



e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to:
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REPORT NAME: Budget of Expenditures Report for the Year 2015

COMPANY NAME: Cascade Natural Gas Corporation

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? [] No [x] Yes

If yes, please submit only the cover letter electronically. Submit confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.

If known, please select designation: [] RE (Electric) [x] RG (Gas) [] RW (Water) [] RO (Other)

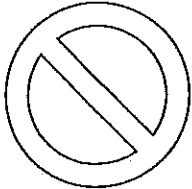
Report is required by: [x] OAR 860-027-0015
[x] Statute ORS 757.105
[] Order Enter PUC Order No
[] Other Enter reason

Is this report associated with a specific docket/case? [x] No [] Yes

If yes, enter docket number: Enter Docket number

List applicable Key Words for this report to facilitate electronic search:
Enter Key Words

DO NOT electronically file with the PUC Filing Center:



- Annual Fee Statement form and payment remittance or
• OUS or RSPF Surcharge form or surcharge remittance or
• Any other Telecommunications Reporting or
• Any daily safety or safety incident reports or
• Accident reports required by ORS 654.715

Please file the above reports according to their individual instructions.



PUBLIC UTILITY COMMISSION OF OREGON
 3930 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR
 PO BOX 1088, SALEM, OR 97308-1088
PUC.FilingCenter@state.or.us

BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2015

GENERAL INSTRUCTIONS

1. A Budget of Expenditures Report must be submitted by all utilities operating within the State of Oregon in accordance with Oregon Revised Statute 757.105.
2. The Budget of Expenditures Report should be completed and filed with the Public Utility Commission of Oregon Filing Center. Complete the e-Filing Report Cover Sheet found at: <http://www.puc.state.or.us/pages/eFiling/eReports/index.aspx>. Email both the report and cover sheet to PUC.FilingCenter@state.or.us by November 1st of the year preceding that for which the report is made.
3. Each section should be completed fully and accurately. Where the words "None" or "Not Applicable" truly and completely state the fact, they should be given as the answer.
4. Any additional statements or explanatory remarks should be included in the email as an attachment in Microsoft Word document format or text-searchable PDF.
5. Expenditures should be referenced by the applicable account number of the Uniform System of Accounts, adopted by the Commission, and to which the utility is subject.
6. All entries should be typewritten or made with permanent ink.
7. Report all amounts in whole dollars only, omit cents.

FULL NAME OF UTILITY Cascade Natural Gas Corporation				
ADDRESS OF PRINCIPAL OFFICE 8113 W. Grandridge Blvd		CITY Kennewick	STATE WA	ZIP CODE 99336
ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OTHER THAN ABOVE)		CITY	STATE	ZIP CODE
STATE OF INCORPORATION Washington	DATE OF INCORPORATION January 2, 1953	TYPE OF ORGANIZATION IF NOT INCORPORATED INCORPORATED		DATE ORGANIZED

STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES

Natural Gas Distribution in Washington and Oregon

DIRECTORS AT DATE OF BUDGET			
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES
David L. Goodin	Bismarck, ND	1 Year	*** Directors are re-elected at Cascade's Annual meeting in April of each year
Nicole A. Kivisto	Bismarck, ND	1 Year	
Paul K. Sandness	Bismarck, ND	1 Year	
Doran N. Schwartz	Bismarck, ND	1 Year	

CONFIDENTIAL

Annual Salary and Other Compensation of Officers and Retired Executives

Next 5 Pages

DONATIONS AND MEMBERSHIPS

INSTRUCTIONS: List all donations and membership expenditures proposed to be made by the utility during the coming year and the accounts to be charged. Give the name of each organization to whom a payment is to be made except that items less than \$1000 may be consolidated by category stating the number of organizations included. Group expenditures under headings such as:

1. Contributions to and memberships in charitable organizations
2. Organizations of the utility industry
3. Technical and professional organizations
4. Commercial and trade organizations
5. All other organizations and kinds of donations and contributions

List by type and group the accounts charged. Report whole dollars only. Provide a total for each group.

