2015             | (d) 2016             | (e) .      | 2017         | (f) Total    |
|     | (or fiscal year beginning in)  | (4) 2015            | (5) 2011             | (0) 2015             | (4) 2010             | (0)        |              | (1) 10101    |
| 1   | Gifts, grants, contributions, and membership fees received (Do not           | 414,236             | 551,044              | 564,649              | 436,529              |            | 522,435      | 2,488,893    |
|     | include any "unusual grant ")  | +14,230             | 331,044              | 304,043              | 430,525              |            | 322,733      | 2,400,033    |
| 2   | Tax revenues levied for the  |                     |                      |                      |                      |            |              |              |
|     | organization's benefit and either paid                                       |                     |                      |                      |                      |            |              |              |
|     | to or expended on its behalf   |                     |                      |                      |                      |            |              |              |
| 3   | The value of services or facilities  |                     |                      |                      |                      |            |              |              |
|     | furnished by a governmental unit to the organization without charge          |                     |                      |                      |                      |            |              |              |
| 4   | <b>Total.</b> Add lines 1 through 3  | 414,236             | 551,044              | 564,649              | 436,529              |            | 522,435      | 2,488,893    |
|     | The portion of total contributions by  |                     |                      |                      | ,                    |            |              | 100/1000     |
| _   | each person (other than a  |                     |                      |                      |                      |            |              |              |
|     | governmental unit or publicly  |                     |                      |                      |                      |            |              | 174,070      |
|     | supported organization) included on  |                     |                      |                      |                      |            |              | 27 1,070     |
|     | line 1 that exceeds 2% of the amount shown on line 11, column (f)            |                     |                      |                      | 1                    |            |              |              |
| 6   | Public support. Subtract line 5 from   |                     |                      |                      |                      |            |              |              |
| •   | line 4   |                     |                      |                      |                      |            |              | 2,314,823    |
| S   | ection B. Total Support  |                     |                      |                      |                      |            |              |              |
|     | Calendar year  | (a)2013             | <b>(b)</b> 2014      | (c)2015              | (d)2016              | (e)2       | 2017         | (f)Total     |
| _   | (or fiscal year beginning in) ▶  |                     |                      |                      |                      |            |              |              |
| 7   | Amounts from line 4 Gross income from interest,                              | 414,236             | 551,044              | 564,649              | 436,529              |            | 522,435      | 2,488,893    |
| 8   | dividends, payments received on  | -                   |                      |                      |                      |            |              |              |
|     | securities loans, rents, royalties and                                       | 1,230               | 1,342                | 1,566                | 1,565                |            | 2,894        | 8,597        |
|     | income from similar sources  |                     |                      |                      |                      |            |              |              |
| 9   | Net income from unrelated business   |                     |                      |                      |                      |            |              |              |
|     | activities, whether or not the   | 5,205               | 2,740                | 5,705                | 1,825                |            | 2,525        | 18,000       |
|     | business is regularly carried on<br>Other income Do not include gain or      |                     |                      |                      |                      |            |              |              |
| 10  | loss from the sale of capital assets   |                     |                      |                      |                      |            | 1            |              |
|     | (Explain in Part VI )  |                     |                      |                      |                      |            |              |              |
| 11  | Total support. Add lines 7 through   |                     |                      |                      |                      |            |              | 2,515,490    |
|     | 10   |                     |                      |                      |                      |            |              | 2,313,490    |
| 12  | Gross receipts from related activities, e                                    | etc (see instructio | ns)                  |                      |                      | 12         |              | 16,156       |
| 13  | First five years. If the Form 990 is for                                     | r the organization  | s first, second, thi | rd, fourth, or fifth | tax year as a sect   | ion 501    | (c)(3) organ | nization,    |
|     | check this box and <b>stop here</b>  |                     |                      |                      |                      |            | ▶ 🗆          |              |
| S   | ection C. Computation of Public  |                     |                      |                      |                      |            |              |              |
| 14  | Public support percentage for 2017 (lin                                      | e 6, column (f) di  | vided by line 11, c  | olumn (f))           |                      | 14         |              | 92 020 %     |
|     | Public support percentage for 2016 Sch                                       |                     |                      |                      |                      | 15         |              | 91 410 %     |
|     | 33 1/3% support test—2017. If the  |                     |                      | on line 13, and line | a 14 is 33 1/3% or   |            | heck this h  |              |
| TOA | and <b>stop here.</b> The organization qualif                                |                     |                      |                      | 2 14 13 33 1/3 70 01 | 111010, 0  | ricek ema b  | ▶ ☑          |
| 1.  | 33 1/3% support test—2016. If the  |                     |                      |                      | and line 15 is 33 1  | 120% or m  | ore check    |              |
| D   |  | _                   |                      |                      | III                  | 3 /0 01 11 | iore, crieck | ▶ □          |
|     | box and stop here. The organization  | •                   |                      |                      | o 12 165 or 16b      | and line   | . 1.4        |              |
| 17a | 10%-facts-and-circumstances test-<br>is 10% or more, and if the organization |                     |                      |                      |                      |            |              |              |
|     | in Part VI how the organization meets t                                      |                     |                      |                      |                      |            |              |              |
|     | organization   |                     |                      |                      | ,                    | ,          |              | ightharpoons |
|     | 10%-facts-and-circumstances test   | t-2016 If the or    | canization did not   | check a box on lu    | ne 13 16a 16b o      | r 17a ai   | nd line      |              |
| D   | 15 is 10% or more, and if the organiza                                       |                     |                      |                      |                      |            | id iiiic     |              |
|     | Explain in Part VI how the organization                                      |                     |                      |                      |                      |            | ıcly         |              |
|     | supported organization   |                     |                      | _                    |                      |            |              | ▶ □          |
| 18  | Private foundation. If the organization                                      | n did not check a   | box on line 13, 16   | ia, 16b, 17a, or 1   | 7b, check this box   | and see    |              | . <b>—</b>   |
|     | instructions   |                     | ,                    | , , ,                |                      |            |              | ▶□           |
|     |  |                     |                      |                      |                      |            |              |              |

#### Schedule A (Form 990 or 990-EZ) 2017 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons

| D | Amounts included on lines 2 and 3     |  |
|---|---------------------------------------|--|
|   | received from other than disqualified |  |
|   | persons that exceed the greater of    |  |
|   | \$5,000 or 1% of the amount on line   |  |
|   | 13 for the year                       |  |
| c | Add lines 7a and 7b                   |  |
| 8 | Public support. (Subtract line 7c     |  |
|   |                                       |  |

Investment income percentage from 2016 Schedule A, Part III, line 17

(a) 2013

## Section B. Total Support Calendar year

(Explain in Part VI)

check this box and stop here

from line 6

|     | (or fiscal year beginning in)   |  |  |  |
|-----|---|--|--|--|
| 9   | Amounts from line 6   |  |  |  |
| 10a | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources |  |  |  |
| b   | Unrelated business taxable income<br>(less section 511 taxes) from<br>businesses acquired after June 30,<br>1975                        |  |  |  |
| C   | Add lines 10a and 10b   |  |  |  |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on             |  |  |  |
| 12  | Other income Do not include gain or loss from the sale of capital assets  |  |  |  |

**(b)** 2014

(c) 2015

(d) 2016

(e) 2017

(f) Total

Total support. (Add lines 9, 10c, 13 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

| S  | ection C. Computation of Public Support Percentage  |    |  |
|----|---|----|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))      | 15 |  |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15                           | 16 |  |
| S  | ection D. Computation of Investment Income Percentage                                       |    |  |
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 |  |

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is ightharpoonsnot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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#### Part IV Supporting Organizations

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

| S  | ection A. All Supporting Organizations   |     |     |    |
|----|--|-----|-----|----|
|    |  |     | Yes | No |
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |     |    |
| _  | 1  | 1   | _   |    |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2   |     |    |
| 3a | Did the organization have a supported organization described in costion E01(c)(4) (5) or (6)3 If "Vec " answer (b) and (c)   |     |     |    |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below   | _   |     |    |
|    |  | 3a  |     |    |
| D  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination   | 3b  |     |    |
| _  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   | 30  | -   | -  |
| C  | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use   | 3c  |     |    |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below   | 4a  |     |    |
| h  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  | 74  |     |    |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b  |     |    |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support  |     |     |    |
|    | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   | 4c  |     |    |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the             |     |     |    |
|    | organization's organizing document authorizing such action, and (IV) how the action was accomplished (such as by amendment to the organizing document)   | 5a  |     |    |
| b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  | -   |    |
| C  | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |     |    |
| 6  | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing |     |     |    |
|    | organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>  | 6   |     |    |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  |     |     |    |
|    |  | 7   |     |    |
| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   |     |     |    |
|    | complete Part 1 or Schedule L (Porm 990 or 990-E2)   | 8   |     |    |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | _   |     |    |
|    |  | 9a  |     |    |
| b  | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b  |     |    |
| С  | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in  |     |     |    |
|    | which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c  |     |    |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"   |     |     |    |
|    | answer line 10b below  | 10a |     |    |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b |     |    |
|    |  |     |     |    |

| Pa | art IV Supporting Organizations (continued)   |            |         |    |
|----|---|------------|---------|----|
|    |   |            | Yes     | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |            |         |    |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the   |            |         |    |
|    | governing body of a supported organization?   | 11a        |         |    |
| Ь  | A family member of a person described in (a) above?   | 11b        |         |    |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI  | 11c        | -       |    |
|    | Section B. Type I Supporting Organizations  |            |         |    |
|    | ection b. Type I supporting organizations   |            | Yes     | No |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or  |            |         |    |
| •  | elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part</b>  |            |         |    |
|    | VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the  |            |         |    |
|    | organization had more than one supported organization, describe how the powers to appoint and/or remove directors or<br>trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such                |            |         |    |
|    | powers during the tax year  | 1          |         |    |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that  |            |         |    |
| _  | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit  |            |         |    |
|    | carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  | 2          |         |    |
|    | organization  |            |         |    |
| S  | ection C. Type II Supporting Organizations  |            |         |    |
|    |   |            | Yes     | No |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of   |            |         |    |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)                    | 1          |         |    |
| -  | ection D. All Type III Supporting Organizations   |            | , ,     |    |
|    | ection D. All Type III Supporting Organizations   |            | Yes     | No |
| 1  | Did the excentration provide to each of its supported excentrations, by the last day of the fifth month of the excentration's   |            | 163     |    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the |            |         |    |
|    | Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing  |            |         |    |
|    | documents in effect on the date of notification, to the extent not previously provided?   |            |         |    |
|    |   | 1          |         |    |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization  |            |         |    |
|    | maintained a close and continuous working relationship with the supported organization(s)   |            |         |    |
|    |   | 2          |         |    |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the  |            |         |    |
|    | organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard           |            |         |    |
|    | year in thes, describe in <b>Part VI</b> the role the organization's supported organizations played in this regard  | 3          |         |    |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations   |            |         |    |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)   | ons)       |         |    |
|    | The organization satisfied the Activities Test Complete line 2 below  |            |         |    |
|    | b   |            |         |    |
|    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see   | unctru.    | ctions) |    |
|    | The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see  | msuu       | ctions  |    |
| _  |   |            |         |    |
| 2  | Activities Test Answer (a) and (b) below.   |            | Yes     | No |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the  |            |         |    |
|    | supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was               |            |         |    |
|    | responsive to those supported organizations, and how the organization determined that these activities constituted  |            |         |    |
|    | substantially all of its activities   | 2a         |         |    |
|    | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the            |            |         |    |
|    | organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |            |         |    |
|    | Involvement   | 2b         |         |    |
| 3  | Parent of Supported Organizations Answer (a) and (b) below.   |            |         |    |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of   | 3a         |         |    |
|    | the supported organizations? Provide details in <b>Part VI.</b>   |            |         |    |
|    | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its   |            |         |    |
|    | supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard   | <b>3</b> b |         |    |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O   | rgan   | izations                  |                                |
|----|--|--------|---------------------------|--------------------------------|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization.                                 |        |                           |                                |
|    | Section A - Adjusted Net Income  |        | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1  | Net short-term capital gain  | 1      |                           |                                |
| 2  | Recoveries of prior-year distributions   | 2      |                           |                                |
| 3  | Other gross income (see instructions)  | 3      |                           |                                |
| 4  | Add lines 1 through 3  | 4      |                           |                                |
| 5  | Depreciation and depletion   | 5      |                           |                                |
| 6  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6      |                           |                                |
| 7  | Other expenses (see instructions)  | 7      |                           |                                |
| 8  | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8      |                           |                                |
|    | Section B - Minimum Asset Amount   |        | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1      |                           |                                |
| a  | Average monthly value of securities  | 1a     |                           |                                |
| b  | Average monthly cash balances  | 1b     | 40                        |                                |
| С  | Fair market value of other non-exempt-use assets   | 1c     |                           |                                |
| d  | Total (add lines 1a, 1b, and 1c)   | 1d     |                           |                                |
| е  | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |        |                           |                                |
| 2  | Acquisition indebtedness applicable to non-exempt use assets   | 2      |                           |                                |
| 3  | Subtract line 2 from line 1d   | 3      |                           |                                |
| 4  | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4      |                           |                                |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5      |                           |                                |
| 6  | Multiply line 5 by 035   | 6      |                           |                                |
| 7  | Recoveries of prior-year distributions   | 7      |                           |                                |
| 8  | Minimum Asset Amount (add line 7 to line 6)  | 8      |                           |                                |
|    | Section C - Distributable Amount   |        |                           | Current Year                   |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1      |                           |                                |
| 2  | Enter 85% of line 1  | 2      |                           |                                |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3      |                           |                                |
| 4  | Enter greater of line 2 or line 3  | 4      |                           |                                |
| 5  | Income tax imposed in prior year   | 5      |                           |                                |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6      |                           |                                |
| 7  | Check here if the current year is the organization's first as a non-functionally-in instructions)  | tegrat | ed Type III supporting or | ganızatıon (see                |

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#### **Additional Data**

**Software ID: Software Version:** 

**EIN:** 74-2183158

Name: POWDER RIVER BASIN RESOURCE COUNCIL

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

| Facts And Circumstances Test |  |
|------------------------------|--|
|                              |  |

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DLN: 93493319187718

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Political Campaign and Lobbying Activities** 

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number POWDER RIVER BASIN RESOURCE COUNCIL Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes □ No Was a correction made? Yes □ No If "Yes," describe in Part IV b Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from<br>filing organization's<br>funds If none, enter<br>-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| 1        |             |         |  |   |
| 2        |             |         |  |   |
| 3        |             |         |  |   |
| 4        |             |         |  |   |
| 5        |             |         |  |   |
| 6        |             |         |  |   |

Did the filing organization file Form 1120-POL for this year?

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

| Р        | art II-A Complete if the organization is exemple section 501(h)).                                     | pt under section                | on 501(c)(3)                      | and filed Forn                 | n 5768 (elect                      | ion under                   |
|----------|---|---------------------------------|-----------------------------------|--------------------------------|------------------------------------|-----------------------------|
| A        | Check If the filing organization belongs to an affiliate expenses, and share of excess lobbying exper | nditures)                       |                                   | ffiliated group m              | ember's name, a                    | ddress, EIN,                |
| <u>B</u> | Check ▶ ☐ If the filing organization checked box A and "  | limited control" pr             | ovisions apply                    |                                |                                    |                             |
|          | Limits on Lobbying Exp<br>(The term "expenditures" means amou   |                                 | rred.)                            |                                | a) Filing<br>anization's<br>totals | (b) Affiliated group totals |
| 1a       | Total lobbying expenditures to influence public opinion (gra  | ss roots lobbying)              |                                   |                                |                                    |                             |
| b        | Total lobbying expenditures to influence a legislative body (   | direct lobbying)                |                                   |                                | 15,990                             |                             |
| C        | Total lobbying expenditures (add lines 1a and 1b)   |                                 |                                   |                                | 15,990                             |                             |
| d        | Other exempt purpose expenditures   |                                 |                                   |                                | 458,599                            |                             |
| e        | Total exempt purpose expenditures (add lines 1c and 1d)   |                                 |                                   |                                | 474,589                            |                             |
| f        | Lobbying nontaxable amount Enter the amount from the foculumns  | ollowing table in be            | oth                               |                                | 94,918                             | 0                           |
|          | If the amount on line 1e, column (a) or (b) is: The lo  | bbying nontaxa                  | ble amount is:                    |                                |                                    |                             |
|          | Not over \$500,000 20% of   | the amount on line              | 1e                                |                                |                                    |                             |
|          | Over \$500,000 but not over \$1,000,000 \$100,00  | 00 plus 15% of the e            | xcess over \$500,00               | 0                              |                                    |                             |
|          | Over \$1,000,000 but not over \$1,500,000 \$175,00  | 00 plus 10% of the e            | xcess over \$1,000,0              | 000                            |                                    |                             |
|          | Over \$1,500,000 but not over \$17,000,000 \$225,00   | 00 plus 5% of the ex            | cess over \$1,500,00              | 00                             |                                    |                             |
|          | Over \$17,000,000 \$1,000,  | ,000                            |                                   |                                |                                    |                             |
| g        | Grassroots nontaxable amount (enter 25% of line 1f)   |                                 |                                   |                                | 23,730                             |                             |
| h        | Subtract line 1g from line 1a If zero or less, enter -0-  |                                 |                                   |                                |                                    |                             |
| i        | Subtract line 1f from line 1c If zero or less, enter -0-  |                                 |                                   |                                |                                    |                             |
| j        | If there is an amount other than zero on either line 1h or line section 4911 tax for this year?       | ne 11, did the orga             | nization file Form                | 4720 reporting                 |                                    | Yes 🗌 No                    |
|          | 4-Year Averagi<br>(Some organizations that made a section<br>columns below. See the se                | n 501(h) elec<br>parate instruc | tion do not ha<br>tions for lines | ave to comple<br>2 2 through 2 |                                    | ive                         |
| -        | Lobbying Expenditu  | ires During 4-                  | Year Averagir                     | ig Period                      | r e                                |                             |
|          | Calendar year (or fiscal year<br>beginning in)  | (a) 2014                        | <b>(b)</b> 2015                   | (c) 2016                       | ( <b>d)</b> 2017                   | (e) Total                   |
| 2a       | Lobbying nontaxable amount  | 82,609                          | 90,116                            | 85,371                         | 94,918                             | 353,014                     |
| ь        | Lobbying ceiling amount<br>(150% of line 2a, column(e))   |                                 |                                   |                                |                                    | 529,521                     |
| С        | Total lobbying expenditures   | 12,337                          | 14,892                            | 13,314                         | 15,990                             | 56,533                      |
| d        | Grassroots pontaxable amount  | 20.652                          | 22 529                            | 21 343                         | 23 730                             | 88 254                      |

132,381

Schedule C (Form 990 or 990EZ) 2017

| Pa  | Part II-B Complete if the organization is ex<br>Form 5768 (election under section  | kempt under section 501(c)(3) and has N   | OT filed         |               |          | age 5 |
|-----|--|---|------------------|---------------|----------|-------|
|     |  |   | (a               | )             | (b)      | )     |
|     | or each "Yes" response on lines 1a through 1i below, prov<br>ctivity   | nde in Part IV a detailed description of the lobbying                                 | Yes              | No            | Amo      | unt   |
| 1   | During the year, did the filing organization attempt to including any attempt to influence public opinion on                     |   |                  |               |          |       |
| а   | a Volunteers?  |   |                  |               |          |       |
| b   | <b>b</b> Paid staff or management (include compensation in   | expenses reported on lines 1c through 1i)?  |                  |               |          |       |
| C   | c Media advertisements?  |   |                  |               |          |       |
| d   | d Mailings to members, legislators, or the public?   |   |                  |               |          |       |
| е   | e Publications, or published or broadcast statements?  |   |                  |               |          |       |
| f   | f Grants to other organizations for lobbying purposes?   |   |                  |               |          |       |
| g   | g Direct contact with legislators, their staffs, government  | ent officials, or a legislative body?   |                  |               |          |       |
| h   | h Rallies, demonstrations, seminars, conventions, spec   | eches, lectures, or any similar means?  |                  |               |          |       |
| i   | i Other activities?  |   |                  |               |          |       |
| j   | j Total Add lines 1c through 1   | Θ   |                  |               |          |       |
| 2a  | a Did the activities in line 1 cause the organization to   | be not described in section 501(c)(3)?  |                  |               |          |       |
| b   | <b>b</b> If "Yes," enter the amount of any tax incurred under  | section 4912  |                  |               |          |       |
| C   | c If "Yes," enter the amount of any tax incurred by org  | ganization managers under section 4912  |                  |               |          |       |
| d   | <b>d</b> If the filing organization incurred a section 4912 tax  | did it file Form 4720 for this year?  |                  |               |          |       |
| Pa  | Part III-A Complete if the organization is ex 501(c)(6).   | xempt under section 501(c)(4), section 5  | 01(c)(5), o      | r section     |          |       |
|     |  |   |                  |               | Yes      | No    |
| 1   | 1 Were substantially all (90% or more) dues received   | nondeductible by members?   |                  | 1             |          |       |
| 2   | Did the organization make only in-house lobbying ex  | penditures of \$2,000 or less?  |                  | 2             |          |       |
| 3   | B Did the organization agree to carry over lobbying an   | d political expenditures from the prior year?   |                  | 3             |          |       |
| Pa  |  | kempt under section 501(c)(4), section 5<br>, lines 1 and 2, are answered "No" OR (b) |                  |               |          | :)(6) |
| 1   |  |   | 1                |               |          |       |
| 2   | Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was                                |   |                  |               |          |       |
| a   |  |   | 2a               |               |          |       |
| b   |  | W.  | 2b               |               |          |       |
| C   |  | A   | 2c               |               |          |       |
| 3   |  | • •   | 3                |               |          |       |
| 4   | If notices were sent and the amount on line 2c exceethe organization agree to carryover to the reasonable expenditure next year? |   | does 4           |               |          |       |
| 5   | Taxable amount of lobbying and political expenditure   | es (see instructions)   | 5                |               |          |       |
| Р   | Part IV Supplemental Information   |   |                  | -             |          |       |
| Pro | Provide the descriptions required for Part I-A, line 1, Part Instructions), and Part II-B, line 1 Also, complete this part       |   | p list), Part II | -A, lines 1 a | and 2 (s | ee    |
|     | Return Reference   | Explanation   |                  |               |          | 15    |

