Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 6

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

A F	or the	e 2016 calendar year, or tax year beginning and e	nding		
B	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	NEBRASKA STATE IRRIGATION ASSOCIATION		200 - 00	
	Name change			47-0	662860
	Initial return Final return/	1233 T.TNCOLNI MAT.I.	Room/suite	E Telephone numbe 402-	r 476-0162
	termin- ated			G Gross receipts \$	221,516.
	Ameno			H(a) Is this a group re	
	Application			for subordinates	
	pendin	1233 LINCOLN MALL, SUITE 201, LINCOLN,	NE 6	Control of the Contro	
1.7	Гах-ехе	empt status: 501(c)(3)X 501(c) (6 6) ◀ (insert no.) 4947(a)(1) or	_		list. (see instructions)
		e: NEBRASKASTATEIRRIGATIONASSOCIATION.ORG		H(c) Group exemptio	,
		organization: X Corporation Trust Association Other			State of legal domicile: NE
	art I	Summary		*	
d)	1	Briefly describe the organization's mission or most significant activities: REPRE	SENT	AND EDUCATE	WATER
Activities & Governance		IRRIGATION INTERESTS			
rna	2	Check this box Fig. if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
эле		Number of voting members of the governing body (Part VI, line 1a)		7 1	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			15
S		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
/itie		Total number of volunteers (estimate if necessary)			0
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34		SCHAIRCRAFT AN BART COURSE FACT READY A COURSE AND COUR	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		123,295.	116,911.
ŭ		Program service revenue (Part VIII, line 2g)		110,351.	104,434.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		175.	171.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7.10-0.000.00.00	0.	0.
	1 66	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		233,821.	221,516.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	SECOND SECOND	0.	0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be			0.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,359.	206,854.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		187,359.	206,854.
		Revenue less expenses. Subtract line 18 from line 12		46,462.	14,662.
Or		ή		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		97,263.	111,925.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
럂	22	Net assets or fund balances. Subtract line 21 from line 20		97,263.	111,925.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	LEE ORTON, EXECUTIVE DIRECTOR			
		Type or print name and title		X-1-	LI DTW
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid			PA 0	5/04/17 self-employe	
CONTRACTOR S	parer	Firm's name HBE BECKER MEYER LOVE LLP	2442	Firm's EIN	47-0677245
Use	Only	Firm's address 7140 STEPHANIE LANE, P.O. BOX 2	3110		00\ 402 4242
		LINCOLN, NE 68542-3110		Phone no. (4	02) 423-4343
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	n 990 (2016) NEBRASKA STATE IRRIGATION ASSOCIATION 47	7-0662860	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: EDUCATING THE PUBLIC TO BROADENING THE COLLECTIVE KNOWLEDGE WATER MANAGEMENT AND RELATED NATURAL RESOURCES.		
	WAIEN MANAGEMENT AND REDATED NATURAL REDOCKEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to report the amount of grants and allocations to others, trevenue, if any, for each program service reported.		ıd
4a		ETHODS OF ED BY MEMBE N IS USED	RS
4b	(Code:) (Expenses \$	FION TO ALL POLICY LEAD	ERS
4c	THE REPRESENTATION OF IRRIGATION AND WATER POLICY ISSUES I LEGISLATURE AND THE SEVERAL ADMINISTRATIVE AGENCIES WHICH ADMINISTER WATER POLICY IS CRITICAL TO THE IRRIGATION WATER ORGANIZATIONS IN THE STATE. THE ASSOCIATION PROVIDES DIRITHESE ACTIVITIES AND ALSO COORDINATES SUCH INPUTS AS NEEDINGECTLY WITH THE SEVERAL AGENCIES AND THE LEGISLATURE.	MAKE AND ER ECT INPUT F	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)	
TC	, and program out too expenses p	Form 99	0 (2016)

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors X 2 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 X 3 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 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? X If "Yes," complete Schedule D, Part IV 9 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, 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, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 X 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III

	oncomic of required continues		Yes	No
200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	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			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			200000
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2-TU	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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		
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	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	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	100		
	Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	uun	(2016)

Form **990** (2016)