NAME OF ORGANIZATION, CITY AND STATE	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
<u>Contributions to/Membership in Charitable Organizations</u>			
Various agencies participating in Cascade's Winter Help Fund	426.1	37,000	8,900
MDU Resources Foundation		84,600	20,600
Misc. Under \$ 1,000		411,000	100,000
Total		532,600	129,500
<u>Membership in Organizations of the Utility Industry</u>			
American Gas Association	921	122,200	29,700
Northwest Gas Association	930.2	60,700	14,800
Western Energy Institute	930.2	10,300	2,500
Total		193,200	47,000
<u>Memberships in Technical & Professional Organizations</u>			
Misc. Under \$ 1,000	921	10,750	2,600
Total		10,750	2,600
<u>Memberships Commercial & Trade Organizations</u>			
Tri-Cities Regional Chamber	930.2	17,800	4,300
Misc. Under \$ 1,000	921/930.7	22,900	5,600
	880	29,900	7,300
Total		70,600	17,200
<u>All Other Organizations & Kinds of Donations and Contributions</u>			
Misc. Under \$1,000	880/921	69,000	16,800

EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

INSTRUCTIONS: List all proposed payments to persons or trusts to provide pensions for employees and officers. Show all administrative and actuarial costs for formal pension plan. Give a brief description of the plan and show charges for current service costs, past service costs, and future service costs. Report whole dollars only.

PENSION FUND PAYMENTS MADE TO	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
<p>Cascade Natural Gas Corporation Retirement Trust (The amount shown represents the estimated accrual for fiscal year 2015, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).</p>	926	604,397	146,868
<p>Postretirement Medical Benefits Plan (The amount shown represents the estimated accrual for fiscal year 2015, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).</p>	926	433,739	105,399
<p>Cascade Natural Gas Corporation Retirement Savings Plan and Trust (401(k)) (The amount shown represents the estimated accrual for fiscal year 2015, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).</p>	926	2,087,000	507,141
<p>Supplemental Executive Retirement Plan (The amount shown represents the estimated accrual for fiscal year 2015, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).</p>	926	721,129	180,758

POLITICAL ADVERTISING

INSTRUCTIONS: List all proposed payments for advertising the purpose of which is to aid or defeat any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. Give the specific purpose of such advertising, when and where to be placed, and the account or accounts to be charged. Report who dollars only.

None

POLITICAL CONTRIBUTIONS

INSTRUCTIONS: List all proposed payments or contributions to persons and organizations for the purpose of aiding or defeating any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. The purpose of all contributions or payments should be clearly explained. Report whole dollars only.

None

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT

INSTRUCTIONS: List all proposed expenditures and major contracts for the purchase or sale of equipment. Give the name and address of the person or organization with whom it is proposed to have such dealings and the account or accounts charged. Describe fully the equipment to be purchased or sold. Do not report estimates of routine construction projects. Limit the report to major contracts and expenditures. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Vehicle Purchase and Replacement	392	1,559,300	655,265
Power Equipment Purchase and Replacement	396	806,500	166,500
Total 392/396		2,365,800	821,765
<i>Description of Vehicles/Equipment to be Purchased</i>			
2015 Express Extended Meter Van	392	52,000	0
2015 Extended Meter Van	392	52,000	0
2015 Cargo Van	392	52,000	0
2015 F-350 Truck	392	57,100	0
2015 Dump Truck	392	100,000	0
2015 Dump Truck	392	100,000	100,000
2015 Dump Truck	392	104,200	0
All non-major contracts/expenditures 392		1,042,000	555,265
Total 392		1,559,300	655,265
(3) 2015 Backhoes	396	252,000	0
2015 Backhoe	396	55,500	0
All non-major contracts/expenditures 396		499,000	166,500
Total 396		806,500	166,500

EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC.

INSTRUCTIONS: Report all proposed expenditures to any person or organization having an affiliated interest for service. Advice, auditing, association, sponsoring, engineering, managing, operating, financial, legal or other services. See Oregon Revised Statutes 757.015 and 759.010 for definition of "Affiliated Interest." Give reference if such proposed expenditures have in the past been approved by the Commission. Describe the services to be received and the account or accounts to be charged. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION. DESCRIPTION OF SERVICES	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
MDU Resources Corporate level expenditures (Legal, Auditing, Management, etc.)	9302	3,274,318	795,659
Montana-Dakota Utilities and Intermountain Gas Company Utility Group Shared Services (Information Technology, Customer Service Center, etc.)	9030/9210	12,423,894	3,019,006

CERTIFICATION

The foregoing report must be certified by an Officer of the reporting company.

I certify that this Budget of Expenditures Report has been prepared under my direction, that I have carefully examined the report and declare it to be a complete and correct estimate of company expenditures for the coming year, to the best of my knowledge, information, and belief.

SIGNATURE OF OFFICER <i>Mark A Chiles</i>	DATE <i>March 18, 2015</i>
NAME OF OFFICER <i>Mark A Chiles</i>	DATE <i>3-18-15</i>