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#### **SCHEDULE D** (Form 990)

# **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.

OMB No 1545-0047

DLN: 93493319187718

Department of the Treasury

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

|     | me of the organization<br>WDER RIVER BASIN RESOURCE COUNCIL  |   | Employer identification number            |
|-----|--|---|---|
| POI | WDER RIVER BASIN RESOURCE COUNCIL  |   | 74-2183158                                |
| Pa  | ort I Organizations Maintaining Donor Advi   |   | or Accounts.                              |
| _   | Complete if the organization answered "Ye  | (a) Donor advised funds   | (b) Funds and other accounts              |
| 1   | Total number at end of year  | (a) Bollot davised failes   | (b) and and other accounts                |
| 2   | Aggregate value of contributions to (during year)  |   |   |
| 3   | Aggregate value of grants from (during year)   |   |   |
| 4   | Aggregate value at end of year   |   |   |
| 5   | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex  |   | Ivised funds are the                      |
| 6   | Did the organization inform all grantees, donors, and do<br>charitable purposes and not for the benefit of the donor<br>private benefit?   | onor advisors in writing that grant funds can<br>or donor advisor, or for any other purpose o   | be used only for conferring impermissible |
| Pa  | rt II Conservation Easements. Complete if th   | ne organization answered "Yes" on Forr  |   |
| 1   | Purpose(s) of conservation easements held by the organ   |   |   |
|     | Preservation of land for public use (e g , recreation  | n or education)   | historically important land area          |
|     | Protection of natural habitat  | Preservation of a c   | certified historic structure              |
|     | Preservation of open space   |   |   |
| 2   | Complete lines 2a through 2d if the organization held a  | qualified conservation contribution in the for  | m of a conservation                       |
|     | easement on the last day of the tax year   | · ·   | Held at the End of the Year               |
| а   | Total number of conservation easements   |   | 2a  |
| b   | Total acreage restricted by conservation easements   |   | 2b  |
| С.  | Number of conservation easements on a certified histori  | ` '   | 2c  |
| ď   | Number of conservation easements included in (c) acqui structure listed in the National Register   | red after 8/17/06, and not on a historic  | 2d  |
| 3   | Number of conservation easements modified, transferre tax year •   | d, released, extinguished, or terminated by   | the organization during the               |
| 4   | Number of states where property subject to conservation  | n easement is located ►   |   |
| 5   | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds   |   | of violations,                            |
| 6   | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing co  | onservation easements during the year     |
| 7   | Amount of expenses incurred in monitoring, inspecting,  \$ \\$   | handling of violations, and enforcing conser  | vation easements during the year          |
| 8   | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)^{7}$  | above satisfy the requirements of section 1   | 70(h)(4)(B)(ı)                            |
| 9   | In Part XIII, describe how the organization reports cons<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easemen | footnote to the organization's financial state  | nse statement, and                        |
| Par | Organizations Maintaining Collections Complete if the organization answered "Ye  | of Art, Historical Treasures, or Oth  | er Similar Assets.                        |
| 1a  | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan | 6 (ASC 958), not to report in its revenue sta<br>public exhibition, education, or research in f |   |
| b   | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items                    |   |   |
| (   | i) Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                            |
| (ii | i)Assets included in Form 990, Part X  |   | <b>▶</b> \$                               |
| 2   | If the organization received or held works of art, historic following amounts required to be reported under SFAS 1   |   |   |
| а   | Revenue included on Form 990, Part VIII, line 1  |   | <b>▶</b> \$                               |
| b   | Assets included in Form 990, Part X  |   | <u> </u>                                  |

| Pa         | rt III       | Organizations M                                       | laintaining Co               | llections o   | of Art I   | listori  | ical T   | reasi    | ures o     | Other     | Similar A    | ssets (con | tinued)                               | - age   |
|------------|--------------|---|------------------------------|---------------|------------|----------|----------|----------|------------|-----------|--------------|------------|---------------------------------------|---------|
| 3          | Usin         | g the organization's acc<br>s (check all that apply)  | quisition, accessio          |               |            |          |          |          |            |           |              |            |                                       |         |
| а          |              | Public exhibition                                     |                              |               |            | d        |          | Loan     | or exch    | ange pro  | grams        |            |                                       |         |
| b          |              | Scholarly research                                    |                              |               |            | е        |          | Othe     | er         |           |              |            |                                       |         |
| C          |              | Preservation for futur                                | e generations                |               |            |          |          |          |            |           |              |            |                                       |         |
| 4          | Prov<br>Part | ide a description of the<br>XIII                      | organization's co            | llections and | d explain  | how the  | ey furti | her th   | e organiz  | ation's e | exempt purpo | ose in     |                                       |         |
| 5          |              | ng the year, did the org<br>ts to be sold to raise fu |                              |               |            |          |          |          |            |           | mılar        | ☐ Yes      |                                       | 0       |
| Pa         | rt IV        | Escrow and Cust<br>Complete if the or<br>X, line 21.  |                              |               | " on For   | m 990    | ), Part  | : IV, li | ıne 9, o   | r report  | ed an amou   | unt on For | m 990,                                | Part    |
| 1a         |              | e organization an agen<br>ded on Form 990, Part       |                              | an or other   | ıntermed   | lary for | contri   | bution   | ns or othe | er assets | not          | Yes        | ee 🗌 N                                | o       |
| b          | If "Y        | es," explain the arrange                              | ement in Part XIII           | I and comple  | ete the fo | llowing  | table    |          |            |           | Α            | mount      |                                       | -       |
| C          |              | nning balance   |                              | '             |            |          |          |          |            | 1c        |              |            |                                       |         |
| d          |              | tions during the year                                 |                              |               |            |          |          |          |            | 1d        |              |            |                                       |         |
| е          | Dıstr        | ibutions during the yea                               | r                            |               |            |          |          |          |            | 1e        |              |            |                                       |         |
| f          | Endır        | ng balance  |                              |               |            |          |          |          |            | 1f        |              |            |                                       |         |
| 2a<br>h    |              | the organization include                              |                              |               |            |          |          |          |            |           |              | ☐ Yes      |                                       | 0       |
| D.         | art V        | es," explain the arrange                              |                              |               |            |          |          |          |            |           |              |            |                                       |         |
|            | 1144         | Liidowillelit i dii                                   | us. Complete II              | (a)Curren     |            |          | rior yea |          |            |           | (d)Three ye  |            | )Four yea                             | rs back |
| <b>1</b> a | Beginn       | ning of year balance .                                |                              |               |            |          |          |          |            |           |              |            | · · · · · · · · · · · · · · · · · · · |         |
| b          | Contri       | butions   |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| С          | Net in       | vestment earnings, gaii                               | ns, and losses               |               |            |          |          |          |            |           |              |            |                                       |         |
| d          | Grants       | s or scholarships                                     |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| е          |              | expenditures for faciliti<br>rograms                  | es                           |               |            |          |          |          |            |           |              |            |                                       |         |
| f          | Admin        | istrative expenses .                                  |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| g          | End of       | year balance  |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| 2<br>a     |              | de the estimated perce<br>d designated or quasi-e     | -                            | ent year end  | d balance  | (line 1  | g, colu  | mn (a    | ı)) held a | s         |              |            |                                       |         |
| b          | Perm         | anent endowment 🕨                                     |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| С          | Temp         | porarily restricted endo                              | wment 🕨                      |               |            |          |          |          |            |           |              |            |                                       |         |
|            |              | percentages on lines 2a                               |                              |               |            |          |          |          |            |           |              |            |                                       |         |
| За         |              | here endowment funds<br>nization by                   | not in the posses            | sion of the o | organizat  | on that  | t are h  | eld an   | nd admin   | stered f  | or the       |            | Yes                                   | No      |
|            | _            | nrelated organizations                                |                              |               |            |          |          |          |            |           |              | 3a(i       |                                       | No      |
|            |              | elated organizations                                  |                              |               |            |          |          |          |            |           |              | 3a(ii      |                                       |         |
| Ь          |              | es" on 3a(II), are the re                             |                              |               |            |          | dule R   | 2 .      |            |           |              | 3b         |                                       |         |
| 4          | Desci        | ribe in Part XIII the into                            | ended uses of the            | organizatio   | n's endov  | vment f  | funds    |          |            |           |              |            |                                       |         |
| Pa         | rt VI        |   |                              |               | W E-       | 000      | D- 1     | T) ( )   |            | C         | 000 D-       |            | 10                                    |         |
|            | Descri       | Complete if the or iption of property                 | (a) Cost or oti<br>(investme | ner basıs     | (b) Cost   |          |          |          |            |           | depreciation |            | Book valu                             | e       |
| _          | 1 = 1        |   |                              | -             |            |          |          | 27 475   |            |           |              |            |                                       | 27 475  |
|            | Land         |   |                              |               |            |          |          | 27,475   |            |           | A0 101       |            |                                       | 27,475  |
|            | Buildin      | -   |                              |               |            |          | 1.       | 22,265   | -          |           | 40,191       |            |                                       | 82,074  |
|            |              | nold improvements                                     |                              |               |            |          |          | 93 200   |            |           | 65,975       |            |                                       | 16 222  |
|            |              | nent  |                              |               |            |          |          | 82,308   | 1          |           | 03,373       |            |                                       | 16,333  |
| _          |              |   |                              | 10            |            |          |          |          |            |           |              |            |                                       |         |

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

125,882

| See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)   | (b)<br>Book<br>value       | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------------------|---|
| 1) Financial derivatives   |                            |   |
| 2) Closely-held equity interests   |                            |   |
| Α)   |                            |   |
| 3)   |                            |   |
| C)   |                            |   |
| D)   |                            |   |
| E)   |                            |   |
| F)   |                            |   |
| G)   |                            |   |
| Н)   |                            |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )   |                            |   |
| Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Figure 1.   |                            | 11c See Form 900 Bart V line 17                             |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation                                     |
| 1)   |                            | Cost or end-of-year market value                            |
| 2)   |                            |   |
| 3)   |                            |   |
| 4)   |                            |   |
| 5)   |                            |   |
| 6)   |                            |   |
| 7)   |                            |   |
|  |                            |   |
| 8)   |                            |   |
| 8)   |                            |   |
| 9)   |                            |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )   | Yes' on Form 990, Part IV  |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  |                            |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  |                            |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  |                            | /, line 11d See Form 990, Part X, line 15 (b) Book value    |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  |                            |   |
| otal. (Column (b) must equal Form 990, Part X, col (6) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  |                            |   |
| Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 13 )  (c) Description  (d) Description  (e) Description  (f) Description  (g) Descripti |                            |   |
| Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  |                            |   |
| Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)   |                            |   |
| Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  |                            |   |
| Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  |                            |   |
| Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  | 'Yes' on Form 990, Part IV | (b) Book value  |
| otal. (Column (b) must equal Form 990, Part X, col (8) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  otal. (Column (b) must equal Form 990, Part X, col (8) line 15 )  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description  (h) Description  (g) Description  (h) Description  (g) Description of liability  (h) Description of liability  | 'Yes' on Form 990, Part IV | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description  (h) Description  (g) Description  (h) Description  (g) Description of liability  (h) Description of liability  | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Description of liability (g) Description of liability   | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description  (g) Description  (g) Description  (g) Description of liability  (h) Federal income taxes   | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (a) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Description of lia | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description  (g) Description  (g) Description  (g) Description  (g) Description  (g) Description of liability   | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  Fart X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 13 )  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (h) Must equal Form 990, Part X, col (B) line 15 )  (e) Part X Other Liabilities. Complete if the organization are See Form 990, Part X, line 25.  (a) Description of liability  (b) Part X Description of liability  (c) Description of liability  (d) Description of liability  (e) Description of liability  (f) Description of liability  (h) Description of liability   | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  Fart X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  33  4)  55  60  77  88  99  otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes   | 'Yes' on Form 990, Part II | 990, Part IV, line 11e or 11f.                              |

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 XIII 🛚 🗔

| chadula | D (Form | 9901 | 2017 |
|---------|---------|------|------|

Page 4

|                                 | Complete if the organization answered 'Yes' on Form 990, Part I   | IV, line 12a.                                 |         |                         |
|---------------------------------|---|---|---------|-------------------------|
| 1                               | Total revenue, gains, and other support per audited financial statements  |   | 1       |                         |
| 2                               | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |   |         |                         |
| а                               | Net unrealized gains (losses) on investments  | 2a  |         |                         |
| b                               | Donated services and use of facilities  | 2b  |         |                         |
| C                               | Recoveries of prior year grants   | 2c  | ]       |                         |
| ď                               | Other (Describe in Part XIII )  | 2d  |         |                         |
| е                               | Add lines 2a through 2d   | * * * * AR S#R S#R S#                         | 2e      |                         |
| 3                               | Subtract line 2e from line 1  |   | 3       |                         |
| 4                               | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |   |         |                         |
| а                               | Investment expenses not included on Form 990, Part VIII, line 7b .  | 4a  |         |                         |
| Ь                               | Other (Describe in Part XIII )  | 4b  |         |                         |
| C                               | Add lines 4a and 4b   | * * * (00) (40)                               | 4c      |                         |
| 5                               | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )  | * * * * * *                                   | 5       |                         |
| Par                             | t XII Reconciliation of Expenses per Audited Financial Stateme<br>Complete if the organization answered 'Yes' on Form 990, Part I |   | Returi  | n                       |
| 1                               | Total expenses and losses per audited financial statements  | × 9 36 38 3 3                                 | 1       |                         |
| 2                               | Amounts included on line 1 but not on Form 990, Part IX, line 25  | 141   |         |                         |
| а                               | Donated services and use of facilities  | 2a  |         |                         |
| Ь                               | Prior year adjustments  | 2b  |         |                         |
| С                               | Other losses  | 2c  |         |                         |
| •                               |   | 20  |         |                         |
| d                               |   | 2d  |         |                         |
|                                 | Other (Describe in Part XIII )  |   | 2e      |                         |
| d                               | Other (Describe in Part XIII )  | 2d  | 2e      |                         |
| d<br>e                          | Other (Describe in Part XIII )  | 2d  |         |                         |
| d<br>e<br>3                     | Other (Describe in Part XIII )  | 2d  |         |                         |
| d<br>e<br>3<br>4                | Other (Describe in Part XIII )  | 2d  |         |                         |
| d<br>e<br>3<br>4<br>a           | Other (Describe in Part XIII )  | 2d  |         |                         |
| d<br>e<br>3<br>4<br>a<br>b<br>c | Other (Describe in Part XIII )  | 2d  | 3       |                         |
| d<br>e<br>3<br>4<br>a<br>b<br>c | Other (Describe in Part XIII )  | 2d  | 3<br>4c |                         |
| d e 3 4 a b c Frow              | Other (Describe in Part XIII )  | 2d   4a   4b   Part IV, lines 1b and 2b, Part | 4c 5    | 4, Part X, line 2, Part |
| d e 3 4 a b c Frow              | Other (Describe in Part XIII )  | 2d   4a   4b   Part IV, lines 1b and 2b, Part | 4c 5    | 4, Part X, line 2, Part |

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

Schedule D (Form 990) 2017

Page **5** 

| Part XIII | Supplemental Info | rmation <i>(continued)</i> |
|-----------|-------------------|----------------------------|
| Retu      | urn Reference     | Explanation                |

Schedule D (Form 990) 2017

#### efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319187718

OMB No 1545-0047

(Form 990 or 990-EZ)

**SCHEDULE G** 

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete of the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

| -     | riment of the Treasury nal Revenue Service                        | ▶Info                     | rmation about Schedu   |                        |                                      | 990 or Form 990-EZ.<br>I-EZ) and its instructions is    | at www irs  | gov/form990.  | Inspection           |
|-------|---|---------------------------|--|------------------------|--------------------------------------|---|---|---|----------------------|
|       | ne of the organization<br>/DER RIVER BASIN RES                    |                           |  | 10000000               |                                      |   |   |   | entification number  |
|       | DEN HIVER DADIN NE  |                           |  |                        |                                      |   |   | 74-2183158  |                      |
| Pa    |   | -                         | <b>ties.</b> Complete if<br>ire not required t                             | _                      |                                      | answered "Yes" on Fo                                    | orm 990,  | Part IV, line   | 17.                  |
| 1     | Indicate whether the  | organiza                  | tion raised funds th   | nrough an              | y of the fo                          | ollowing activities Check                               | ali that a  | pply  |                      |
| а     | Mail solicitations  |                           | e Solicitation of non-government grants                                    |                        |                                      |   |   |   |                      |
| b     | ☐ Internet and ema  | al solicita               | solicitations f Solicitation of government                                 |                        |                                      |   | grants  |   |                      |
| c     | Phone solicitation  | ıs                        | $oldsymbol{g}$ $oldsymbol{\Box}$ Special fundraising events                |                        |                                      |   |   |   |                      |
| d     | ☐ In-person solicita  | tions                     |  |                        |                                      |   |   |   |                      |
| 2a    | Did the organization or key employees list                        | have a wi                 | ritten or oral agree<br>m 990, Part VII) or                                | ment with<br>entity in | any indiv                            | vidual (including officers<br>in with professional fund | , directors<br>raising se                         |   | es 🗌 No              |
| b     | If "Yes," list the ten h<br>to be compensated a                   | nighest pa<br>t least \$5 | aid individuals or er<br>5,000 by the organi                               | ntities (fu<br>zation  | ndraisers)                           | pursuant to agreement                                   | s under w   | hich the fundrais                                       | ser is               |
| (i) N | me and address of individual (ii) Activity or entity (fundraiser) |                           | (iii) Did<br>fundraiser have<br>custody or<br>control of<br>contributions? |                        | (iv) Gross receipts<br>from activity | or ref  | nount paid to etained by) siser listed in tol (i) | (vi) Amount paid to<br>(or retained by)<br>organization |                      |
|       |   |                           |  | Yes                    | No                                   |   |   |   |                      |
| 1     |   |                           |  |                        |                                      |   |   |   |                      |
| 2     |   |                           |  |                        |                                      |   |   |   |                      |
| 3     |   |                           |  |                        |                                      |   |   |   |                      |
|       |   |                           |  |                        |                                      |   |   |   |                      |
| 4     |   |                           |  |                        |                                      |   |   |   |                      |
| 5     |   |                           |  |                        |                                      |   |   |   |                      |
| 6     |   |                           |  |                        |                                      |   |   |   |                      |
|       |   |                           |  |                        |                                      |   |   |   | ,                    |
| 7     |   |                           |  |                        |                                      |   |   |   |                      |
| 8     |   |                           |  |                        |                                      |   |   |   |                      |
| 9     |   |                           |  | i i                    |                                      |   |   |   |                      |
| 10    |   |                           |  | -                      |                                      |   |   |   |                      |
|       |   |                           |  |                        |                                      |   |   |   |                      |
| ota   | 1   |                           |  |                        | •                                    |   |   |   |                      |
|       | ist all states in which t<br>icensing                             | the organ                 | ization is registered  | d or licens            | sed to soli                          | cit contributions or has l                              | peen notif  | ied it is exempt  | from registration or |
| ::::: |   |                           |  |                        |                                      |   |   | ••••••••  |                      |