	990 (2016) NEBRASKA STATE IRRIGATION ASSOCIATION 47-0662	860	Р	age 5
Par	AN AND AND AND AND AND AND AND AND AND A			
V-	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			17.55.02
	any contributions that were not tax deductible as charitable contributions?	6a		X
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9	Sponsoring organizations maintaining donor advised funds.	190		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 13b			
	Enter the amount of reserves on hand		12.00	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
34	Is IIV - II I 1 5 I - I - F 700 to t those neumants? If IIV III provide an explanation in Schodule O	111	1	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion A. Governing Body and Management			
	and the second s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		100	140
	If there are material differences in voting rights among members of the governing body, or if the governing			i N
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	tion by the internal revenue codes information about policies not required by the internal revenue codes,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Id		
12a		12a	х	
b	Did the organization have a written conflict of interest policy? It "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written winsteblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO. Executive Director, or top management official	15a		X
	J	15b		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IOD		21
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160	1	X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	1Ch		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
19100-180	11011			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	lo.	
10		vallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
10		fina	اماد	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinan	Jal	
00	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:			
	LEE ORTON - 402-476-0162			
	1233 LINCOLN MALL, SUITE 201, LINCOLN, NE 68508-2820			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c	ss pe	more rson			compensation	Reportable compensation	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROD ELY	1.00									
PRESIDENT	1 00	X		X				0.	0.	0
(2) KEVIN ADAMS	1.00								0	
VICE PRESIDENT	1 00	X	_	Х	_			0.	0.	0
(3) DENNIS STRAUCH	1.00	37		77				0.	0	0
SECRETARY-TREASURER	1.00	X	_	Х	_			0.	0.	0
(4) DAVE FORD PAST PRESIDENT	1.00	Х		Х				0.	0.	0
(5) LEE ORTON	1.00	Δ	\vdash	Δ	-		_	. 0.	0.	U
EXECUTIVE DIRECTOR	1.00	X		Х				0.	0.	0
(6) SCOTT SNELL	1.00	21	\vdash	21	\vdash			0.	<u> </u>	•
DIRECTOR	1.00	X						0.	0.	0
(7) MATT LUKASIEWICZ	1.00		\vdash							
DIRECTOR		X						0.	0.	0
(8) JEFF BUETTNER	1.00									
DIRECTOR		X						0.	0.	0
(9) MIKE JESS	1.00									
DIRECTOR		X						0.	0.	0
(10) BRETT SKINNER	1.00									
DIRECTOR		X						0.	0.	0
(11) BRAD EDGERTON	1.00								_	_
DIRECTOR		Х						0.	0.	0 .
(12) RICK PRESTON	1.00									0
DIRECTOR	1 00	X			_			0.	0.	0
(13) BRIAN BARELS	1.00	77						0.	0.	0
DIRECTOR	1.00	X			_			0.	0.	0
(14) JOHN HEASTON DIRECTOR	1.00	Х						0.	0.	0
(15) ROD IMM	1.00	Δ	H		_		-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0 .
DIRECTOR	 				_			0.	0.	0.
П					\vdash				_	

Form **990** (2016)

Form 990 (2016)

\$100,000 of compensation from the organization

62860 Page **9**

		Check if Schedule O contains a respo	rise or note to any line	e in this Part VIII (A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
Sra	b	Membership dues1b	97,136.				
Am Am	С	Fundraising events 1c					
ar git		Related organizations 1d					
in,	е	Government grants (contributions) 1e					
i si	f	All other contributions, gifts, grants, and					
글		similar amounts not included above 1f	19,775.				
함	g	Noncash contributions included in lines 1a-1f.\$					
ರ್ ಜ	h	Total. Add lines 1a-1f		116,911.			
		5 9	Business Code				
g	2 a	CONFERENCE REGISTRATI	0 900099	104,434.	104,434.		
ه کَ	b			9	2		
Sul	С						7/4
eve	d						
Program Service Revenue	е	*					2
<u>-</u>	f	All other program service revenue		The second			
	g	Total. Add lines 2a-2f		104,434.			
	3	Investment income (including dividends, in					
		other similar amounts)	> _	171.			171
	4	Income from investment of tax-exempt bor					
	5	Royalties					9%
		(i) Real					
	6 a	Gross rents					
	b	Less: rental expenses					
- 1	С	Rental income or (loss)					
	7 a	Gross amount from sales of (i) Securiti	Control of the Contro				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
evenue		Gross income from fundraising events (not including \$ of					
eve		contributions reported on line 1c). See					
Other Re		Part IV, line 18	a				
the	b	Less: direct expenses					
0		Net income or (loss) from fundraising even					
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses					
		Net income or (loss) from gaming activities		28	1		
3		Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventor					
		Miscellaneous Revenue	Business Code				
	11 a	u u					
	b						41
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		221,516.	104,434.	0.	171

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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 Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			pm	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		,	*	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		P		
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees):	15,000.			
a	Management	13,000.			
b	Legal				
C.	Accounting	13,008.			ea ea
d	Lobbying	13,000.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			1	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,926.	1 1	p.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	400.			
17	Travel	3,435.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,927.		20	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LEADERSHIP ACADEMY	107,970.			
b	INSURANCE	6,000.			
С	PRINTING AND PUBLICATIO	3,188.			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	206,854.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			fi	
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (

Form 990 (2016) Part X Balance Sheet

		Check if Schedule O contains a response or no	*	(A)		(B)
	1	Cash - non-interest-bearing		Beginning of year		End of year
	2	Savings and temporary cash investments	97,263.		111,925	
	3	Pledges and grants receivable not		2		
	4	Pledges and grants receivable, net			3	
	5	Accounts receivable, net Loans and other receivables from current and form			4	
	J					
		trustees, key employees, and highest compens	ated employees. Complete			
	6	Part II of Schedule L			5	
	U	Loans and other receivables from other disqual				
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
,		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
Assets	7	employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Ž	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation	10b		10c	
- 1	11	Investments - publicly traded securities			11	25
- 1	12	Investments - other securities. See Part IV, line 1	1		12	
- 1	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	97,263.	16	111,925
- 13	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
2	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	s, and disqualified persons.			
2		Complete Part II of Schedule L			22	
2	23	Secured mortgages and notes payable to unrela	ted third parties		23	
. 2	24	Unsecured notes and loans payable to unrelated	third parties		24	
2	25	Other liabilities (including federal income tax, pay	ables to related third			1/
		parties, and other liabilities not included on lines	17-24). Complete Part X of	, #8		
		Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 958)				
		complete lines 27 through 29, and lines 33 and				
2	27	Unrestricted net assets		97,263.	27	111,925
2	28	Temporarily restricted net assets			28	
2					29	
3 3 3	=	Organizations that do not follow SFAS 117 (AS	SC 958), check here			
		and complete lines 30 through 34.				
3	80	Capital stock or trust principal, or current funds		Maria.	30	
3	31	Paid-in or capital surplus, or land, building, or equ	uipment fund		31	
3	2	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
3	3	Total net assets or fund balances		97,263.	33	111,925
3	4	Total liabilities and net assets/fund balances		97,263.	34	111,925

Form 990 (2016)

Form	990 (2016) NEBRASKA STATE IRRIGATION ASSOCIATION	47-066	2860	Page 12
Par	rt XI Reconciliation of Net Assets			
37/00/12/20	Check if Schedule O contains a response or note to any line in this Part XI			🔲
			001	L F1.C
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,516.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,854.
3	Revenue less expenses. Subtract line 2 from line 1	3 -		1,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9.	7,263.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	11.	L,925.
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			v
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			77
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,		184
	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 Sir	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

N	EBRASKA STATE IRRIGATION ASSOCIATION	47-0662860				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
Note. Only a section 30 fc	(r), (b), or (10) organization out official boxes for both the definition and a special control of the control					
General Rule						
X For an organization property) from an	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor	\$5,000 or more (in money or stotal contributions.				
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount I, line 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{\text{\$\subset}}{\text{\$\subseteq}} \rightarrow \frac{\text{\$\subseteq}}{\text{\$\subseteq}} \rightarrow \						
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

NEBRASKA STATE IRRIGATION ASSOCIATION

47-0662860

Part I	Contributors (See instructions). Use duplicate copies of Part I if addi	itional space is needed.	2
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIAMOND PLASTICS, INC. P.O. BOX 1608 GRAND ISLAND, NE 68802	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222452 10 15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEBRASKA STATE IRRIGATION ASSOCIATION

47-0662860

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of orga	anization	Employer identification number			
	KA STATE IRRIGATION AS	SOCIATION	47-0662860		
Part III	Exclusively religious, charitable, etc., contributer. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow, charitable, etc., contributions of \$1,000 o			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of git d ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
8					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
2	(e) Transfer of gift				
2	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
9					

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization NEBRASKA STATE IRRIGATION ASSOCIATION	Employer identification number 47-0662860
FORM 990, PART VI, SECTION A, LINE 6:	
DUES IS CHARGED FOR ANNUAL MEMBERSHIP	2 1
	×
FORM 990, PART VI, SECTION B, LINE 11B:	8
COPY OF FORM 990 IS MADE AVAILABLE TO THE GOVERNING BODY	BEFORE IT IS
FILED.	
	6.77
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ASSOCIATION REVIEWS INDEPENDENCE OF OFFICERS AND DIR	ECTORS ON AN ANNUAL
BASIS	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 1024 AND 990 AVAILABLE TO	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	= =
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	
	-
FORM 990, PART IX, LINE 11G, OTHER FEES:	
LEGISLATIVE MANAGEMENT FEE	32,926.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	32,926.