| Pa              | than \$15,000 of fundraising e<br>gross receipts greater than \$5                                   | vent contributions and                   | answered "Yes" on For<br>gross income on Form    | m 990, Part IV, line 18<br>n 990-EZ, lines 1 and 6 | , or reported more<br>bb. List events with     |
|-----------------|---|--|--|--|--|
| rkie            |   | (a)Event #1  ANNUAL MEETING (event type) | (b) Event #2  (event type)                       | (c)Other events (total number)                     | (d) Total events (add col (a) through col (c)) |
| Revenue         | 1 Gross receipts  | 10,470                                   |  |  | 10,470   |
|                 | 2 Less Contributions  | 9,217                                    |  |  | 9,217  |
| Expenses        | 4 Cash prizes   |  |  |  |  |
| Direct          | 9 Other direct expenses 10 Direct expense summary Add lines 4 ti                                    | 1,253<br>hrough 9 in column (d)          |  |  | 1,253  |
| Pai             | 11 Net income summary Subtract line 10  t III Gaming. Complete if the orga on Form 990-EZ, line 6a. | from line 3, column (d)                  | es" on Form 990, Part I                          | ▶<br>IV, line 19, or reported                      | ·  |
| Reverkie        |   | (a) Bingo                                | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming                                   | (d) Total gaming (add col (a) through col (c)) |
| Direct Expenses | 2 Cash prizes   |  |  |  |  |
|                 | <b>6</b> Volunteer labor  | Yes % No                                 | ☐ Yes % ☐ No                                     | ☐ Yes %  |  |
|                 | 7 Direct expense summary Add lines 2 to 8 Net gaming income summary Subtract                        |  |  |  |  |
| 9<br>a<br>b     | Enter the state(s) in which the organization licensed to conduct gas If "No," explain               | ming activities in each of               | these states?                                    |  | ☐ Yes ☐ No                                     |
| 10a<br>b        | Were any of the organization's gaming lice If "Yes," explain  |  | d or terminated during the                       | e tax year?  | Yes No   |

| Sche | dule G (Form 990 or 990-EZ) 2017  |   |  |              |   | P          | Page 3  |
|------|---|---|--|--------------|---|------------|---------|
| 11   | Does the organization conduct gaming  | activities with nonmembe                | ers?   |              | Yes                                     | □ No       |         |
| 12   | Is the organization a grantor, beneficial formed to administer charitable gamin |   | a member of a partnership or other entity  |              | Yes                                     |            |         |
| 13   | Indicate the percentage of gaming acti  | vity conducted in                       |  | 1 1          | cs                                      |            |         |
| а    | The organization's facility   |   |  | 13a          |   |            | %       |
| b    | An outside facility   |   |  | 13b          |   |            | %       |
| 14   | Enter the name and address of the per   | son who prepares the org                | anization's gaming/special events books and r  | ecords       | _                                       |            |         |
|      | Name •  |   |  |              |   |            |         |
|      | Address Does the organization have a contract revenue?                          | . ,                                     |  | ************ | Yes                                     | □No        | ******* |
| Ь    | If "Yes," enter the amount of gaming r<br>amount of gaming revenue retained by  |   | ganization 🕨 \$ and the  | ne           |   |            |         |
| С    | If "Yes," enter name and address of th  | \\ <del></del>                          | <del></del>  |              |   |            |         |
|      | Name ►  |   |  |              | *************************************** |            |         |
|      | Address ►   |   |  |              |   |            |         |
| 16   | Gaming manager information  |   |  |              |   |            |         |
|      | Name ►  |   |  |              |   |            |         |
|      | Gaming manager compensation ► \$  |   |  |              |   |            |         |
|      | Description of services provided ▶  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |              |   | ********** |         |
|      | ☐ Director/officer  | ☐ Employee                              | ☐ Independent contractor   |              |   |            |         |
| 17   | Mandatory distributions   |   |  |              |   |            |         |
| а    | Is the organization required under state retain the state gaming license?       | e law to make charitable o              | distributions from the gaming proceeds to  |              | Yes                                     | ΠNο        |         |
| b    | Enter the amount of distributions requi   | red under state law distrib             | outed to other exempt organizations or spent   |              | <u> </u>                                | □ NO       |         |
|      | in the organization's own exempt activ  | ities during the tax year               | <b>\$</b>  |              |   |            |         |
| Par  |   |   | itions required by Part I, line 2b, column<br>plicable. Also provide any additional info |              |   |            | 5).     |
|      | Return Reference  |   | Explanation  |              |   |            |         |
|      |   |   | Sched  | ule G (Fo    | rm 990 or                               | 990-EZ) 2  | 2017    |

DLN: 93493319187718

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection** 

Name of the organization

POWDER RIVER BASIN RESOURCE COUNCIL

**Employer identification number** 

74-2183158

| Return Reference                        | Explanation  |
|---|--|
| FORM 990 -<br>ORGANIZATION'S<br>MISSION | - THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE - THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS - THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING WORKING TO PROT ECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRENTL Y HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND HAS FOUR LOCAL COMMUNITY GRO UPS THROUGHOUT WYOMING THAT ARE AFFILIATED WITH POWDER RIVER POWDER RIVER BASIN RESOURCE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONSERV ATION ISSUES THE GROUP UNITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND A GRICULTURALISTS WITH A DEEP RESPECT FOR THE LAND AROUND A SHARED VISION TO PROTECT AND IMP ROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES SPLIT ESTATE AND PRIVATE PROPERTY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDITIORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERN ET JOURNALS ADDRESSING THE ISSUES ON WHICH OUR ORGANIZATION IS WORKING ON POWDER RIVER PUBLISHES THE POWDER RIVER BREAKS ON A BIMONTHLY BASIS FROM JANUARY! FEBRUARY TO NOVEMBER/DE CEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE ISSUES AND P ROJECTS UNDERTAKEN BY POWDER RIVER IT IS PROVIDED TO MEMBERS AND IS AVAILABLE TO THE PUBLIC AT LIBRARIES ACROSS THE STATE AND OTHER DESIGNATED DROP SITES POWDER RIVER MAINTAINS A WEBSITE AT WWW POWDERRIVER BASIN RESOURCE COUNCIL IS ADDRESSING POWDER RIVER BASIN RESOURCE COUNCIL SADDRESSING POWDER RIVER BASIN RESOURCE COUNCIL BOADD MEMBERS AND IS OVERSEEN BY THE BOAND OF THE POWDER RIVER BASIN RESOURCE COUNCIL BOADD MEMBERS PROMEDER RIVER BASIN RESOURCE COUNCIL BOADD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER BASIN RESOURCE RIVER'S WORK IS OVERSEEN BY THE BOAND OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOADD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER BASIN RESOURCE RIVER'S WORK IS OVERSEEN BY THE BOAND OF THE PUBLIC EVERY YEAR A KEYNOTE SPEAKER PROVIDES INSIGHTS AND INFORMATION ON SELECTED ISSUES AND IS OPEN TO THE POWDER RIVER BANDIN |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | WDER RIVER IN MEMORIAM OF BILL BARLOW ONE OF OUR FOUNDING MEMBERS THE AWARDS WORK TO ENGA GE YOUNG PEOPLE IN PUBLIC POLICY DEBATES SURROUNDING ENERGY DEVELOPMENT AND ITS IMPACTS ON WYOMING'S LAND, WATER AND AIR RESOURCE CRITERIA FOR THE AWARD ARE ON THE POWDER RIVER WE BSITE IN 2017, THE AWARDES WERE THERESA BAUTZ FOR HER PROJECT ON "KEEPING THE SAGE IN S AGEBRUSH", ROXANNE ROGERS AND KATIE LABUDA FOR THEIR STUDY ON "SINGEING SOILS- AND CAITLIN HUAN FOR HER PROJECT ON "PROMOTING RENEWABLE ENERGY VIA ORGANIC SOLAR CELLS CARTRIDGES FOR KIDS RECYCLING - CFK (CARTRIDGES FOR KIDS) IS A RECYCLING PROGRAM THAT POWDER RIVER BAS IN RESOURCE COUNCIL HAS BEEN PARTICIPATING IN SINCE APRIL 2011 TO HELP FUND OUR YOUTH IN C ONSERVATION PROGRAM WE RECYCLE CELL PHONGS, LAPTODPS, MP3 PLAYERS, PDAS, LASER AND INXJET CARTRIDGES, TABLETS, E-READERS AND NOTEBOOKS WE RECYCLE AT FOUR LOCATIONS IN THE SHERIDAN AREA IN 2017, POWDER RIVER'S MULTI-YEAR EFFORT TO PROTECT HOMES AND FARMS FROM A PROPOSE D NEW COAL MINE ON THE TONGUE RIVER WAS SUCCESSFUL THE PROPOSED MINE PERMIT FAILED TO PRO TECT OR PREVENT DAMAGE OUTSIDE THE PERMIT AREA FROM MINING, SUBSIDENCE OR BLASTING TO NEAR BY HOMES AND FARMS, DOMESTIC WATER WELLS AND THE TONGUE RIVER WAS USCESSFUL THE PROPOSED MINE PERMIT HALED TO PRO TECT OR PREVENT DAMAGE OUTSIDE THE PERMIT AREA FROM MINING, SUBSIDENCE OR BLASTING TO NEAR BY HOMES AND FARMS, DOMESTIC WATER WELLS AND THE TONGUE RIVER THE MINE PERMIT WAS FOUND TO BE DEFICIENT IN ADDRESSING THESE AREAS AND WAS REJECTED BY THE WYOMING ENVIRONMENTAL QUA LITY COUNCIL THE PERMITTEE MUST ADDRESS THESE ISSUES IN A REVISED PERMIT WE ALSO SUCCEED ED IN ENSURING THE LARGEST COAL MINES IN THE POWDER RIVER BASIN ARE NO LONG SELF-BONDED AN D COAL COMPANIES REPLACED 24 BILLION DOLLARS IN SELF-BONDING WITH FINANCIAL GUARANTEES TO ENSURE ADEQUATE ANALYSIS ON THE IMPACTS OF LEASING THERE IS GREAT PUBLIC INTEREST IN FED ERAL COAL LEASING AND OUR STAFF FIELDS REGULAR CALLS AND EMAILS FROM LOCAL, REGIONAL AND N ATIONAL REPORTERS AND PROVIDES CRITICAL BA |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | FTER SPEAKERS FOR NO TILL, COVER CROPS, LIVESTOCK GRAZING AND SOIL HEALTH IN THE U S WE P ARTNERED WITH THE WYOMING BUSINESS COUNCIL AND THE FARMER VETERAN COALITION TO BRING THE N ATIONAL "HOMEGROWN BY HEROES" PROGRAM TO WYOMING FINALLY, WE HOSTED OUR 12TH ANNUAL HARVE ST CELEBRATION WITH OVER 100 ATTENDEES GATHERED TO ENJOY HOME GROWN FOOD AND FUN POWDER R IVER HAS WORKED TIRELESSLY TO PUSH THE WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY TO SECU RE FINANCIAL ASSURANCE FOR THE CLEAN-UP OF 12 GRANDFATHERED, UNBONDED COMMERCIAL OILFIELD WASTE DISPOSAL FACILITIES IN 2017, WE SUCCEEDED AND SAVED WYOMING TAXPAYERS THE POTENTIAL LIABILITY OF NEARLY 10 MILLION IN CLEAN-UP COSTS FOR THOSE DISPOSAL FACILITIES WE CONTIN UED OUR EFFORTS TO AID THE PAVILLION AREA LANDOWNERS TO GET ADDITIONAL INVESTIGATIONS OF T HEIR WATER WELL CONTAMINATION AND CLEAN-UP OF OLD OIL AND GAS WASTES DISPOSAL PITS IN RES PONSE, THE STATE GOT THE INDUSTRY TO INCREASE CLEAN-UP EFFORTS OF CONTAMINATED PITS AND PLUG LEAKING GAS WELLS IN THE FIELD WE ALSO WORKED TO ENGAGE LEADERS AND MEMBERS IN EFFORTS TO REDUCE AIR POLLUTION FROM OIL AND GAS FACILITIES BY EXPANDING RULES CURRENTLY IN EFFECT IN THE GREEN RIVER BASIN TO OTHER AREAS OF THE STATE WE CONTINUE TO HOLD THE STATE AND FEDERAL AGENCIES ACCOUNTABLE FOR PLUGGING AND RECLAMATION OF ORPHAN OIL AND GAS WELLS OUR ORGANIZING OUTREACH TO REDUCE THE IMPACTS OF OIL AND GAS DRILLING TO SUBURBAN AREAS NEAR CHEYENNE, WYOMING HAVE BEEN HELPFUL IN ENSURING THE HEALTH AND SAFETY OF NEARBY RESIDENTS IS PARAMOUNT FOR INDUSTRY, LOCAL AND STATE AGENCIES POWDER RIVER ALSO CONTINUES TO MONITO R AND ADDRESS URANIUM DEVELOPMENT IMPACTS AND ENSURE THE PUBLIC IS ENGAGED IN ANY PROPOSAL S TO ADDRESS CONCERNS RELATED TO POTENTIAL NUCLEAR WASTE STORAGE PROPOSALS IN THE STATE MEANWHILE, IN LATE 2017 WE LAUNCHED A NEW RENEWABLE ENERGY EDUCATION CAMPAIGN TARGETING SOL AR UTILIZATION AND OPPORTUNITIES IN THE STATE FINALLY, OUR EFFORTS TO ENGAGE MEMBERS AND CITIZENS IN PROTECTION THE FORTIFICATION WILDERNESS STUDY A REA RES |

| Return<br>Reference                         | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A | MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING |

| Return<br>Reference  | Explanation   |
|----------------------|---|
| FORM 990,<br>PAGE 6, | DURING THE ANNUAL MEETING MEMBERS OF THE ORGANIZATION MAY PROPOSE RESOLUTIONS OUTLINING THE ACTIVITIES AND PROJECTS THAT THEY WOULD LIKE THE ORGANIZATION TO PARTICIPATE IN OR PURSUE THE       |
| PART VI,<br>LINE 7B  | RESOLUTION MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS AND THE RESOLUTIONS ARE THEN USED AS GUIDANCE BY THE BOARD OF DIRECTORS TO DETERMINE THE SUBSEQUENT YEAR'S ACTIVITIES OR PROJECTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE BOARD REVIEWED A DRAFT OF THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING |

| Return<br>Reference | Explanation   |
|---------------------|---|
| PART VÍ,            | EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY, BOTH INTERNALLY AND WITH THE BOARD OF DIRECTORS AS ISSUES ARISE, THEY ARE CAREFULLY ANALYZED AGAINST THE POLICY TO ENSURE THE APPROPRIATE RESPONSE AND/OR REPORTING OF SUCH CONFLICTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | BOARD OF DIRECTORS REVIEWS JOB PERFORMANCE AND MAKES RECOMMENDATION WITHIN BUDGET CONSTRAINTS FOR KEY STAFF COMPENSATION |

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST |

Form **990 و** 

Department of the

Treasury Internal Revenue Service

### **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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

| A F          | or t  | he 2019           | calendar year, or tax year begin   | ning 01-01-2018 , and ending 12-3              | 31-2018        |                       |          |                         |
|--------------|---|-------------------|--|--|----------------|-----------------------|----------|-------------------------|
| B Che        | ck ıf   | applicable        | C Name of organization   | TO UNION                                       |                | D Employer id         | ientıf   | ication number          |
|              |   | _                 | POWDER RIVER BASIN RESOURCE C  | OUNCIL   |                | 74-218315             | 8        |                         |
|              |   | -                 | Donn hueiness as   |  |                | _                     | •        |                         |
|              |   |                   |  |  |                |                       |          |                         |
|              |   | The second second |  | ail is not delivered to street address) Room/s | uite           | E Telephone nu        | ımber    |                         |
|              | plrcat  | tion pendir       | 934 N MAIN STREET  |  |                | (307) 672-            | 5809     |                         |
|              |   |                   |  | try, and ZIP or foreign postal code            |                |                       |          |                         |
|              |   |                   | SHERIDAN, WY 82801   |  |                | <b>G</b> Gross receip | ts \$ 5  | 10,268                  |
|              | Address changes   Dongs business as   Dongs business   Dongs business as   Dongs business   Dongs busin  |                   | for  |  |                |                       |          |                         |
|              | Charter dispolitable  Disposition  Charter designation  Disposition  Charter designation  Disposition  Dispo |                   |  | □Yes ☑No                                       |                |                       |          |                         |
|              |   |                   | SHERIDAN, WY 82801   |  |                |                       |          | ☐ Yes ☐No               |
| I Ta         | x-exe   | empt status       | 5 <b>✓</b> 501(c)(3)   | insert no ) 4947(a)(1) or 527                  | 1              |                       | (see     | instructions)           |
| J W          | ebsi  | ite:▶ W           | WW POWDERRIVERBASIN ORG  |  | H(c) Gro       | up exemption nur      | mber     | <b>&gt;</b>             |
|              |   |                   |  |  |                |                       |          |                         |
| <b>K</b> For | n of c  | organizatio       | n 🗹 Corporation 🗆 Trust 🗀 Asso   | ciation Other ►                                | L Year of for  |                       |          | of legal domicile       |
|              |   |                   |  |  |                | , , ,                 |          |                         |
| P            | _   |                   | Harris de la companya del companya del la companya del companya de la companya del companya de la companya del la companya de la companya del la companya del la companya de la companya del la companya de la companya de la companya del la compa |  |                |                       |          |                         |
|              | 1   |                   |  |  | F AND RURAL    | LIFESTYLE - THI       | E COI    | NSERVATION OF           |
|              |   | WYOMIN            | G'S UNIQUE LAND, MINERAL, WATE   | R, AND CLEAN AIR RESOURCES CONSI               | STENT WITH     | RESPONSIBLE US        | SE OF    | THOSE RESOURCES         |
| Ce           |   |                   |  |  |                |                       |          |                         |
| Ē            |   | CITIZEN           | 3 TO RAISE A COHERENT VOICE IN   | THE DECISIONS THAT WILL IMPACT TO              | TEIR ENVIRON   | IMENT AND LIFES       | DITLE    |                         |
| le II        | 3   |                   |  |  |                |                       |          |                         |
| 30           |   |                   |  |  |                |                       |          |                         |
| ×6           |   |                   |  |  |                |                       |          | 13                      |
| ē            |   |                   |  |  |                |                       |          | 13                      |
| Ē            |   |                   |  | 8  |                |                       |          |                         |
| Act          |   |                   | , ,  |  |                | •                     | <u> </u> | 120                     |
| •            |   |                   | ·  | ' '  | _              | 0                     |          |                         |
|              | ı   |                   |  | •  | _              |                       |          |                         |
| _            |   | Net unit          | elated business taxable income from  | 1 FORTH 990-1, line 34                         |                | ·                     | 70       | Current Warr            |
|              |   | Contribu          | thons and grants (Bort VIII June 1h)   |  | -              |                       | _        | Current Year<br>499,635 |
| Ē            |   |                   |  |  | -              | 322,433               | _        | 499,033                 |
| έVe          |   | _                 |  |  | -              | 7 904                 |          | 7,372                   |
| æ            |   |                   |  |  | -              |                       |          | 2,675                   |
|              | l   |                   |  |  | -              |                       |          | 509,682                 |
| $\leftarrow$ | _   |                   |  |  | _              |                       |          | 0                       |
|              |   |                   |  | , ,,   |                |                       |          | 0                       |
|              |   |                   |  |  | -              | 227.019               |          | 378,179                 |
| Š            |   |                   |  | ,        | -              | 337,310               | -        | 3/8,1/9                 |
| <u>6</u>     | ı   |                   | - · · · · · · · · · · · · · · · · · · ·  |  | -              |                       |          |                         |
| ×            | ı   |                   |  |  | -              | 136 671               |          | 97,563                  |
|              |   |                   |  |  | -              |                       |          | 475,742                 |
|              |   |                   |  | , ,,,  | -              |                       |          | 33,940                  |
| - 5          |   | Nevende           | ress expenses Subtract line to he  | ME 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1      | Beginne        |                       |          | End of Year             |
| S C          |   |                   |  |  |                | J                     |          |                         |
| SSe          | 20  | Total as          | sets (Part X, line 16)   | 28 28 282 100 285                              |                | 1,002,805             |          | 1,028,705               |
| A P          | 21  | Total lia         | bilities (Part X, line 26)   |  |                | 10,611                |          | 2,571                   |
| žZ           | 22  | Net asse          | ets or fund balances Subtract line 2   | 1 from line 20                                 |                | 992,194               |          | 1,026,134               |
| Pa           | rt II   | Sign              | nature Block   |  |                |                       |          |                         |
|              |   |                   |  |  |                |                       |          |                         |
|              |   |                   | er, it is true, correct, and complete  | declaration of preparer (other than off        | icer) is based | on all information    | n or v   | vnich preparer has      |
| -            |   | T.                |  |  |                |                       |          |                         |
|              |   | Conn              | ture of officer  |  |                |                       |          |                         |
| Sign         |   | Sigila            | ture of officer  |  | U              | ate                   |          |                         |
| Here         |   |                   |  |  |                |                       |          |                         |
|              |   | I P               | <del></del>  | 12 3 3   |                |                       |          |                         |
|              |   |                   | Print/Type preparer's name   |  |                |                       |          | 5                       |
| Paid         |   | 1                 | Figure name MOUATT TOUNGON & C   |  | se             | lf-employed           |          |                         |
|              |   | ei                | THIN 5 HAIRE FINDHALL JOHNSON & G  | ODWIN LLP                                      |                | IIII S ELIN 📂 83-023. | 2230     |                         |
| Use          | On  | ily 🍴             | Firm's address ▶ PO BOX 603  |  | P              | none no (307) 672-    | 6494     |                         |
|              |   |                   | SHERIDAN, WY 828010  | 0603   |                |                       |          |                         |

☑ Yes ☐ No

| Form         | 1 990 (2         | 018)   |                              |   |   | Page <b>2</b>          |
|--------------|------------------|--|------------------------------|---|---|------------------------|
| Pa           | art III          | Statement of Prog                            | ram Service Accompli         | shments                                       |   |                        |
|              |                  | Check if Schedule O coi                      | ntains a response or note to | any line in this Part III                     | * * * * * * * * * * * * * * * * * * *   | 🗹                      |
| 1            | Briefly          | describe the organization                    |                              |   |   |                        |
| UNIC<br>LIVE | UE LAN<br>LIHOOD | D, MINERAL, WATER, AN<br>OF PRESENT AND FUTU | ND CLEAN AIR RESOURCES       | CONSISTENT WITH RESPO<br>DUCATION AND EMPOWER | RURAL LIFESTYLE - THE CONSERVA<br>DNSIBLE USE OF THOSE RESOURCES<br>MENT OF WYOMING'S CITIZENS TO | TO SUSTAIN THE         |
| _            |                  |  |                              |   |   |                        |
| 2            | Did th           | e organization undertake                     | any significant program se   | rvices during the year whi                    | ch were not listed on   |                        |
|              | the pr           | or Form 990 or 990-EZ?                       |                              |   |   | 🗌 Yes 🗹 No             |
|              | If "Yes          | ," describe these new se                     | ervices on Schedule O        |   |   |                        |
| 3            | Did th           | e organization cease con                     | ducting, or make significant | changes in how it conduc                      | ts, any program   |                        |
|              | service          | es <sup>7</sup>                              |                              |   |   | ☐ Yes ☑ No             |
|              | If "Yes          | ," describe these change                     | es on Schedule O             |   |   |                        |
| 4            | Section          | n 501(c)(3) and 501(c)(4                     |                              | d to report the amount of                     | orgest program services, as measure<br>grants and allocations to others, the                      |                        |
| 4a           | (Code            | ) (Ex  | penses \$ 466,273            | including grants of \$                        | ) (Revenue \$   | )                      |
|              | See Ad           | ditional Data                                |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
| 4b           | (Code            | ) (Ex  | penses \$                    | including grants of \$                        | ) (Revenue \$   | )                      |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              | -                |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              | 2                |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              | -                |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
| 4c           | (Code            | ) (Ex  | penses \$                    | including grants of \$                        | ) (Revenue \$   | )                      |
|              | 5                |  |                              |   |   |                        |
|              | -                |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
|              | -                |  |                              |   |   |                        |
|              |                  |  |                              |   |   |                        |
| 4d           |                  | program services (Descr                      | · ·                          |   |   |                        |
|              | (Exper           |  | including grants o           |   | ) (Revenue \$   | )                      |
| 4e           | Total            | program service expe                         | nses ▶ 466,                  | 273   |   |                        |
|              |                  |  |                              |   |   | Form <b>990</b> (2018) |

Part 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   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏   | 2   | Yes |    |
| 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   | Yes |    |
| 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 |
| 8   |   | 8   |     | No |
| 9   | 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 services? If "Yes," complete Schedule D, Part IV             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏  | 10  |     | No |
| 11  | or X as applicable  |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |    |
| Ь   | 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 🥦   | 11b |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥞   | 11e |     | No |
| f   | 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  | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
| 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  | 12b |     | No |
| 13  | Is the organization a school described in section $170(b)(1)(A)(II)^2$ If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| Ь   | 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 | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |
| 21  | 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   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No |

| Part IV   | Checklist of | Required   | Schedules | (continued |
|-----------|--------------|------------|-----------|------------|
| ı aıtıv ı | OHCCKIISE OF | 17Cquii Cu | SCHOUGICS | 1          |

|     |   |     | Yes | No       |
|-----|---|-----|-----|----------|
| 23  | 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? <i>If "Yes," complete Schedule J</i>   | 23  |     | No       |
| 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 complete Schedule K If "No," go to line 25a                             | 24a |     | No       |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No       |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I                                      | 25b |     | No       |
| 26  | 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?  If "Yes," complete Schedule L, Part II                                | 26  |     | No       |
| 27  | 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 of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No       |
| 28  | 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)  |     |     |          |
| а   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i>  |     |     |          |
|     | Part IV   | 28a |     | No       |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No       |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No       |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$  | 29  |     | No       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30  |     | No       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |     | No       |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II   | 32  |     | No       |
| 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, Part I  | 33  |     | No       |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |     | No       |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No       |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |          |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No       |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No       |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |          |
| Par |   |     |     |          |
|     | Check if Schedule O contains a response or note to any line in this Part V  |     | · 1 | <u> </u> |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   6  |     | Yes | No       |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  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  | 3   |     |    |  |  |  |  |  |  |
|-----|--|-----|-----|----|--|--|--|--|--|--|
| b   | 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 |    |  |  |  |  |  |  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | No |  |  |  |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year $^2$ If "No" to line 3b, provide an explanation in Schedule $O$  | 3b  |     |    |  |  |  |  |  |  |
| 4a  | 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 |  |  |  |  |  |  |
| Ь   | 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?   | 5c  |     |    |  |  |  |  |  |  |
| 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?                                    | 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).  |     |     |    |  |  |  |  |  |  |
| a   | a 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?   |     |     |    |  |  |  |  |  |  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |    |  |  |  |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | No |  |  |  |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |    |  |  |  |  |  |  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | No |  |  |  |  |  |  |
| f   | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |     |    |  |  |  |  |  |  |
| g   | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |     |    |  |  |  |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |    |  |  |  |  |  |  |
| 8   | <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?   |     |     |    |  |  |  |  |  |  |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |    |  |  |  |  |  |  |
| Ь   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9Ь  |     |    |  |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter   |     |     |    |  |  |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |  |  |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |    |  |  |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter  |     |     |    |  |  |  |  |  |  |
| а   | 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   12b  |     |     |    |  |  |  |  |  |  |
| 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?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a |     |    |  |  |  |  |  |  |
| 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  |     |     |    |  |  |  |  |  |  |
| С   | 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 |     |    |  |  |  |  |  |  |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N                       | 15  |     | No |  |  |  |  |  |  |
|     | 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O   |     |     |    |  |  |  |  |  |  |

| Se  | ection A. Governing Body and Management  |        |     |    |
|-----|--|--------|-----|----|
|     | W 2  |        | Yes | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  13  |        |     |    |
|     | 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  13   |        |     |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |        |     |    |
| 3   |  | 3      |     | No |
|     | of officers, directors or trustees, or key employees to a management company or other person?  |        |     | 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      |     | No |
|     | 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   |        |     |    |
| a   | The governing body?  | 8a     | Yes |    |
| Ь   | 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  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code | )   |    |
|     |  |        | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a    | Yes |    |
| 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    | Yes |    |
| 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   |        |     |    |
| 12a | 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    |     | No |
| c   | 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 |    |
|     | Other officers or key employees of the organization  | 15b    |     | No |
|     | 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    |     |    |
|     | ction C. Disclosure  |        |     |    |
|     | 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-A 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)   |        |     |    |
|     | 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 ▶POWDER RIVER BASIN RESOURCE COUNCIL 934 NORTH MAIN STREET SHERIDAN, WY 82801 (307) 672-5809  |        |     |    |

| orm | 990 | (2018) |  |
|-----|-----|--------|--|

## 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

| (A)                             | (B)  |   |                       | (C      | )            |                              |        | (D)   | (E)  | (F)  |  |
|---------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| Name and Title                  | Average<br>hours per<br>week (list<br>any hours<br>for related | Position (do not check more<br>than one box, unless person<br>is both an officer and a<br>director/trustee) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099- | Reportable compensation from related organizations (W- 2/1099- | Estimated<br>amount of other<br>compensation<br>from the<br>organization and |  |
|                                 | organizations<br>below dotted<br>line)                         | Individual trustee<br>or director   | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC)   | MISC)  | related<br>organizations   |  |
| (1) JOYCE EVANS<br>CHAIR        | 1 00   | х   |                       | х       |              |                              |        | 0   | 0  | o  |  |
| (2) BOB LERESCHE VC, IMMED PA   | 1 00   | ×   |                       | х       |              |                              |        | 0   | 0  | 0  |  |
| (3) CHRISTY GERRITS SECRETARY   | 1 00   | х   |                       | x       |              |                              |        | 0   | 0  | 0  |  |
| (4) ROGER DAVIDSON<br>TREASURER | 1 00   | х   |                       | ×       |              |                              |        | 0   | 0  | 0  |  |
| (5) JUDY LEGGETT DIRECTOR       | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (6) DJ PURCELL DIRECTOR         | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (7) WAYNE LAX DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (8) CAROL LERESCHE DIRECTOR     | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (9) WILMA TOPE DIRECTOR         | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | .0   |  |
| (10) MARCIA WESTKOTT DIRECTOR   | 1 00   | Х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (11) GILLIAN MALONE DIRECTOR    | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (12) JOAN TELLEZ DIRECTOR       | 1 00   | х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (13) STACY PAGE DIRECTOR        | 1 00   | Х   |                       |         |              |                              |        | 0   | 0  | 0  |  |
| (14) JILL MORRISON<br>EXEC DIR  | 40 00  |   |                       | х       |              |                              |        | 48,000  | 0  | 35,087   |  |
|                                 |  |   |                       |         |              |                              |        |   |  |  |  |
|                                 |  |   |                       |         |              |                              |        |   |  |  |  |
|                                 |  |   |                       |         |              |                              |        |   |  |  |  |

| Р | art VII Section A. Officers, Direc  | tors, Trustees   | , Keγ                             | Emp  | loye              | ees,                | and                          | High                              | nest Cor                                     | npensat   | ed Employees                      | (cont  | inued)           |        |
|---|---|--|-----------------------------------|--|-------------------|---------------------|------------------------------|-----------------------------------|--|---|-----------------------------------|--|------------------|--------|
|   | <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any hours for related | than o                            | Position (do not check more chan one box, unless person is both an officer and a director/trustee) |                   |                     |                              | Repo<br>compe<br>fror<br>organiza | D) ortable ensation in the ation (W- 9-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) |                                   | (F) Estimated amount of other compensation from the organization and |                  |        |
| - |   | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee  | Officer           | key employee        | Highest compensated employee | Former                            | 2/103  |   | 2, 1099-MI3C                      | -)   | relat<br>organiz | ed '   |
| _ |   | -  |                                   |  |                   |                     |                              |                                   |  |   |                                   | -  |                  |        |
| _ |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
| - |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
| _ |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
| _ |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
|   |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   | -  |                  |        |
|   |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   | -  |                  |        |
| _ |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
| _ |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   | $\perp$  |                  |        |
|   | Sub-Total   |  |                                   |  |                   |                     | •                            |                                   |  |   |                                   | +  |                  |        |
|   | Total (add lines 1b and 1c)   |  |                                   |  |                   |                     | <b>&gt;</b>                  |                                   |  | 48,000  |                                   |  |                  | 35,087 |
| 2 | Total number of individuals (including of reportable compensation from the                |  | to thos                           | e list   | ed al             | bove                | e) who                       | rece                              | eived mor                                    | re than \$1   | .00,000                           |  |                  |        |
| - |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   | _  | Yes              | No     |
| 3 | Did the organization list any former  |  |                                   |  |                   |                     |                              |                                   |  | npensated   | l employee on                     |  |                  |        |
|   | line 1a? If "Yes," complete Schedule 3  |  |                                   |  |                   |                     |                              |                                   |  |   |                                   | 3  |                  | No     |
| 4 | For any individual listed on line 1a, is organization and related organization individual | the sum of repositions signerated than \$              | 150,000                           | comp<br>0? <i>If</i><br>•  | ensa<br>"Yes<br>• | ition<br>," co<br>• | and on the complete          | ther<br>e Sc                      | compens                                      | sation fror<br>for such   | n the                             | 4  |                  | No     |
| 5 | Did any person listed on line 1a receivers services rendered to the organization          |  |                                   |  |                   |                     |                              |                                   |  |   | ıvıdual for<br>• • •              | 5  |                  | No     |
|   | ection B. Independent Contract  |  |                                   |  |                   | _                   |                              |                                   |  |   |                                   |  |                  |        |
| 1 | Complete this table for your five high-<br>from the organization Report comper            | est compensate<br>nsation for the c                    | d indepe<br>alendar               | ender<br>year  | nt co<br>end      | ntra<br>ing '       | ictors t<br>with o           | that<br>r wit                     | received<br>hin the oi                       | more thar<br>rganizatio   | n \$100,000 of co<br>n's tax year | mpen   | sation           |        |
|   | Name a  | (A)<br>and business addre                              | 55                                |  |                   |                     |                              |                                   |  | Desc  | (B)<br>cription of services       |  | (C<br>Comper     |        |
|   |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
|   |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
|   |   |  |                                   |  |                   |                     |                              |                                   |  |   |                                   |  |                  |        |
|   | Total number of independent contractor compensation from the organization ▶               | s (including but                                       | not lim                           | ited t   | o the             | ose                 | listed                       | abov                              | /e) who re                                   | eceived m   | ore than \$100,00                 | 00 of  |                  |        |

| Check if Schedule O contains                                   |             |                      | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under section 512 - 514 |
|--|-------------|----------------------|----------------------|--|---|---|
| 1a Federated campaigns   | 1a          |                      |                      |  |   |   |
| b Membership dues  | 1ь          |                      |                      |  |   |   |
| c Fundraising events   | 1c          | 22,124               |                      |  |   |   |
| d Related organizations  | 1d          |                      |                      |  |   |   |
| e Government grants (contributions)                            | 1e          |                      |                      |  |   |   |
| All other contributions, gifts, grants                         |             |                      |                      |  |   |   |
| b Membership dues  |             | 477,511              |                      |  |   |   |
| I Total Add lines 14-11  | 56          | Business             | 499,635<br>Code      |  |   |   |
| 2a   |             |                      |                      |  |   |   |
| h  |             |                      |                      |  |   |   |
| c =  |             |                      |                      |  |   |   |
| d  |             |                      |                      |  |   |   |
| е  |             |                      |                      | _                                      |   |   |
| f All other program service revenu                             | e           |                      |                      |  |   |   |
| gTotal. Add lines 2a-2f  | 926         |                      |                      |  |   |   |
| 3 Investment income (including divi                            |             | est and other        |                      |  |   |   |
| similar amounts)   | · ·         | est, and other       | 7,372                | 2                                      |   | 7,3   |
| 4 Income from investment of tax-ex                             | empt bond   | proceeds <b>&gt;</b> |                      |  |   |   |
| 5 Royalties  |             | · · ·                |                      |  |   |   |
| (ı) Rea  | al (        | (II) Personal        |                      |  |   |   |
| 6a Gross rents   |             |                      |                      |  |   |   |
| <b>b</b> Less rental expenses                                  |             |                      | -                    |  |   |   |
|  |             |                      |                      |  |   |   |
| c Rental income or (loss)                                      |             |                      |                      |  |   |   |
| d Net rental income or (loss) .                                |             |                      | 1                    |  |   |   |
| (I) Secur  |             | (II) Other           |                      |  | -                                       | -   |
| 7a Gross amount  | icies       | (II) Ochler          | 1                    |  |   |   |
| from sales of assets other                                     |             |                      |                      |  |   |   |
| than inventory   |             |                      |                      |  |   |   |
| b Less cost or   |             |                      | 1                    |  |   |   |
| other basis and sales expenses                                 |             |                      |                      |  |   |   |
| C Gain or (loss)   |             |                      | ]                    |  |   |   |
| d Net gain or (loss)   | 49          | <b>•</b>             |                      |  |   |   |
| 8a Gross income from fundraising ev                            | ents of     |                      |                      |  |   |   |
| (not including \$ 22,124<br>contributions reported on line 1c) | 01          |                      |                      |  |   |   |
| See Part IV, line 18   |             | 586                  |                      |  |   |   |
| <b>b</b> Less direct expenses                                  | ь           | 586                  |                      |  |   |   |
| c Net income or (loss) from fundrai                            | sing events | 8 8 <b>&gt;</b>      | -11                  |  |   |   |
| 9a Gross income from gaming activit<br>See Part IV, line 19    | ties        |                      |                      |  |   |   |
| Josef artify, line 13  | a           | 2,675                |                      |  |   |   |
| <b>b</b> Less direct expenses                                  | ь           |                      | 1                    |  |   |   |
| c Net income or (loss) from gaming                             |             | 0 10 -               | 2,675                |  |   | 2,6   |
| 10aGross sales of inventory, less                              |             |                      |                      |  |   |   |
| returns and allowances   |             |                      |                      |  |   |   |
|  | a           |                      |                      |  |   |   |
| <b>b</b> Less cost of goods sold                               | ь           |                      | J                    |  |   |   |
| C Net income or (loss) from sales o                            |             |                      |                      |  |   | -   |
| Miscellaneous Revenue  | В           | usiness Code         |                      |  |   |   |
| 11a  |             |                      |                      |  |   |   |
|  |             |                      |                      |  |   |   |
| ь  |             |                      |                      |  |   |   |
|  |             |                      |                      |  |   |   |
| c  |             |                      |                      |  |   |   |
|  |             |                      |                      |  |   | 1   |
|  | 1           |                      | I                    | I                                      |   | T   |
| d All other revenue  |             |                      |                      |  |   |   |
| d All other revenue e Total. Add lines 11a-11d                 | 120 720 100 | . •                  |                      |  |   |   |

#### Part IX Statement of Functional Expenses

| section 501(c)(3) and 501(c)(4) | organizations must complete all columns | All other organizations must complete column (A) | , |
|---------------------------------|---|--|---|
|---------------------------------|---|--|---|

|           | Check if Schedule O contains a response or note to any  | line in this Part IX . |                              | O+1 ★ ★ O+1 O+1                     |                                       |
|-----------|---|------------------------|------------------------------|-------------------------------------|---------------------------------------|
| Do<br>7b, | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraisingexpenses            |
| 1         | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                        | - Companies                  | general expenses                    |                                       |
| 2         | Grants and other assistance to domestic individuals See<br>Part IV, line 22   |                        |                              |                                     |                                       |
| 3         | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16   |                        |                              |                                     |                                       |
| 4         | Benefits paid to or for members   |                        |                              |                                     |                                       |
| 5         | Compensation of current officers, directors, trustees, and key employees  | 83,087                 | 82,965                       |                                     | 122                                   |
| 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  | 218,552                | 215,591                      | 2,873                               | 88                                    |
| 8         | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 6,054                  | 5,879                        | 108                                 | 67                                    |
| 9         | Other employee benefits   | 49,643                 | 48,214                       | 1,296                               | 133                                   |
| 10        | Payroll taxes   | 20,843                 | 20,428                       | 302                                 | 113                                   |
| 11        | Fees for services (non-employees)   |                        |                              |                                     |                                       |
| а         | Management  |                        |                              |                                     |                                       |
| ь         | Legal   | 250                    | 250                          |                                     |                                       |
| c         | : Accounting  | 2,400                  |                              | 2,400                               |                                       |
| d         | Lobbying  |                        |                              |                                     | · · · · · · · · · · · · · · · · · · · |
| e         | Professional fundraising services See Part IV, line 17  |                        |                              |                                     |                                       |
| f         | Investment management fees  |                        |                              |                                     |                                       |
| g         | Other (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule O)   | 7,503                  | 7,502                        | 1                                   |                                       |
| 12        | Advertising and promotion   | 1,289                  | 1,288                        | 1                                   |                                       |
| 13        | Office expenses   | 24,961                 | 24,399                       | 229                                 | 333                                   |
| 14        | Information technology  | 684                    | 684                          |                                     |                                       |
| 15        | Royalties   |                        |                              |                                     |                                       |
| 16        | Occupancy   | 7,393                  | 7,365                        | 26                                  | 2                                     |
| 17        | Travel  | 19,883                 | 19,832                       | 48                                  | 3                                     |
|           | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                        |                              |                                     |                                       |
| 19        | Conferences, conventions, and meetings  | 7,909                  | 6,851                        | 3                                   | 1,055                                 |
| 20        | Interest  |                        |                              |                                     |                                       |
| 21        | Payments to affiliates  |                        |                              |                                     |                                       |
| 22        | Depreciation, depletion, and amortization   | 10,579                 | 10,459                       | 114                                 | 6                                     |
| 23        | Insurance   | 7,859                  | 7,779                        | 79                                  | 1                                     |
|           | 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)                    |                        |                              |                                     |                                       |
| ā         | a DUES  | 4,433                  | 4,381                        | 46                                  | 6                                     |
| Ė         | CONTRACT WORK   | 1,219                  | 1,219                        |                                     | <u></u>                               |
| Č         | REPAIRS AND MAINTENANCE   | 1,201                  | 1,187                        | 14                                  | -                                     |
| c         |   |                        |                              |                                     | <del></del>                           |
| e         | All other expenses  |                        |                              |                                     |                                       |
| 25        | Total functional expenses. Add lines 1 through 24e  | 475,742                | 466,273                      | 7,540                               | 1,929                                 |
|           | 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) |                        |                              |                                     |                                       |

Part X Balance Sheet

|               |    | Check if Schedule O contains a response or not   | e to ar                      | ny line in this Part IX                |                          | .0.0 |                    |
|---------------|----|--|------------------------------|--|--------------------------|------|--------------------|
|               |    |  |                              |  | (A)<br>Beginning of year |      | (B)<br>End of year |
|               | 1  | Cash-non-interest-bearing  |                              | •                                      | 11,057                   | 1    | 14,378             |
|               | 2  | Savings and temporary cash investments .   |                              |  | 865,866                  | 2    | 897,753            |
|               | 3  | Pledges and grants receivable, net   |                              | 3                                      |                          |      |                    |
|               | 4  | Accounts receivable, net   |                              |  |                          | 4    |                    |
|               | 5  | Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L   |                              | 5                                      |                          |      |                    |
| ts            | _  | section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | n 4958<br>tions c<br>(see in | (c)(3)(B), and<br>of section 501(c)(9) |                          | 6    |                    |
| ssets         | 7  | Notes and loans receivable, net  |                              |  |                          | 7    |                    |
| As            | 8  | Inventories for sale or use  |                              | •                                      |                          | 8    |                    |
| -             | 9  | Prepaid expenses and deferred charges  |                              |  |                          | 9    |                    |
|               |    | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D   | 10a                          | 233,320                                |                          |      |                    |
|               | Ь  | Less accumulated depreciation  | 10b                          | 116,746                                | 125,882                  | 10c  | 116,574            |
|               | 11 | Investments—publicly traded securities .   |                              | 8                                      |                          | 11   |                    |
|               | 12 | Investments—other securities See Part IV, line   |                              | 2 2 2                                  |                          | 12   |                    |
|               | 13 | Investments—program-related See Part IV, line  |                              |  |                          | 13   |                    |
|               | 14 | Intangible assets  |                              | 14                                     |                          |      |                    |
|               | 15 | Other assets See Part IV, line 11  |                              | 15                                     |                          |      |                    |
|               | 16 | Total assets.Add lines 1 through 15 (must equal line 34)   |                              |  | 1,002,805                | 16   | 1,028,705          |
|               | 17 | Accounts payable and accrued expenses  | 10,611                       | 17                                     | 2,571                    |      |                    |
|               | 18 | Grants payable   |                              | 18                                     |                          |      |                    |
|               | 19 | Deferred revenue   |                              |  |                          | 19   |                    |
|               | 20 | Tax-exempt bond liabilities  |                              |  |                          | 20   |                    |
| Ś             | 21 | Escrow or custodial account liability Complete P   | art IV                       | of Schedule D                          |                          | 21   |                    |
| Liabilities   | 22 | Loans and other payables to current and former key employees, highest compensated employees  |                              |  |                          |      |                    |
| ge            |    | persons Complete Part II of Schedule L   |                              |  |                          | 22   |                    |
|               | 23 | Secured mortgages and notes payable to unrela  | ted thu                      | rd parties                             |                          | 23   |                    |
|               | 24 | Unsecured notes and loans payable to unrelated   | third p                      | parties                                |                          | 24   |                    |
|               | 25 | Other liabilities (including federal income tax, pa<br>and other liabilities not included on lines 17 - 24<br>Complete Part X of Schedule D                                | ,                            | 25                                     |                          |      |                    |
|               | 26 | Total liabilities.Add lines 17 through 25  |                              |  | 10,611                   | 26   | 2,571              |
| Fund Balances | 27 | Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 Unrestricted net assets  |                              |  |                          | 27   |                    |
| Bal           | 28 | Temporarily restricted net assets  |                              |  |                          | 28   |                    |
| 힏             | 29 | Permanently restricted net assets  |                              | ĺ                                      |                          | 29   |                    |
| 희             |    | Organizations that do not follow SFAS 117 (  | ASC 9                        | <b>158</b> ),                          |                          |      |                    |
| 히             | 30 | check here ▶ ☑ and complete lines 30 the Capital stock or trust principal, or current funds  |                              |  |                          | 30   |                    |
| je            | 31 | Paid-in or capital surplus, or land, building or equ   | uıpmer                       | nt fund                                |                          | 31   |                    |
| Ass           | 32 | Retained earnings, endowment, accumulated inc  |                              | - 1                                    | 992,194                  | 32   | 1,026,134          |
| Ę             | 33 | Total net assets or fund balances  |                              |  | 992,194                  | 33   | 1,026,134          |
|               | 34 | Total liabilities and net assets/fund balances .   |                              |  | 1,002,805                | 34   | 1,028,705          |

Page **12** 

Form 990 (2018)

Part XI

**Reconcilliation of Net Assets** 

| 1          | Accounting method used to prepare the Form 990  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in   |    |                     |
|------------|---|----|---------------------|
|            | Schedule O  |    | - 1                 |
| 2a         | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a | No                  |
|            | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  |    |                     |
|            | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |    |                     |
| b          | Were the organization's financial statements audited by an independent accountant?  | 2b | No                  |
|            | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both   |    |                     |
|            | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |    |                     |
| С          | 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? | 2c |                     |
|            | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  |    |                     |
| <b>3</b> a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a | No                  |
| 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      | 3b |                     |
|            |   | Fo | rm <b>990</b> (2018 |

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-2183158

Name: POWDER RIVER BASIN RESOURCE COUNCIL

Form 990 (2018)

#### Form 990, Part III, Line 4a:

POWDER RIVER BASIN RESOURCE COUNCIL'S (POWDER RIVER) MISSION STATEMENT REMAINS THE GUIDING PRINCIPLE FOR OUR WORK THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS. THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING WORKING TO PROTECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRENTLY HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND HAS FOUR LOCAL COMMUNITY GROUPS THROUGHOUT WYOMING THAT ARE AFFILIATED WITH POWDER RIVER POWDER RIVER BASIN RESOURCE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONSERVATION ISSUES THE GROUP UNITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND AGRICULTURALISTS WITH A STRONG LAND STEWARDSHIP ETHIC AROUND A SHARED VISION TO PROTECT AND IMPROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES SPLIT ESTATE AND PRIVATE PROPERTY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDITORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES OUR ORGANIZATION IS WORKING TO ADDRESS POWDER RIVER PUBLISHES THE POWDER RIVER BREAKS ON A BIMONTHLY BASIS FROM JANUARY/ FEBRUARY TO NOVEMBER/DECEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE ISSUES AND PROJECTS UNDERTAKEN BY POWDER RIVER IT IS PROVIDED TO MEMBERS AND IS AVAILABLE TO THE PUBLIC AT LIBRARIES ACROSS THE STATE AND OTHER DESIGNATED DROP SITES POWDER RIVER MAINTAINS A WEBSITE AT WWW POWDERRIVERBASIN ORG THAT INFORMS AND EDUCATES THE PUBLIC ON CONSERVATION ISSUES THAT POWDER RIVER BASIN RESOURCE COUNCIL IS ADDRESSING WE ALSO MAINTAIN A LIBRARY IN OUR OFFICE CONTAINING HISTORICAL AND CURRENT DOCUMENTS RELATED TO WATER, LAND, SUSTAINABLE AGRICULTURE AND RESOURCE DEVELOPMENT ISSUES POWDER RIVER BASIN RESOURCE COUNCIL HAS TWO OFFICE LOCATIONS IN WYOMING THE MAIN OFFICE IS LOCATED IN SHERIDAN AND WE HAVE AN OFFICE AND STAFF IN LARAMIE POWDER RIVER'S WORK IS OVERSEEN BY THE BOARD OF DIRECTORS FOR THE POWDER RIVER BASIN RESOURCE COUNCIL BOARD MEMBERS ARE ELECTED FROM AND BY THE POWDER RIVER MEMBERSHIP FOR A TWO YEAR TERM AS A GRASSROOTS ORGANIZATION, MEMBERS DECIDE THE DIRECTION AND FOCUS OF POWDER RIVER'S WORK MEMBERS BRING RESOLUTIONS FOR A VOTE OF MEMBERSHIP APPROVAL AT THE ANNUAL MEÉTING THAT IS HELD IN THE AUTUMN OF EACH YEAR AND IS OPEN TO THE PUBLIC EVERY YEAR A KEYNOTE SPEAKER PROVIDES INSIGHTS AND INFORMATION ON SELECTED ISSUES AND IS OPEN TO QUESTIONS FROM THE AUDIENCE THAT NORMALLY RANGES FROM 100 TO 200 PEOPLE IN 2018, OUR 46TH ANNUAL MEETING THEME WAS, "OUR WATER, OUR LAND, OUR LEGACY- AND FEATURED CONSERVATION PHOTOGRAPHER, MIKE FORSBERG, AS THE KEYNOTE SPEAKER EVERY YEAR POWDER RIVER SPONSORS SCHOLARSHIPS AT THE WYOMING HIGH SCHOOL STATE SCIENCE FAIR FOR SCIENCE PROJECTS THAT PROMOTE CONSERVATION AND EDUCATION ON THE PRAIRIE ECOSYSTEMS OF WYOMING THE YOUTH IN CONSERVATION AWARDS ARE A CASH AWARD TO SELECTED PARTICIPANTS IN THE WYOMING STATE SCIENCE FAIR WHOSE PROJECTS MEET THE CRITERIA FOR THE AWARD EACH YEAR JUDGES FROM POWDER RIVER SELECT THE BEST PROJECTS OUT OF THE MANY THEY VIEW AT THE STATE SCIENCE FAIR THIS FAIR IS VISITED BY THOUSANDS OF STUDENTS AND ADULTS EACH YEAR. THE YOUTH IN CONSERVATION AWARD WAS STARTED WITH FUNDS RECEIVED BY POWDER RIVER IN MEMORIAM OF BILL BARLOW ONE OF OUR FOUNDING MEMBERS. THESE AWARDS HONOR STUDENTS WHOSE SCIENCE FAIR PROJECTS STUDY WYOMING ECOSYSTEMS, CONSIDER IMPACTS OF DEVELOPMENT ON THE NATURAL ENVIRONMENT OR OUR AGRICULTURAL HERITAGE, OR EXPLORE INNOVATIVE ENERGY ALTERNATIVES. THE WINNERS IN 2018 WERE EDUARDO BURGOS FROM GREYBULL HIGH SCHOOL FOR A PROJECT WAS TITLED, "POTENTIAL BIOREMEDIATION OF WASTE HYDROCARBONS UTILIZATION OF MYCORRHIZAL FUNGI AS AN ENVIRONMENT AGENT, KORT BANNAN FROM LUSK ELEMENTARY MIDDLE SCHOOL FOR SAVING THE OCEAN 1 FIBER AT A TIME AND RUEBEN MCGUIRE OF PIONEER PARK ELEMENTARY IN CHEYENNE FOR WATER + SPIN = POWER IN 2018, OUR LOCAL FOOD AND AGRICULTURE EFFORTS FOCUSED ON THE SHERIDAN FOOD FOREST WITH A TREE PRUNING WORKSHOP IN APRIL, FOUR POLLINATOR COUNTS (MAY - AUGUST), PLUS FOUR WORKDAYS (JUNE, JULY, AUGUST, AND OCTOBER) WYOMING PUBLIC BROADCASTING SHOT A SEGMENT ON THE POLLINATOR HABITAT AT THE FOOD FOREST IN SEPTEMBER WE ALSO WELCOMED THE NATIONAL FAMILY FARM COALITION (NFFC) ON THEIR AMERICA THE BOUNTIFUL TOUR THIS SUMMER AND CONTINUED EFFORTS ON FEDERAL LIVESTOCK AND LABELING WHICH CONTINUES TO BE AN ISSUE FOR BOTH WYOMING LIVESTOCK PRODUCERS AND CONSUMERS, SINCE USDA ALLOWS MEAT FROM FOREIGN ANIMALS PROCESSED IN US MEAT PROCESSING PLANTS TO BE LABELLED AS "PRODUCT OF THE USA " WE PROMOTED THE SHERIDAN SEED LIBRARY AND PRODUCED A VIDEO WHICH WE SHARED ON SOCIAL MEDIA, AND BEGAN COLLABORATING WITH SHERIDAN 4H WE WORKED WITH THE 4H PROGRAM TO START A MOBILE SEED LIBRARY FOR THE DOWNTOWN FARMERS MARKET, WHICH WAS SUCCESSFUL IN GETTING MORE SEEDS OUT IN THE COMMUNITY DURING THE GROWING SEASON IN OCTOBER, WE CO-HOSTED A SEED SAVING WORKSHOP FOR 4H STUDENTS POWDER RIVER'S 13TH ANNUAL HARVEST CELEBRATION & POTLUCK WAS HELD ON SATURDAY, SEPTEMBER 8TH AT THE BIG HORN WOMAN'S CLUB AND FEATURED LOCALLY RAISED BEEF AND LAMB BURGERS. AS ALWAYS, OUR MEMBERS PROVIDED A BOUNTIFUL AMOUNT OF LOCAL, HOMEMADE SIDE DISHES, SALADS, AND DESSERTS. APPROXIMATELY 100 POWDER RIVER MEMBERS, FAMILY, AND FRIENDS GATHERED FOR AN EVENING FILLED WITH LOCAL FOOD, BREWS, AND MUSIC. ON THE COAL MINING FRONT, POWDER RIVER DEFENDED OUR VICTORY TO PROTECT HOMES AND FARMS FROM A PROPOSED NEW COAL MINE ON THE TONGUE RIVER. OUR MEMBERS AND STAFF CONTINUED TO TRACK THE PROPOSED REVISIONS TO THE MINE PERMIT WHICH IS STILL UNDER REVISION TO ADDRESS ALL THE DEFICIENCIES IN RESPONSE TO PUBLIC PRESSURE FROM OUR ORGANIZATION. THE WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY TOOK IMPORTANT STEPS IN 2018 TO MOVE FORWARD WITH ITS PROPOSED RULEMAKING THAT WILL COMPLETELY REVISE HOW COAL COMPANIES CAN QUALIFY FOR SELF-BONDING, LIMITING THE CONTROVERSIAL PRACTICE TO COMPANIES WITH EXCELLENT CREDIT HISTORIES AND RATINGS THE NEW RULES WERE ADVANCED IN 2018 IN ADDITION TO BEING GOOD POLICY FOR WYOMING, THE RULEMAKING COULD ALSO SET A NATIONAL PRECEDENT FOR THE FEDERAL OFFICE OF SURFACE MINING AND OTHER STATES WE ALSO MADE THE CASE FOR INCREASED COAL RECLAMATION WORK AND RECLAMATION JOBS IN JULY, WE PUBLISHED A NEW REPORT "RECLAIM WYOMING PRIORITIZE COAL MINE RECLAMATION" WHICH TRACKED RECLAMATION STATISTICS FROM FOURTEEN COAL MINES IN THE STATE THE REPORT MADE HEADLINE NEWS ACROSS THE STATE, INCLUDING A FRONT PAGE STORY IN THE GILLETTE NEWS RECORD FEATURING PHOTOS TAKEN ON AN ECOFLIGHT AERIAL TOUR WE HOSTED WE CONTINUED TO CHALLENGE RISKY NEW COMPANIES IN THE POWDER RIVER BASIN IN AUGUST, WE EARNED AN IMPORTANT DECISION FROM A FEDERAL COURT JUDGE IN MONTANA WHO RULED THAT THE DEPARTMENT OF INTERIOR HAS TO REVISE ITS RESOURCE MANAGEMENT PLAN FOR THE POWDER RIVER BASIN TO ANALYZE THE OPTION OF REDUCING COAL LEASING TO CURB RUNAWAY CLIMATE CHANGE. THE JUDGE GAVE INTERIOR A DEADLINE OF THE END OF 2019 TO COMPLETE ITS NEW COAL LEASING STUDY ON THE OIL AND GAS WORK, POWDER RIVER SCORED A SIGNIFICANT VICTORY THIS PAST YEAR WITH THE SUCCESSFUL CHALLENGE TO AN INDUSTRY PROPOSAL TO EXEMPT THE SUSSEX FRESHWATER AQUIFER FROM DRINKING WATER PROTECTION STANDARDS AND INJECT FRACKING WASTE AND PRODUCED WATER INTO IT WE ORGANIZED A PUBLIC PRESENTATION ON MAY 7TH IN CHEYENNE FEATURING GROUNDWATER AND GEOLOGY EXPERTS, SUE SPENCER AND MIKE WIREMAN THE PRESENTATIONS FOCUSED ON LESSONS LEARNED FROM OTHER OIL AND GAS FIELDS AND HOW TO PROTECT VALUABLE GROUNDWATER RESOURCES POWDER RIVER AND OUR MEMBERS WILL CONTINUE OUR SUCCESSFUL WORK TO HOLD INDUSTRY AND POLICY MAKERS ACCOUNTABLE AND TO PROTECT OUR CRITICAL WATER RESOURCES WE ACTIVELY ENGAGED IN PUSHING THE WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) AIR QUALITY DIVISION TO REQUIRE STRICT POLLUTION MEASURES TO CONTROL OIL AND GAS AIR POLLUTION, LIMIT METHANE EMISSIONS AND MAINTAIN AND IMPLEMENT BEST AVAILABLE CONTROL TECHNOLOGY WE ALSO CELEBRATED THE PASSAGE OF BONDING AND PLUGGING REQUIREMENTS FOR WASTE INJECTION WELLS IN MARCH OF 2018 IN CONTROL DEPARTMENT AND OUR AFEIL AND OUR AFEIL AND A CONCEDNED CHIZENS (PACC) HOSTED A CONTROL THE PASSAGE OF BONDING AND PLUGGING REQUIREMENTS FOR WASTE INJECTION WELLS IN MARCH OF 2018 IN OCTOBER, POWDER RIVER AND OUR AFFILIATE, PAVILLION AREA CONCERNED CITIZENS (PACC) HOSTED A FORUM IN RIVERTON TO HIGHLIGHT THE ONGOING CONCERNS OF LANDOWNERS AND INDEPENDENT SCIENTISTS REGARDING CONTAMINATION AND FINDING A LONG-TERM SOLUTION TO PROVIDE A CLEAN WATER SUPPLY WE CONTINUE TO KEEP THIS ISSUE IN THE SPOTLIGHT BY WORKING WITH REPORTERS AND NEWS OUTLETS TO CARRY THE STORY WE CONTINUE OUR CAMPAIG

#### efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

**SCHEDULE A** 

Department of the Treasury

(Form 990 or 990EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

DLN: 93493316014279

2018

Open to Public Inspection

Internal Revenue Service | Name of the organization Employer identification number POWDER RIVER BASIN RESOURCE COUNCIL Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is  $\,$  (For lines 1 through 12, check only one box )A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in ~ section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization in your governing document? other support (see organization monetary support (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170

(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| _ 5         | Section A. Public Support  |                          |                      |                         |   |          |              |                    |
|-------------|--|--------------------------|----------------------|-------------------------|---|----------|--------------|--------------------|
|             | Calendar year  | (a) 2014                 | <b>(b)</b> 2015      | (c) 2016                | (d) 2017                                  | (e)      | 2018         | (f) Total          |
|             | (or fiscal year beginning in) ▶                                    | (4) ===                  | (-,                  | (-,                     | (-, -, -, -, -, -, -, -, -, -, -, -, -, - | (-)      | -            | (1) 1000           |
| 1           | Gifts, grants, contributions, and membership fees received (Do not | 551,044                  | 564,649              | 436,529                 | 522,435                                   |          | 499,635      | 2,574,292          |
|             | include any "unusual grant ")                                      | 331,011                  | 304,043              | 430,323                 | 322,433                                   |          | 433,033      | 2,314,232          |
| 2           | Tax revenues levied for the  |                          |                      |                         | *   |          |              |                    |
| _           | organization's benefit and either paid                             |                          |                      |                         |   |          |              |                    |
|             | to or expended on its behalf                                       |                          |                      |                         |   |          |              |                    |
| 3           | The value of services or facilities                                |                          |                      |                         |   |          |              |                    |
|             | furnished by a governmental unit to                                |                          |                      |                         |   |          |              |                    |
|             | the organization without charge                                    |                          |                      |                         |   |          |              |                    |
| 4           | Total. Add lines 1 through 3                                       | 551,044                  | 564,649              | 436,529                 | 522,435                                   |          | 499,635      | 2,574,292          |
| 5           | The portion of total contributions by                              |                          |                      |                         |   |          |              |                    |
|             | each person (other than a  |                          |                      |                         |   |          |              |                    |
|             | governmental unit or publicly                                      |                          |                      |                         |   |          |              | 165,720            |
|             | supported organization) included on                                |                          |                      |                         |   |          |              | 103,720            |
|             | line 1 that exceeds 2% of the amount                               |                          |                      |                         |   |          |              |                    |
|             | shown on line 11, column (f)                                       |                          |                      |                         |   |          |              |                    |
| 6           | Public support. Subtract line 5 from                               |                          |                      |                         |   |          |              | 2,408,572          |
|             | line 4   |                          |                      |                         |   |          |              | 2,100,372          |
| S           | ection B. Total Support  |                          |                      |                         |   |          |              |                    |
|             | Calendar year  | (a)2014                  | <b>(b)</b> 2015      | (c)2016                 | (d)2017                                   | (e):     | 2018         | (f)Total           |
|             | (or fiscal year beginning in) ▶                                    |                          |                      |                         |   | (0).     |              |                    |
| 7           |  | 551,044                  | 564,649              | 436,529                 | 522,435                                   |          | 499,635      | 2, <b>574</b> ,292 |
| 8           | Gross income from interest,  |                          |                      |                         |   |          |              |                    |
|             | dividends, payments received on                                    | 1,342                    | 1,566                | 1,565                   | 2,894                                     |          | 7,372        | 14,739             |
|             | securities loans, rents, royalties and                             | _,                       | 2,000                | 2/000                   | 2,03.                                     |          | .,5.2        | 2.,.02             |
|             | income from similar sources  |                          |                      |                         |   |          |              |                    |
| 9           | Net income from unrelated business                                 | 2.740                    |                      |                         | A ====                                    |          | 4 676        |                    |
|             | activities, whether or not the                                     | 2,740                    | 5,705                | 1,825                   | 2,525                                     |          | 1,675        | 14,470             |
|             | business is regularly carried on                                   |                          |                      |                         |   |          |              |                    |
| 10          | Other income Do not include gain or                                |                          |                      |                         |   |          |              |                    |
|             | loss from the sale of capital assets<br>(Explain in Part VI )      |                          |                      |                         | J   |          |              |                    |
| 11          | Total support. Add lines 7 through                                 |                          |                      |                         |   |          |              |                    |
| 11          | 10   |                          |                      |                         |   |          | 1            | 2,603,501          |
| 12          | Gross receipts from related activities, e                          | tc (see instruction      | ns)                  |                         |   | 12       |              | 16 156             |
|             |  |                          |                      |                         |   | _        |              | 16,156             |
| 13          | First five years. If the Form 990 is for                           | r the organization'      | s first, second, thi | rd, fourth, or fifth    | tax year as a sect                        | ion 501  | (c)(3) orgai | nızatıon,          |
|             | check this box and stop here                                       |                          |                      |                         |   |          | ▶ □          |                    |
| S           | ection C. Computation of Public                                    |                          |                      |                         |   |          |              |                    |
|             |  |                          |                      | olumn (f))              |   | 144      |              | 03.540.0/          |
| 14          |  |                          |                      | olullin (1))            |   | 14       |              | 92 510 %           |
| 15          |  |                          |                      |                         |   | 15       |              | 92 020 %           |
| <b>16</b> a | 33 1/3% support test—2018. If the                                  | organization did n       | ot check the box o   | on line 13, and line    | ! 14 is 33 1/3% or                        | more, c  | heck this b  |                    |
|             | and stop here. The organization qualif                             | ies as a publicly si     | upported organizat   | tion                    |   |          |              | ▶ ☑                |
| h           | 33 1/3% support test-2017. If the                                  |                          |                      |                         | nd line 15 is 33 1/                       | 3% or n  | nore, check  |                    |
|             |  |                          |                      |                         | 20 00 1,                                  |          | ,            | ▶ □                |
|             | box and <b>stop here.</b> The organization                         |                          |                      |                         | 42.46                                     |          | 4.4          |                    |
| 17a         | 10%-facts-and-circumstances test                                   |                          |                      |                         |   |          |              |                    |
|             | is 10% or more, and if the organization                            |                          |                      |                         |   |          |              |                    |
|             | in Part VI how the organization meets t                            | ine racts-and-circ       | umstances" test      | ine organization q      | uaiifies as a public                      | ciy supp | ortea        |                    |
|             | organization   |                          |                      |                         |   |          |              | ▶ □                |
| b           | 10%-facts-and-circumstances tes                                    | <b>t—2017.</b> If the or | ganızatıon dıd not   | check a box on lin      | e 13, 16a, 16b, o                         | r 17a, a | nd line      |                    |
|             | 15 is 10% or more, and if the organiza                             |                          |                      |                         |   |          |              |                    |
|             | Explain in Part VI how the organization                            | n meets the "facts       | -and-circumstance    | es" test. The organ     | ization qualifies a                       | s a pubi | ıcly         |                    |
|             | supported organization   |                          |                      |                         |   |          |              | ightharpoons       |
| 12          | Private foundation. If the organization                            | n did not check a        | box on line 13, 16   | a, 16b, 17a. or 17      | b, check this box                         | and see  |              | -                  |
|             |  |                          | ,                    | , = = , = : = , = ; = ; | ,   |          |              | $\blacksquare$     |
| _           | instructions   |                          |                      |                         |   |          |              |                    |

| Sche | dule A (Form 990 or 990-EZ) 2018  |                    |                       |                       |                    |                    | Page <b>3</b> |  |
|------|---|--------------------|-----------------------|-----------------------|--------------------|--------------------|---------------|--|
| P    | art III Support Schedule for  |                    |                       |                       |                    |                    |               |  |
|      | (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) |                    |                       |                       |                    |                    |               |  |
| -    |   | qualify under      | the tests listed i    | pelow, please co      | omplete Part II.   | )                  |               |  |
|      | ection A. Public Support Calendar year  |                    |                       |                       | r                  | ľ                  | Y             |  |
|      | (or fiscal year beginning in) ▶   | (a) 2014           | <b>(b)</b> 2015       | (c) 2016              | (d) 2017           | (e) 2018           | (f) Total     |  |
| 1    | Gifts, grants, contributions, and   |                    |                       |                       |                    |                    |               |  |
|      | membership fees received (Do not  |                    |                       |                       |                    |                    |               |  |
| _    | include any "unusual grants ")<br>Gross receipts from admissions,   |                    |                       |                       |                    |                    |               |  |
| 2    | merchandise sold or services  |                    |                       |                       |                    |                    |               |  |
|      | performed, or facilities furnished in   |                    |                       |                       |                    |                    |               |  |
|      | any activity that is related to the   |                    |                       |                       |                    |                    |               |  |
|      | organization's tax-exempt purpose   |                    |                       |                       |                    |                    |               |  |
| 3    | Gross receipts from activities that are   |                    |                       |                       |                    |                    |               |  |
|      | not an unrelated trade or business under section 513  |                    |                       |                       |                    |                    |               |  |
| 4    | Tax revenues levied for the   |                    |                       |                       |                    |                    |               |  |
|      | organization's benefit and either paid  |                    |                       |                       |                    |                    |               |  |
|      | to or expended on its behalf  |                    |                       |                       |                    |                    |               |  |
| 5    | The value of services or facilities   |                    |                       |                       |                    |                    |               |  |
|      | furnished by a governmental unit to the organization without charge   |                    |                       |                       |                    |                    |               |  |
| 6    | Total. Add lines 1 through 5  |                    |                       |                       |                    |                    |               |  |
| _    | Amounts included on lines 1, 2, and   |                    |                       |                       |                    |                    |               |  |
| , ,  | 3 received from disqualified persons  |                    |                       |                       |                    |                    |               |  |
| Ь    | Amounts included on lines 2 and 3   |                    |                       |                       |                    |                    |               |  |
|      | received from other than disqualified   |                    |                       |                       |                    |                    |               |  |
|      | persons that exceed the greater of<br>\$5,000 or 1% of the amount on line   |                    |                       |                       |                    |                    |               |  |
|      | 13 for the year   |                    |                       |                       |                    |                    |               |  |
| С    | Add lines 7a and 7b   |                    |                       |                       |                    |                    |               |  |
| 8    | Public support. (Subtract line 7c   |                    |                       |                       |                    |                    |               |  |
|      | from line 6 )   |                    |                       |                       |                    |                    |               |  |
| Se   | ection B. Total Support   |                    |                       |                       |                    |                    |               |  |
|      | Calendar year   | (a) 2014           | <b>(b)</b> 2015       | (c) 2016              | (d) 2017           | (e) 2018           | (f) Total     |  |
| _    | (or fiscal year beginning in) ▶   | (4) 2021           | (5) 2015              | (0, 2010              | (4) 2017           | (0, 2010           | (1) Total     |  |
|      | Amounts from line 6   |                    |                       |                       |                    |                    |               |  |
| 10a  | Gross income from interest, dividends, payments received on   |                    |                       |                       |                    |                    |               |  |
|      | securities loans, rents, royalties and  |                    |                       |                       |                    |                    |               |  |
|      | income from similar sources   |                    |                       |                       |                    |                    |               |  |
| b    | Unrelated business taxable income   |                    |                       |                       |                    |                    |               |  |
|      | (less section 511 taxes) from   |                    |                       |                       |                    |                    |               |  |
|      | businesses acquired after June 30,<br>1975  |                    |                       |                       |                    |                    |               |  |
| С    | Add lines 10a and 10b   |                    |                       |                       |                    |                    |               |  |
| 11   | Net income from unrelated business  |                    |                       |                       |                    |                    |               |  |
|      | activities not included in line 10b,  |                    |                       |                       |                    |                    |               |  |
|      | whether or not the business is  |                    |                       |                       |                    |                    |               |  |
| 40   | regularly carried on<br>Other income Do not include gain or   |                    |                       |                       |                    |                    |               |  |
| 12   | loss from the sale of capital assets  |                    |                       |                       |                    |                    |               |  |
|      | (Explain in Part VI )   |                    |                       |                       |                    |                    |               |  |
| 13   | Total support. (Add lines 9, 10c,   |                    |                       |                       |                    |                    | -             |  |
|      | 11, and 12 )  |                    |                       |                       |                    |                    |               |  |
| 14   | First five years. If the Form 990 is fo   | r the organization | n's first, second, th | urd, fourth, or fiftl | h tax year as a se | ction 501(c)(3) or | _             |  |
|      | check this box and <b>stop here</b>   |                    |                       |                       |                    |                    | ▶□            |  |
| _Se  | ction C. Computation of Public  | Support Perce      | ntage                 | (,##**                |                    |                    |               |  |
| 15   | Public support percentage for 2018 (lin   | e 8, column (f) d  | ivided by line 13,    | column (f))           |                    | 15                 |               |  |
| 16   | Public support percentage from 2017 S   | chedule A, Part I  | II, line 15           |                       |                    | 16                 |               |  |
| Se   | ction D. Computation of Investi   | ment Income        | Percentage            |                       |                    |                    |               |  |
| 17   | Investment income percentage for 201  |                    |                       | ine 13, column (f     | ))                 | 17                 |               |  |
| 18   | Investment income percentage from 20  | 0.                 |                       | •                     |                    | 18                 |               |  |
|      | 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not   |                    |                       |                       |                    |                    |               |  |

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

#### Part IV Supporting Organizations

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

| Se  | ection A. All Supporting Organizations   |          |     |    |
|-----|--|----------|-----|----|
|     |  |          | Yes | No |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1        |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2        |     |    |
| 3а  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below   |          |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination   | 3a<br>3b |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c       |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below   | 4a       |     |    |
|     | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections | 4b       |     |    |
|     | $501(c)(3)$ and $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes   | 4c       |     |    |
| 5a  | (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by  | 5a       |     |    |
| b   | amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the   |          |     |    |
| С   | organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5b<br>5c |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing   |          |     |    |
|     | organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>  | 6        |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | 7        |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"  |          |     |    |
|     | complete Part I of Schedule L (Form 990 or 990-EZ)   | 8        |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a       |     |    |
| ь   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |          |     |    |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in  | 9b       |     |    |
|     | which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c       |     |    |
| .0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below   | 4.5      |     |    |
| L   | 70.000   | 10a      |     |    |
| D   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b      |     |    |

| E  | ar   | t IV Supporting Organizations (continued)   |              |          |    |  |  |  |
|--|--|---|--------------|----------|----|--|--|--|
|  |  |   |              | Yes      | No |  |  |  |
| 1:   | 1  | Has the organization accepted a gift or contribution from any of the following persons?   |              |          |    |  |  |  |
| i  | а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   | 11a          |          |    |  |  |  |
|  | Ь  | A family member of a person described in (a) above?   | 11b          | -        |    |  |  |  |
|  |  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI  | 11c          |          |    |  |  |  |
| _  |  | ection B. Type I Supporting Organizations   | 110          | Į.       | L  |  |  |  |
| _  | -  | ction b. Type I supporting organizations  |              | Yes      | No |  |  |  |
| 1  |  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>P VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | art          |          |    |  |  |  |
| _  |  |   | 1            |          |    |  |  |  |
| 2  |  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   |              |          |    |  |  |  |
|  |  | organization  | 2            |          |    |  |  |  |
|  | Sei  | ction C. Type II Supporting Organizations   |              | 1        |    |  |  |  |
| =  |  | over or type at outperking organizations  |              | Yes      | No |  |  |  |
| 1  |  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   |              |          |    |  |  |  |
|  |  | supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1            |          |    |  |  |  |
| _ :  | Sec  | ction D. All Type III Supporting Organizations  |              |          |    |  |  |  |
|  |  |   |              | Yes      | No |  |  |  |
| 1  |  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  |              |          |    |  |  |  |
|  |  |   |              |          |    |  |  |  |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s) |   | on 1         |          |    |  |  |  |
|  |  | maintained a close and continuous working relationship with the supported organization(s)   |              |          |    |  |  |  |
| 3  |  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in lorganization's investment policies and in directing the use of the organization's income or assets at all times during the great? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard  | ax           |          |    |  |  |  |
|  |  |   | 3            |          |    |  |  |  |
| 5  |  | ction E. Type III Functionally-Integrated Supporting Organizations  |              |          |    |  |  |  |
| 1  |  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr  | uctions)     |          |    |  |  |  |
|  | а  | The organization satisfied the Activities Test Complete line 2 below  |              |          |    |  |  |  |
|  | b  | The organization is the parent of each of its supported organizations. Complete line 3 below  |              |          |    |  |  |  |
|  | C  | The organization supported a governmental entity Describe in Part VI how you supported a government entity (  | see instru   | ictions) | 1  |  |  |  |
| 2  |  | Activities Test Answer (a) and (b) below.   |              | Yes      | No |  |  |  |
|  |  | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  | d 2a         |          |    |  |  |  |
| <b>b</b> Did<br>org  |  | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in $^{7}$ If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization  | 's           |          |    |  |  |  |
|  |  | involvement   | 2b           |          |    |  |  |  |
| 3  |  | Parent of Supported Organizations Answer (a) and (b) below.   |              |          |    |  |  |  |
|  |  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? <i>Provide details in Part VI.</i>  | of <b>3a</b> |          |    |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard  3b |  |   |              |          |    |  |  |  |

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

| Part V Type III Non-Functionally Integrate  | d 509(a)(3) Supporting          | Organizations (continu                 | ed)                                       |
|---|---------------------------------|--|---|
| Section D - Distributions   |                                 |  | Current Year                              |
| 1 Amounts paid to supported organizations to accomplish   | n exempt purposes               |  |   |
| 2 Amounts paid to perform activity that directly furthers excess of income from activity  | l organizations, in             |  |   |
| 3 Administrative expenses paid to accomplish exempt pu  | rposes of supported organizati  | ons                                    |   |
| 4 Amounts paid to acquire exempt-use assets   |                                 |  |   |
| 5 Qualified set-aside amounts (prior IRS approval require   | ed)                             |  |   |
| 6 Other distributions (describe in Part VI) See instruction   | ons                             |  |   |
| 7 Total annual distributions. Add lines 1 through 6   |                                 |  |   |
| Distributions to attentive supported organizations to will details in Part VI) See instructions   | nich the organization is respon | sive (provide                          | ,   |
| 9 Distributable amount for 2018 from Section C, line 6  |                                 |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                                 |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions     | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| Distributable amount for 2018 from Section C, line     6  |                                 |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions   |                                 |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                                 |  |   |
| a From 2013   |                                 |  |   |
| <b>b</b> From 2014  |                                 |  |   |
| c From 2015   |                                 |  | 2   |
| d From 2016.  |                                 |  |   |
| e From 2017.  |                                 |  |   |
| f Total of lines 3a through e   |                                 |  |   |
| g Applied to underdistributions of prior years  |                                 |  |   |
| h Applied to 2018 distributable amount  |                                 |  |   |
| i Carryover from 2013 not applied (see instructions)  |                                 |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                 |  |   |
| 4 Distributions for 2018 from Section D, line 7 \$  |                                 |  |   |
| a Applied to underdistributions of prior years  |                                 |  |   |
| <b>b</b> Applied to 2018 distributable amount   |                                 |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                                 |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                 |  |   |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions                      |                                 |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3 <sub>1</sub> and 4c  |                                 |  |   |
| 8 Breakdown of line 7   |                                 |  |   |
| a Excess from 2014.   |                                 |  |   |
| <b>b</b> Excess from 2015   |                                 |  |   |
| c Excess from 2016.   |                                 |  |   |
| d Excess from 2017  |                                 |  |   |
|   |                                 |  |   |

#### **Additional Data**

Software ID: Software Version:

EIN: 74-2183158

Name: POWDER RIVER BASIN RESOURCE COUNCIL

Schedule A (Form 990 or 990-EZ) 2018

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Political Campaign and Lobbying Activities

DLN: 93493316014279

OMB No 1545-0047

**SCHEDULE C** 

| (For<br>EZ)                                  | m 990 or 990-  | For Organizations Exempt From Income Tax Under section 501(c) and section 527 $2018$ |   |  |                             |   |                  | 18   |  |
|--|--|--|---|--|-----------------------------|---|------------------|--|--|
| •  | bepartment of the Treasury ternal Revenue Service  Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  For to www.irs.gov/Form990 for instructions and the latest information.   |  |   |  |                             |   | Open to<br>Inspe |  |  |
| Self the Self the Self the Self the Self the | he organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only he organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A he organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c roxy Tax) (see separate instructions), then |  |   |  |                             |   |                  |  |  |
|  | ection 50 I(c)(4), (t<br>le of the organizati  |  | zations Complete Part III   |  |                             | Employer ide  | entif            | ication num  | nber   |
| POW  | DER RIVER BASIN RE   | SOURCE COUNCIL   |   |  |                             | 74-2183158  |                  |  |  |
| Part   | I-A Complet  | e if the orga  | nization is exempt under sec  | tion 501(c) or is                            | a sectio                    |   | niza             | tion.  |  |
| 1  |  |  | ization's direct and indirect political   |  |                             |   | _                |  |  |
| _  | "political campaigi  |  |   | campaign delimited in                        |                             | ,00 11100, 400,011  | , , , , ,        | definition of  |  |
|  |  |  | itures (see instructions)   |  |                             | •   | \$               |  |  |
|  |  |  | aign activities (see instructions)  | Ha- F04(-)(2)                                |                             |   |                  |  |  |
|  |  |  | nization is exempt under sec  |  |                             |   |                  |  |  |
| 1  |  | •  | ix incurred by the organization under   |  |                             | <b>•</b>  | \$ _             |  |  |
|  |  |  | ix incurred by organization managers  |  |                             | •   | \$ -             |  |  |
| 3  | If the organization  | incurred a sect  | tion 4955 tax, did it file Form 4720 fo   | or this year?                                |                             |   |                  | ☐ Yes  | ☐ No   |
| 4a   | Was a correction r   | made <sup>?</sup>  |   |  |                             |   |                  | ☐ Yes  | □ No   |
|  | If "Yes," describe   |  |   |  |                             |   |                  |  |  |
|  | I-C Complete   | e if the orga  | nization is exempt under sec  | tion 501(c), exce                            | ept secti                   | on 501(c)(3   | 3).              |  |  |
|  |  | · ·  | ed by the filing organization for secti   | ,  |                             |   | \$ _             |  |  |
|  | Enter the amount function activities   | of the filing org  | anization's funds contributed to othe   | r organizations for se                       | ection 527                  | exempt<br>•   | \$               |  |  |
|  |  | tion expenditure   | es Add lines 1 and 2 Enter here and   | on Form 1130-POL                             | lino 17h                    |   | * =              |  |  |
|  |  |  |   | 1 0/1 F0/111 1120-POL,                       | inie 17b                    |   | \$_              |  |  |
|  |  |  | m 1120-POL for this year?   |  |                             |   |                  | ☐ Yes  | ∐ No   |
|  | organization made of political contribi  | payments For<br>utions received  | employer identification number (EIN)<br>each organization listed, enter the a<br>that were promptly and directly deliv<br>se (PAC) If additional space is neede | mount paid from the<br>rered to a separate p | filing orga<br>olitical org | inization's func<br>anization, such                       | ls Al            | lso enter the  | amount<br>egregated  |
|  | (a) Name   |  | ( <b>b)</b> Address   | (c) EIN                                      | filing o                    | ount paid from<br>organization's<br>If none, enter<br>-0- |                  | (e) Amount of contributions and promp directly delived separate programmer - enter - | received<br>otly and<br>ered to a<br>political<br>If none, |
| 6  |  |  |   |  |                             |   |                  |  |  |
|  |  |  |   |  |                             |   |                  |  |  |
|  |  |  |   |  | i'                          |   |                  |  |  |
|  |  |  |   |  |                             |   |                  |  |  |
|  |  |  |   |  |                             |   | +                |  |  |

| schedule | C (Form | 990 or | 990-EZ | 2018 |
|----------|---------|--------|--------|------|

Page 2

| E      | art II-A Complete if the organizatio section 501(h)).                         | n is exempt under section 501(c)(3) and filed   | Form 5768 (elec                        | tion under                         |
|--------|---|---|--|------------------------------------|
| A      | Check ▶ ☐ If the filing organization belongs expenses, and share of excess lo | to an affiliated group (and list in Part IV each affiliated gro<br>bbying expenditures)   | oup member's name, a                   | address, EIN,                      |
| В      | Check ▶ ☐ if the filing organization checked                                  | box A and "limited control" provisions apply  |  |                                    |
|        |   | oying Expenditures<br>neans amounts paid or incurred.)  | (a) Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| <br>1a | Total lobbying expenditures to influence public                               | opinion (grass roots lobbying)  |  |                                    |
| b      | Total lobbying expenditures to influence a legis                              | slative body (direct lobbying)  | 21,350                                 |                                    |
| c      | Total lobbying expenditures (add lines 1a and                                 | 1b)   | 21,350                                 |                                    |
| d      | Other exempt purpose expenditures   |   | 454,392                                |                                    |
| е      | Total exempt purpose expenditures (add lines                                  | 1c and 1d)  | 475,742                                |                                    |
| f      | Lobbying nontaxable amount Enter the amour columns                            | nt from the following table in both   | 95,148                                 |                                    |
|        | If the amount on line 1e, column (a) or (b                                    | o) is: The lobbying nontaxable amount is:   |  |                                    |
|        | Not over \$500,000  | 20% of the amount on line 1e  |  |                                    |
|        | Over \$500,000 but not over \$1,000,000                                       | \$100,000 plus 15% of the excess over \$500,000   |  |                                    |
|        | Over \$1,000,000 but not over \$1,500,000                                     | \$175,000 plus 10% of the excess over \$1,000,000   |  |                                    |
|        | Over \$1,500,000 but not over \$17,000,000                                    | \$225,000 plus 5% of the excess over \$1,500,000  |  |                                    |
|        | Over \$17,000,000   | \$1,000,000   |  |                                    |
| _      |   | Γ   | 22.707                                 |                                    |
| g      | Grassroots nontaxable amount (enter 25% of I                                  | · ·   | 23,787                                 |                                    |
| h      | · ·   | F   |  |                                    |
|        | Subtract line 1f from line 1c If zero or less, en                             | L   |  |                                    |
| ,      | section 4911 tax for this year?   | rline 1h or line 1i, did the organization file Form 4720 repo   |  | ☐ Yes ☐ No                         |
|        | (Some organizations that made   | ar Averaging Period Under section 501(h)<br>de a section 501(h) election do not have to co<br>See the separate instructions for lines 2a thro | •                                      | five                               |

| Lobbying Expenditures During 4-Year Averaging Period |  |          |                 |          |          |           |  |  |  |
|--|--|----------|-----------------|----------|----------|-----------|--|--|--|
|  | Calendar year (or fiscal year<br>beginning in)             | (a) 2015 | <b>(b)</b> 2016 | (c) 2017 | (d) 2018 | (e) Total |  |  |  |
| 2a   | Lobbying nontaxable amount                                 | 90,116   | 85,371          | 94,918   | 95,148   | 365,553   |  |  |  |
| b<br>—   | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |                 |          |          | 548,330   |  |  |  |
| _ <b>c</b>   | Total lobbying expenditures                                | 14,892   | 13,314          | 15,990   | 21,350   | 65,546    |  |  |  |
| _d   | Grassroots nontaxable amount                               | 22,529   | 21,343          | 23,730   | 23,787   | 91,389    |  |  |  |
| e<br>  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |                 |          |          | 137,084   |  |  |  |
| f  | Grassroots lobbying expenditures                           |          |                 |          | 2.45     |           |  |  |  |

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990EZ) 2018

| Pā   | Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).   | led       |              |          | age 3 |
|--|--|-----------|--------------|----------|-------|
|  |  | (a)       |              | (b)      |       |
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity |  |           | No           | Amo      | unt   |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of               |           |              |          |       |
| а  | Volunteers?  |           |              |          |       |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |           |              |          |       |
| C  | Media advertisements?  |           |              |          |       |
| d  | Mailings to members, legislators, or the public?   |           |              |          |       |
| е  | Publications, or published or broadcast statements?  |           |              |          |       |
| f  | Grants to other organizations for lobbying purposes?   |           |              |          |       |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |           |              |          |       |
| h  | Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |           |              |          |       |
| i  | Other activities?  |           |              |          |       |
| j  | Total Add lines 1c through 1i  |           |              |          |       |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |           |              |          |       |
| b  | If "Yes," enter the amount of any tax incurred under section 4912  |           |              |          |       |
| C  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |           |              |          |       |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |           |              |          |       |
| Pai  | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  | (5), 0    | section      |          |       |
|  | 501(c)(6).   |           |              | 1 1/     |       |
| 1  | Were substantially all (90% or more) dues received nondeductible by members?   |           | 1            | Yes      | No    |
| 2  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |           | 2            | -        |       |
| 3  | Did the organization make only in-house lobbying expenditures of \$2,000 of less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?   |           | 3            | +        |       |
|  | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)  | (5) o     |              | 501/6    | 1/61  |
|  | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  |           |              |          | .)(v) |
| 1  | Dues, assessments and similar amounts from members   | 1         |              |          |       |
| 2  | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |              |          |       |
| а  | Current year   | 2a        |              |          |       |
| b  | Carryover from last year   | 2b 2c     |              |          |       |
| C  | tal  |           |              |          |       |
| 3  | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3         |              |          |       |
| 4  | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4         |              |          |       |
| 5  | Taxable amount of lobbying and political expenditures (see instructions)   | 5         |              |          |       |
| P  | art IV Supplemental Information  |           |              |          |       |
| Pro  | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1. Also, complete this part for any additional information                    | Part II-/ | A, lines 1 a | nd 2 (se | ee    |
|  | Return Reference Explanation   |           |              |          |       |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

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

**DLN: 93493316014279**OMB No 1545-0047

2018

Open to Public Inspection

|                     | ame of the organization<br>WDER RIVER BASIN RESOURCE COUNCIL  |  | Employer identification number        |
|---------------------|---|--|---------------------------------------|
| PU                  | WDER RIVER BASIN RESOURCE COUNCIL   |  | 74-2183158                            |
| P                   | art I Organizations Maintaining Donor Adv   |  | or Accounts.                          |
|                     | Complete if the organization answered "Y  | es" on Form 990, Part IV, line 6.  (a) Donor advised funds | (b)Funds and other accounts           |
| 1                   | Total number at end of year   | (a) Donor advised funds                                    | (b) Funds and other accounts          |
| 2                   | Aggregate value of contributions to (during year)   |  |                                       |
| 3                   | Aggregate value of grants from (during year)  |  |                                       |
| 4                   | Aggregate value at end of year  |  |                                       |
| 5                   | Did the organization inform all donors and donor advis-   | ors in writing that the assets held in donor ac            | dvised funds are the                  |
|                     | organization's property, subject to the organization's e  |  | ☐ Yes ☐ No                            |
| 6                   | Did the organization inform all grantees, donors, and dicharitable purposes and not for the benefit of the dono   |  | conferring impermissible              |
|                     | private benefit?  | 1 100  | ☐ Yes ☐ No                            |
| NAME AND ADDRESS OF | TI Conservation Easements. Complete if t  |  | n 990, Part IV, line 7.               |
| 1                   | Purpose(s) of conservation easements held by the orga   |  |                                       |
|                     | ☐ Preservation of land for public use (e g , recreation   |  | historically important land area      |
|                     | Protection of natural habitat   | ☐ Preservation of a  | certified historic structure          |
|                     | Preservation of open space  |  |                                       |
| 2                   | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year  | a qualified conservation contribution in the fo            |                                       |
| а                   | Total number of conservation easements  | Ĭ  | Held at the End of the Year           |
| ь                   | Total acreage restricted by conservation easements  |  | 2b                                    |
| С                   | Number of conservation easements on a certified histor  | ric structure included in (a)                              | 2c                                    |
| d                   | Number of conservation easements included in (c) acquistructure listed in the National Register   | ured after 7/25/06, and not on a historic                  | 2d                                    |
| 3                   | Number of conservation easements modified, transferr tax year ▶   | ed, released, extinguished, or terminated by               | the organization during the           |
| 4                   | Number of states where property subject to conservati   | on easement is located >                                   |                                       |
| 5                   | Does the organization have a written policy regarding t   | -  | of violations                         |
| •                   | and enforcement of the conservation easements it hold   |  | Yes No                                |
| 6                   | Staff and volunteer hours devoted to monitoring, inspe  | ecting, handling of violations, and enforcing co           | onservation easements during the year |
| 7                   | Amount of expenses incurred in monitoring, inspecting.  • \$  | , handling of violations, and enforcing conser             | vation easements during the year      |
| 8                   | Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(H)^{7}$  | ) above satisfy the requirements of section 1              | 70(h)(4)(B)(ı)                        |
| 9                   | In Part XIII, describe how the organization reports con-<br>balance sheet, and include, if applicable, the text of the  | e footnote to the organization's financial state           | nse statement, and                    |
| Par                 | the organization's accounting for conservation easement III Organizations Maintaining Collections   |  | er Similar Assets                     |
|                     | Complete if the organization answered "Ye   |  | er similar Assets.                    |
| 1a                  | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final | r public exhibition, education, or research in f           |                                       |
| b                   | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items                     |  |                                       |
| 1                   | i) Revenue included on Form 990, Part VIII, line 1  |  | ▶ \$                                  |
|                     | i)Assets included in Form 990, Part X   |  | ► \$                                  |
| •                   | If the organization received or held works of art, histori  | ical treasures, or other similar assets for fine           | poul dain, provide the                |
| 2                   | following amounts required to be reported under SFAS  |  | nciai gaili, provide the              |
| а                   | Revenue included on Form 990, Part VIII, line 1   |  | <b>▶</b> \$                           |
| Ь                   | Assets included in Form 990, Part X   |  | <b>▶</b> \$                           |

|            | sudie D (101111 220) 20                      |  |                       |                        |          |                  |             |                                     |              |                    | Page           |
|------------|--|--|-----------------------|------------------------|----------|------------------|-------------|-------------------------------------|--------------|--------------------|----------------|
| Par        |  | ons Maintaining Co                                       |                       |                        |          |                  |             |                                     |              |                    |                |
| 3          | Using the organization items (check all that | on's acquisition, accessic<br>apply)                     | on, and other record  |                        | any of   | the follo        | wing that   | are a significant                   | use of its o | :ollection         |                |
| а          | Public exhibition                            | on   |                       | d                      |          | Loan o           | r exchange  | programs                            |              |                    |                |
| b          | Scholarly rese                               | arch   |                       | е                      |          | Other            |             |                                     |              |                    |                |
| C          | Preservation fo                              | or future generations                                    |                       |                        |          |                  |             |                                     |              |                    |                |
| 4          | Provide a description<br>Part XIII           | n of the organization's co                               | llections and explair | n how the              | ey furt  | ner the d        | organizatio | n's exempt purpo                    | ose in       |                    |                |
| 5          |  | the organization solicit or<br>raise funds rather than t |                       |                        |          |                  |             |                                     | ☐ Yes        | □ r                | No             |
| Pai        |  | d Custodial Arrange<br>the organization ans              |                       | orm 990                | , Part   | IV, line         | e 9, or rep | ported an amo                       | unt on Fo    | rm 990,            | , Part         |
| 1a         | Is the organization a<br>included on Form 99 | n agent, trustee, custod<br>0, Part X?                   | ian or other interme  | diary for              | contri   | butions          | or other as | sets not                            | ☐ Yes        |                    | No             |
| b          | If "Yes," explain the                        | arrangement in Part XII                                  | I and complete the    | following              | table    |                  |             | 1                                   | Amount       |                    | =              |
| С          | Beginning balance                            |  |                       |                        |          |                  | 10          |                                     |              |                    | _              |
| d          | Additions during the                         | уеаг   |                       |                        |          |                  | 1d          |                                     |              |                    |                |
| e          | Distributions during                         | the year   |                       |                        |          |                  | 1e          | 7/                                  |              |                    | -              |
| f          | Ending balance                               |  |                       |                        |          |                  | 1f          |                                     |              |                    |                |
| <b>2</b> a | -  | include an amount on F                                   |                       |                        |          |                  |             |                                     | _            |                    | No             |
| Ь          |  | arrangement in Part XII                                  |                       |                        |          |                  |             |                                     |              |                    |                |
| Pa         | rt V Endowmer                                | it Funds. Complete i                                     |                       |                        |          |                  |             | ·                                   |              |                    |                |
| 1a         | Beginning of year bala                       | ance   | (a)Current year       | (Б)Р                   | гіог уеа | r (c             | )Two years  | back (d)Three ye                    | ars back (   | e)Four yea         | ars back       |
|            | Contributions                                |  |                       |                        |          |                  |             |                                     |              |                    |                |
|            | Net investment earnin                        |  |                       |                        |          |                  |             |                                     |              |                    |                |
|            | Grants or scholarships                       |  |                       |                        |          |                  |             |                                     |              |                    |                |
| е          | Other expenditures for and programs          | r facilities   |                       |                        |          |                  |             |                                     |              |                    |                |
| f          | Administrative expens                        | es   |                       |                        |          |                  |             |                                     |              |                    |                |
| g          | End of year balance                          |  |                       |                        |          |                  |             |                                     |              |                    |                |
| 2          | Provide the estimate                         | d percentage of the curr                                 | ent year end balanc   | e (line 1              | g, colu  | mn (a))          | held as     |                                     | 11.          |                    |                |
| а          | Board designated or                          | quasi-endowment 🕨  |                       |                        |          |                  |             |                                     |              |                    |                |
| b          | Permanent endowme                            | ent 🕨  |                       |                        |          |                  |             |                                     |              |                    |                |
| С          | Temporarily restricte                        | d endowment 🕨  |                       |                        |          |                  |             |                                     |              |                    |                |
|            |  | ines 2a, 2b, and 2c sho                                  |                       |                        |          |                  |             |                                     |              |                    |                |
| 3a         | organization by                              | t funds not in the posse                                 |                       | ation tha              | t are h  | eld and a        | administer  | ed for the                          | 3a(          | Yes                | No             |
|            |  | tions  |                       |                        | •        |                  |             |                                     | 3a(          |                    | _              |
| ь          | ` '  | the related organizatio                                  |                       |                        |          |                  |             |                                     | . 3b         |                    |                |
| 4          |  | the intended uses of the                                 |                       |                        |          |                  |             |                                     |              |                    |                |
| Par        |  | lings, and Equipme                                       |                       |                        |          |                  |             |                                     |              |                    |                |
|            | Complete if<br>Description of propert        | the organization answay (a) Cost or ot                   | ther basis (b) Cos    | orm 990<br>st or other | _        |                  |             | e Form 990, Pa<br>ated depreciation |              | 10.<br>) Book valu | ue             |
| 1          | land   |  |                       |                        |          | 7 475            |             |                                     |              |                    | 77 47          |
|            | Land   |  |                       |                        |          | 27,475<br>14,266 |             | 40,813                              |              |                    | 27,47<br>73,45 |
|            | Buildings<br>Leasehold improvemei            |  |                       |                        | 1.       | 14,200           |             | 40,013                              |              |                    | /3,43          |
|            | Equipment                                    |  |                       |                        |          | 54,932           |             | 54,932                              |              |                    |                |
|            | Other  |  |                       |                        |          | 36,647           |             | 21,001                              |              |                    | 15,64          |
|            |  |  | equal Form 990, Pari  | + V l                  |          |                  | (c) )       |                                     |              |                    | 116,57         |

| (a) Description (including   | of security or category<br>name of security)   | (b)<br>Book<br>value                  | Cost or end-c           | od of valuation<br>f-year market value                     |
|--|--|---------------------------------------|-------------------------|--|
| (1) Financial derivatives (2) Closely-held equity interests  |  | 2 2                                   |                         |  |
| (3)Other   |  |                                       |                         |  |
| (A)  |  |                                       |                         |  |
| (B)  |  |                                       |                         |  |
| (C)  |  |                                       |                         |  |
| (D)  |  |                                       |                         |  |
| (E)  |  |                                       |                         |  |
| (F)  |  |                                       |                         |  |
| (G)  |  |                                       |                         |  |
| (H)  |  |                                       |                         |  |
| Total. (Column (b) must equal Form 990, Part VIII Investments—Prog   |  | Þ                                     |                         |  |
|  | nization answered 'Yes' on For   | m 990, Part IV, lir<br>(b) Book value | (c) Meth                | Part X, line 13.<br>od of valuation<br>f-year market value |
| (1)  |  |                                       | 7015-27                 |  |
| (2)  |  |                                       |                         |  |
| (3)  |  |                                       |                         |  |
| (4)  |  |                                       |                         |  |
| (5)  |  |                                       |                         |  |
| (6)  |  |                                       |                         |  |
| (7)  |  |                                       |                         |  |
|  |  |                                       |                         |  |
| (8)  |  |                                       |                         |  |
| 9)<br>Total. (Column (b) must equal Form 990, Pa   | ete if the organization answered 'Ye   | es' on Form 990, Par                  | t IV, line 11d See Form |  |
| (9)  Total. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  |  | Transcription of the second           | t IV, line 11d See Form | 990, Part X, line 15  (b) Book valu                        |
| Fotal. (Column (b) must equal Form 990, Part IX Other Assets. Comple  1)   | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| (9) Total. (Column (b) must equal Form 990, Part IX Other Assets. Comple (1) (2)   | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| Fotal. (Column (b) must equal Form 990, Part IX Other Assets. Comple (1) (2) (3)   | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| Fotal. (Column (b) must equal Form 990, Part IX Other Assets. Complete  1)  2)  3)  4)   | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| (9)  Fotal. (Column (b) must equal Form 990, Pr.  Part IX Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| (9)  Fotal. (Column (b) must equal Form 990, Part IX Other Assets. Completion (1)  (2)  (3)  (4)  (5)  | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| (9)  Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)   | ete if the organization answered 'Ye   | Transcription of the second           | t IV, line 11d See Form |  |
| (9)  Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)   | ete if the organization answered 'Yi<br>(a) Description  | ss' on Form 990, Par                  |                         | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co  | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 )  mplete if the organization ansi             | ss' on Form 990, Par                  |                         | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X,  | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 )  mplete if the organization ansi             | wered 'Yes' on For                    |                         | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X  | ete if the organization answered "Yi<br>(a) Description  290, Part X, col (B) line 15 )  mplete if the organization answ, line 25. | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Complete  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X,  (a) Description of the second of the s | ete if the organization answered "Yi<br>(a) Description  290, Part X, col (B) line 15 )  mplete if the organization answ, line 25. | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fort IX Other Assets. Complete III  Complete | ete if the organization answered "Yi<br>(a) Description  290, Part X, col (B) line 15 )  mplete if the organization answ, line 25. | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Complete  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X,  (a) Description (b) Federal income taxes   | ete if the organization answered "Yi<br>(a) Description  290, Part X, col (B) line 15 )  mplete if the organization answ, line 25. | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Complete  Other | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 }  mplete if the organization answ, line 25.   | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Complete  Other | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 }  mplete if the organization answ, line 25.   | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX Other Assets. Complete (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X Other Liabilities. Cose Form 990, Part X, (a) Description (a) Description (b) Federal Income taxes  (2)  (3)  | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 }  mplete if the organization answ, line 25.   | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Fotal. (Column (b) must equal Form 990, Part IX  Other Assets. Comple  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X  (a) Desc.  | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 }  mplete if the organization answ, line 25.   | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |
| Total. (Column (b) must equal Form 990, Part IX  Other Assets. Complete  (1)  (2)  (3)  (4)  (5)  (6)  Fotal. (Column (b) must equal Form 990, Part X  Other Liabilities. Co See Form 990, Part X  L. (a) Desi 1) Federal income taxes   | ete if the organization answered "Yi  (a) Description  290, Part X, col (B) line 15 }  mplete if the organization answ, line 25.   | wered 'Yes' on For                    | rm 990, Part IV, line 1 | (b) Book valu  |

| 5 | had | ماتنا | $\Box$ | (Form | 000) | 2018 |
|---|-----|-------|--------|-------|------|------|

Page 4

| Pa            | Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   | Return       |                         |
|---------------|---|--------------|-------------------------|
| 1             | Total revenue, gains, and other support per audited financial statements  | 1            | T .                     |
| 2             | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |              |                         |
| а             | Net unrealized gains (losses) on investments  |              |                         |
| b             | Donated services and use of facilities  |              |                         |
| c             | Recoveries of prior year grants   |              |                         |
| d             | Other (Describe in Part XIII ) 2d   |              |                         |
| е             | Add lines 2a through 2d   | 2e           |                         |
| 3             | Subtract line 2e from line 1  | 3            |                         |
| 4             | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |              | ***                     |
| а             | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |              |                         |
| b             | Other (Describe in Part XIII ) 4b   |              |                         |
| C             | Add lines 4a and 4b   | 4c           |                         |
| 5             | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5            |                         |
| Par           | <b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   | er Returi    | n.                      |
| 1             | Total expenses and losses per audited financial statements  | 1            |                         |
| 2             | Amounts included on line 1 but not on Form 990, Part IX, line 25  |              | *                       |
| а             | Donated services and use of facilities  |              |                         |
| ь             | Prior year adjustments  |              |                         |
| c             | Other losses  |              |                         |
| 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            |                         |
| 4             | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |              |                         |
| а             | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |              | 20                      |
| b             | Other (Describe in Part XIII ) 4b   |              |                         |
| C             | Add lines <b>4a</b> and <b>4b</b>   | 4c           |                         |
| 5             | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )   | 5            |                         |
| Par           | t XIII Supplemental Information   |              |                         |
| Prov<br>XI, l | ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information | Part V, line | 4, Part X, line 2, Part |
|               | Return Reference Explanation  |              |                         |
| _             |   |              |                         |

Schedule D (Form 990) 2018

Page **5** 

| Part XIII Supplemental Information (continued) |             |  |  |  |  |
|--|-------------|--|--|--|--|
| Return Reference                               | Explanation |  |  |  |  |
|  | <del></del> |  |  |  |  |

Schedule D (Form 990) 2018

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Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

**Open to Public** 

| Inten | nal Revenue Service  | ►Go to www                                     |                       |  | instructions and the latest ii                          | nformation                |   | Inspection  |
|-------|--|--|-----------------------|--|---|---------------------------|---|---|
|       | e of the organization<br>/DER RIVER BASIN RESOURCE   | COUNCIL  |                       |  |   |                           | Employer ide  | entification number                                     |
|       | DEN REVER DADIN RESOURCE   |  |                       |  |   |                           | 74-2183158  |   |
| Pa    | Fundraising Activ  | •  | _                     |  | answered "Yes" on Fo                                    | orm 990,                  | Part IV, line :   | 17.   |
| 1     | Indicate whether the organization raised funds through any of the following activities. Check all that apply |  |                       |  |   |                           |   |   |
| a     | Mail solicitations   |  |                       | e  | Solicitation of nor                                     | n-governm                 | ent grants  |   |
| b     | ☐ Internet and email solicit   | ations   |                       | f  | Solicitation of gov                                     | ernment                   | grants  |   |
| c     | Phone solicitations  |  |                       | g  | Special fundraisin                                      | g events                  |   |   |
| d     | ☐ In-person solicitations  |  |                       |  |   |                           |   |   |
| 2a    | Did the organization have a voor key employees listed in Fo  | written or oral agree<br>orm 990, Part VII) oi | ment with             | h any indi<br>connection                             | vidual (including officers<br>on with professional fund | , directors<br>raising se | · · · · · ·   | es 🗆 No   |
| Ь     | If "Yes," list the ten highest p<br>to be compensated at least \$  | paid individuals or ei<br>5,000 by the organi  | ntities (fu<br>zation | ndraisers)   | pursuant to agreements                                  | s under wi                | hich the fundrais   | ser is  |
| (i) N | lame and address of individual<br>or entity (fundraiser)   | (ii) Activity                                  | fundra<br>cust<br>con | i) Did<br>iser have<br>ody or<br>trol of<br>butions? | (iv) Gross receipts<br>from activity                    | (or r                     | nount paid to<br>etained by)<br>aser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
| į.    |  |  | Yes                   | No   |   |                           |   |   |
| 1     |  |  |                       |  |   |                           |   |   |
| 2     |  |  |                       |  |   |                           |   |   |
| 3     |  |  |                       |  |   |                           |   |   |
| 4     |  |  |                       |  |   |                           |   |   |
| 5     |  |  |                       |  |   |                           |   |   |
|       |  |  |                       |  |   |                           |   |   |
| 6     |  |  |                       |  |   |                           |   |   |
| 7     |  | _  |                       |  |   |                           |   |   |
| 8     |  |  |                       |  |   |                           | =   |   |
| 9     |  |  |                       |  |   |                           |   |   |
| 10    |  |  |                       |  |   |                           |   |   |
| Γota  |  |  |                       |  |   |                           |   |   |
|       |  |  |                       |  |   |                           |   |   |
|       | ist all states in which the orga<br>censing  | nization is registere                          | d or licen            | sed to sol   | cit contributions or has b                              | oeen notif                | ed it is exempt   | from registration or                                    |
|       |  |  |                       |  |   |                           |   |   |

| Pa              | than \$15,000 of fundraising events. Comple gross receipts greater than \$5 | vent contributions and                   | answered "Yes" on Form<br>gross income on Form   | m 990, Part IV, line 18<br>n 990-EZ, lines 1 and 6 | 3, or reported more<br>5b. List events with    |
|-----------------|---|--|--|--|--|
| nue             |   | (a)Event #1  ANNUAL MEETING (event type) | (b) Event #2                                     | (c)Other events (total number)                     | (d) Total events (add col (a) through col (c)) |
| Revenue         | 1 Gross receipts  | 13,225                                   | -  |  | 13,225   |
|                 | 2 Less Contributions  | 12,639                                   |  |  | 12,639   |
|                 | 3 Gross income (line 1 minus line 2)  | 586                                      |  |  | 586  |
|                 | 4 Cash prizes   |  |  |  |  |
|                 | 5 Noncash prizes  |  |  |  |  |
| Direct Expenses | 6 Rent/facility costs   |  |  |  |  |
| <u>&amp;</u>    | 7 Food and beverages  |  |  |  |  |
| টু              | 8 Entertainment   |  |  |  |  |
| Dire            | 9 Other direct expenses   | 586                                      |  |  | 586  |
|                 | 10 Direct expense summary Add lines 4 th                                    | rough 9 in column (d)                    |  | a 040 a 040 P                                      | 586  |
|                 | 11 Net income summary Subtract line 10                                      | from line 3, column (d)                  |  |  |  |
| Pa              | on Form 990-EZ, line 6a.  | nization answered "Ye                    | s" on Form 990, Part I                           | IV, line 19, or reported                           | more than \$15,000                             |
| Revenue         | 1 Cross royanya   | (a) Bingo                                | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming                                   | (d) Total gaming (add col (a) through col (c)) |
| es              | 1 Gross revenue   |  |  |  |  |
| Expenses        | 2 Cash prizes   |  |  |  |  |
| rect E          | 4 Rent/facility costs   |  |  |  |  |
| ā               | 5 Other direct expenses   |  |  |  |  |
|                 |   | ☐ Yes %                                  | ☐ Yes %  | ☐ Yes %  |  |
|                 | 6 Volunteer labor   | □ No                                     | □ No   | □ No   |  |
|                 | 7 Direct expense summary Add lines 2 th                                     | nrough 5 in column (d)                   |  | •  |  |
|                 | 8 Net gaming income summary Subtract  | line 7 from line 1, colum                | n (d)  | x 200 x 200 ►                                      |  |
| 9               | Enter the state(s) in which the organization                                | n conducts gaming activi                 | ties   |  |  |
| a<br>b          | Is the organization licensed to conduct gain If "No," explain               |  |  |  | ☐ Yes ☐ No                                     |
| L0a<br>b        | Were any of the organization's gaming lice If "Yes," explain                |  | d or terminated during the                       | e tax year?  | ☐ Yes ☐ No                                     |
|                 |   |  |  |  |  |

| Sche | dule G (Form 990 or 990-EZ) 2018   |   |   |             |            | 1             | Page <b>3</b>                           |
|------|--|---|---|-------------|------------|---------------|---|
| 11   | Does the organization conduct gaming   | activities with nonmemb                       | ers?  |             | Yes        | □No           |   |
| 12   | Is the organization a grantor, beneficial formed to administer charitable gaming |   | r a member of a partnership or other entity   |             | □Yes       | □No           |   |
| 13   | Indicate the percentage of gaming acti   | vity conducted in                             |   |             |            |               |   |
| а    | The organization's facility  |   |   | 13a         |            |               | %                                       |
| b    | An outside facility  |   |   | 13b         |            |               | %                                       |
| 14   | Enter the name and address of the per  | son who prepares the org                      | ganization's gaming/special events books and re   | cords       |            |               |   |
|      | Name ►   | MIN 7 22 15 22 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |   |             | ••••••••   | •••••••       |   |
|      | Address  |   |   |             |            |               |   |
| Toa  | Does the organization have a contract revenue?                                   | with a third party from w                     | nom the organization receives gaming  |             | ☐ Yes      | □No           |   |
| b    | If "Yes," enter the amount of gaming reasonant of gaming revenue retained by     |   |   | e           |            |               |   |
| С    | If "Yes," enter name and address of the  | e third party                                 |   |             |            |               |   |
|      | Name ►   |   |   |             |            | ••••••        |   |
|      | Address ►  | v   |   |             |            |               |   |
| 16   | Gaming manager information   |   |   | MANAGEMENT. |            |               | 100110111111111111111111111111111111111 |
|      | Name ►   |   |   |             |            | ••••••        |   |
|      | Gaming manager compensation ► \$   |   | ·   |             |            |               |   |
|      | Description of services provided   |   |   |             |            |               |   |
|      | ☐ Director/officer   | ☐ Employee                                    | ☐ Independent contractor  |             |            |               |   |
| 17   | Mandatory distributions  |   |   |             |            |               |   |
| а    |  | e law to make charitable                      | distributions from the gaming proceeds to   |             | ☐Yes       |               |   |
| b    | Enter the amount of distributions requi  | red under state law distri                    | buted to other exempt organizations or spent  |             | □ 163      | ب ۱۷ <i>۰</i> |   |
|      | ın the organization's own exempt activi  |   | <u> </u>  |             |            |               |   |
| Par  |  |   | ations required by Part I, line 2b, columns oplicable. Also provide any additional infori |             |            |               |   |
|      | Return Reference   |   | Explanation   |             |            |               |   |
|      |  |   | Schedu  | ıle G (f    | orm 990 or | 990-EZ)       | 2018                                    |

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**SCHEDULE O** (Form 990 or 990-

EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection

Name Betherorganization

POWDER RIVER BASIN RESOURCE COUNCIL

**Employer identification number** 

74-2183158

| Return Reference                        | Explanation  |
|---|--|
| FORM 990 -<br>ORGANIZATION'S<br>MISSION | - THE PRESERVATION AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE - THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEAN AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHOOD OF PRESENT AND FUTURE GENERATIONS - THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENVIRONMENT AND LIFESTYLE |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | POWDER RIVER BASIN RESOURCE COUNCIL'S (POWDER RIVER) MISSION STATEMENT REMAINS THE GUIDING PRINCIPLE FOR OUR WORK THE PRESERVATION ON AND ENRICHMENT OF WYOMING'S AGRICULTURAL HERITAGE AND RURAL LIFESTYLE THE CONSERVATION OF WYOMING'S UNIQUE LAND, MINERAL, WATER, AND CLEA N AIR RESOURCES CONSISTENT WITH RESPONSIBLE USE OF THOSE RESOURCES TO SUSTAIN THE LIVELIHO OD OF PRESENT AND FUTURE GENERATIONS THE EDUCATION AND EMPOWERMENT OF WYOMING'S CITIZENS TO RAISE A COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENWIRONMENT AND LIFESTYLE POWDER RIVER COHERENT VOICE IN THE DECISIONS THAT WILL IMPACT THEIR ENWIRONMENT AND LIFESTYLE POWDER RIVER WAS FOUNDED IN 1973 BY RURAL LANDOWNERS OF NORTH EAST WYOMING WORKING TO PROTECT THEIR LAND, WATER AND AIR FROM THE RAVAGES OF COAL STRIP MINING, POWDER RIVER CURRE NTLY HAS MEMBERS THROUGHOUT WYOMING AND SEVERAL OTHER STATES AND HAS FOUR LOCAL COMMUNITY GROUPS THROUGHOUT WYOMING THAT ARE AFFILIATED WITH POWDER RIVER POWDER RIVER BASIN RESOUR CE COUNCIL IS THE ONLY GROUP IN WYOMING THAT ACTIVELY ADDRESSES BOTH AGRICULTURAL AND CONS ERVATION ISSUES THE GROUP UNITES BOTH INDIVIDUALS WITH STRONG CONSERVATION CONVICTIONS AND A GRICULTURALISTS WITH A STRONG LAND STEWARDSHIP ETHIC AROUND A SHARED VISION TO PROTECT AND IMPROVE WYOMING'S QUALITY OF LIFE ALSO, POWDER RIVER IS THE ONLY GROUP THAT ADDRESSES BOTH ESTATE AND PRIVATE PROPERTY RIGHTS IN ADDITION TO PUBLIC LAND ISSUES POWDER RIVER MEMBERS WRITE LETTERS TO THE EDITORS AND EDITORIALS TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES OUR ORGANIZATION ISSUES TO LOCAL AND STATE WIDE NEWSPAPERS AND INTERNET JOURNALS ADDRESSING THE ISSUES OUR ORGANIZATION ISSUES POWDER RIVER BERBAKS ON A BIMONTHLY BASIS FROM JANUARY FEBRUARY TO NOVEM BERJECCEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE ISSUES AND PROJECTS UNDERTAKEN BY POWDER RIVER BREAKS ON A BIMONTHLY BASIS FROM JANUARY FEBRUARY TO NOVEM BERJECCEMBER OF EACH YEAR THIS 8 TO 16 PAGE NEWSLETTER CONTAINS INFORMATION ON THE |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | ETING THEME WAS. "OUR WATER, OUR LAND, OUR LEGACY- AND FEATURED CONSERVATION PHOTOGRAPHER, MIKE FORSBERG, AS THE KEYNOTE SPEAKER EVERY YEAR POWDER RIVER SPONSORS SCHOLARSHIPS AT THE WYOMING HIGH SCHOOL STATE SCIENCE FRAIR FOR SCIENCE PROJECTS THAT PROMOTE CONSERVATION A ND EDUCATION ON THE PRAIRIE ECOSYSTEMS OF WYOMING THE YOUTH IN CONSERVATION AWARDS ARE A CASH AWARD TO SELECTED PARTICIPANTS IN THE WYOMING STATE SCIENCE FAIR WHOSE PROJECTS OUT OF THE MANY THEY WAWAD EACH YEAR THOUSES FROM POWDER RIVER SELECT THE BEST PROJECTS OUT OF THE MANY THEY VIEW AT THE STATE SCIENCE FAIR THIS FAIR IS VISITED BY THOUSANDS OF ST UDENTS AND ADULTS EACH YEAR THE YOUTH IN CONSERVATION AWARD WAS STARTED WITH FUNDS RECEIVED BY POWDER RIVER IN MEMORIAM OF BILL BARLOW ONE OF OUR FOUNDING MEMBERS THESE AWARDS HO NOR STUDENTS WHOSE SCIENCE FAIR PROJECTS STUDY WYOMING ECOSYSTEMS, CONSIDER IMPACTS OF DEV ELOPMENT ON THE NATURAL ENVIRONMENT OR OUR AGRICULTURAL HERITAGE, OR EXPLORE INNOVATIVE EN ERGY ALTERNATIVES THE WINNERS IN 2018 WERE EDUARDO BURGOS FROM GREYBULL HIGH SCHOOL FOR A PROJECT WAS TITLED, "POTENTIAL BIOREMEDIATION OF WASTE HYDROCARBONS UTILIZATION OF MYCO RRHIZAL FUNGI AS AN ENVIRONMENT AGENT, KORT BANNAN FROM LUSK ELEMENTARY MIDDLE SCHOOL FOR SAVING THE OCEAN 1 FIBER AT A TIME AND RUBBEN MCGUIRE OF PIONEER PARK ELEMENTARY IN CHEVEN NE FOR WATER + SPIIN = POWER IN 2018, OUR LOCAL FOOD AND AGRICULTURE EFFORTS FOCUSED ON THE SHERIDAN FOOD FOREST WITH A TREE PRUNING WORKSHOP IN APRIL, FOUR POLLUTAROE OF COUNTS (MAY - AUGUST), TUBLS FOUR WORKDAYS (JUNE, JULY, AUGUST, AND OCTOBER) WYOMING PUBLIC BROADCASTI NG SHOT A SEGMENT ON THE POLLINATOR HABITAT AT THE FOOD FOREST IN SEPTEMBER WE ALSO WELCO MED THE NATIONAL FAMILY FARM COALITION (NFFC) ON THEIR SHAME AT THE BOOD FOREST WITH A TREE PROMOTED THE SHERIDAN SEPOLUTION FROM THE POLLINATOR HABITAT AT THE FOOD FOREST IN SEPTEMBER WE ALSO WELCO MED THE NATIONAL FAMILY FARM COALITION (NFFC) ON THEIR SHAME WHICH CONTINUES TO BE AN ISSUE FOR BOTH WYOMING LIVESTOCK PRODUCED A VIDE FOU |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2.<br>PART III,<br>LINE 4A | ERS AND STAFF CONTINUED TO TRACK THE PROPOSED REVISIONS TO THE MINE PERMIT WHICH IS STILL UNDER REVISION TO ADDRESS ALL THE DEFICIENCIES IN RESPONSE TO PUBLIC PRESSURE FROM OUR OR GANIZATION, THE WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY TOOK IMPORTANT STEPS IN 2018 TO MOVE FORWARD WITH ITS PROPOSED RULEMAKING THAT WILL COMPLETELY REVISE HOW COAL COMPANIES CAN QUALIFY FOR SELF-BONDING, LIMITING THE CONTROVERSIAL PRACTICE TO COMPANIES WITH EXCEL LENT CREDIT HISTORIES AND RATINGS THE REW RULES WERE ADVANCED IN 2018 IN ADDITION TO BEING GOOD POLICY FOR WYOMING, THE RULEMAKING COULD ALSO SET A NATIONAL PRECEDENT FOR THE FED ERAL OFFICE OF SURFACE MINING AND OTHER STATES WE ALSO MADE THE CASE FOR INCREASED COAL R ECLAMATION WORK AND RECLAMATION JOBS IN JULY, WE PUBLISHED A NEW REPORT "RECLAIM WYOMING PRIORITIZE COAL MINE RECLAMATION" WHICH TRACKED RECLAMATION STATISTICS FROM FOURTEEN COAL MINES IN THE STATE THE REPORT MADE HEADLINE NEWS ACROSS THE STATE, INCLUDING A FRONT PAGE STORY IN THE GILLETTE NEWS RECORD FEATURING PHOTOS TAKEN ON AN ECOFLIGHT AERIAL TOUR WE HOSTED WE CONTINUED TO CHALLENGE RISKY NEW COMPANIES IN THE POWDER RIVER BASIN IN AUGUST, WE EARNED AN IMPORTANT DECISION FROM A FEDERAL COURT JUDGE IN MONTANA WHO RULED THAT THE DEPARTMENT OF INTERIOR HAS TO REVISE ITS RESOURCE MANAGEMENT PLAN FOR THE POWDER RIVER BASIN TO ANALYZE THE OPTION OF REDUCING COAL LEASING TO CURB RUNAWAY CLIMATE CHANGE THE JUD GE GAVE INTERIOR A DEADLINE OF THE END OF 2019 TO COMPLETE ITS NEW COAL LEASING STUDY ON THE OIL AND GAS WORK, POWDER RIVER SCORED A SIGNIFICANT VICTORY THIS PAST YEAR WITH THE SU CCESSFUL CHALLENGE TO AN INDUSTRY PROPOSAL TO EXEMPT THE SUSSEX FRESHWATER AQUIFER FROM DR INKING WATER PROTECTION STANDARDS AND INJECT FRACKING WASTE AND PRODUCED WATER INTO IT WE ORGANIZED A PUBLIC PRESENTATION ON MAY THIN CHEYENNE FEATURING GROUNDWATER RAND GEOLOGY EXPERTS, SUE SPENCER AND MIKE WIREMAN THE PRESENTATIONS FOCUSED ON LESSONS LEARNED FROM O THER OIL AND GAS FIELDS AND HOW TO PROTECT VALUABLE GROUNDWATER RESOURCE |

| Return<br>Reference                         | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A | MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING |

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7B | DURING THE ANNUAL MEETING MEMBERS OF THE ORGANIZATION MAY PROPOSE RESOLUTIONS OUTLINING THE ACTIVITIES AND PROJECTS THAT THEY WOULD LIKE THE ORGANIZATION TO PARTICIPATE IN OR PURSUE THE RESOLUTION MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS AND THE RESOLUTIONS ARE THEN USED AS GUIDANCE BY THE BOARD OF DIRECTORS TO DETERMINE THE SUBSEQUENT YEAR'S ACTIVITIES OR PROJECTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE BOARD REVIEWED A DRAFT OF THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING |

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY, BOTH INTERNALLY AND WITH THE BOARD OF DIRECTORS AS ISSUES ARISE, THEY ARE CAREFULLY ANALYZED AGAINST THE POLICY TO ENSURE THE APPROPRIATE RESPONSE AND/OR REPORTING OF SUCH CONFLICTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | BOARD OF DIRECTORS REVIEWS JOB PERFORMANCE AND MAKES RECOMMENDATION WITHIN BUDGET CONSTRAINTS FOR KEY STAFF COMPENSATION |

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST |