

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE IN ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

A E	or the	2011 calendar year, or tax year beginning JAN 1, 2011 and e		JUN 30, 2011	Inspection
			ending_i		
Bo	heck if pplicable	. C Name of organization		D Employer identific	cation number
]Addre	S MUR TRREAMION ACCOUNTANTON			
\vdash	_ chang ∏Name			۰	120601
	_ichang ∏Inıtıal		<u> </u>	1	139601
느	_ireturn ∏Termir	,	Room/suite		
<u> </u>	ated	OJ40 AKBINGION BBVD		703-	536-7080
느	_return	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,056,264.
	Ition pendir	FALLS CHURCH, VA 22042-0038		H(a) Is this a group re	
	p = =	F Name and address of principal officer. DEBORAH M. HAMLIN,	CAE	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded?Yes No
		empt status:	or 52	7 If "No," attach a	list (see instructions)
		e: > WWW.IRRIGATION.ORG		H(c) Group exemption	
		organization: X Corporation	L Yea	r of formation: 1949 N	State of legal domicile: DE
Pa	rt I	Summary			
ø		Briefly describe the organization's mission or most significant activities $\ { m TO} \ { m EI}$			
ğ		TO THE PUBLIC & IT'S MEMBERS ABOUT THE IF	RRIGA'	TION INDUSTR	Υ
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
ල ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>15</u>
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	15
Ćŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	450.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7 ${}^{-}$	4,335.	0.
Ĭ	9	Program service revenue (Part VIII, line 2g)	.) [3,241,574.	821,934.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and (7d)	%\	21,517.	9,965.
<u> </u>	l	- · · · · · · · · · · · · · · · · · · ·	(S) L	0.	8,735.
5 <u>5</u>	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 133)	[2]	3,267,426.	840,634.
<u>9) </u>	13	Grants and similar amounts paid (Part IX, column (A), lines 1,3)	- 1	20,350.	10,500.
	14	Benefits paid to or for members (Part IX, column (A) like 4)		0.	0.
ø	15	Salaries, other compensation, employee benefits (Part IX, column Allines 5.10)		1,635,410.	833,052.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (Å), lines 11a 11d, 11f 24e)		1,505,808.	547,306.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,161,568.	1,390,858.
	19	Revenue less expenses Subtract line 18 from line 12		105,858.	<550,224.>
Net Assets or Fund Balances		<u> </u>	В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,145,090.	2,941,797.
₩	21	Total liabilities (Part X, line 26)		1,285,473.	1,621,599.
誓	22	Net assets or fund balances Subtract line 21 from line 20		1,859,617.	1,320,198.
Pa	irt II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	ments, and to the best of m	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
		Lours Mithing		5/14	12
Sig	n	Signature of officer		Date	
Her		▶ DEBORAH M. HAMLIN, CAE, EXECUTIVE DIRE	ECTOR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid		MARK D. MYERS	ł	3/4/12 It self-employe	P00056714
	arer	Firm's name ROSS, LANGAN & MCKENDREE, L.L.P.		Firm's EIN	52-0901831
_	Only	Firm's address 7900 WESTPARK DR, STE T420		7 II II O EII	
	-	MCLEAN, VA 22102		Phone no. 7	03-893-2660
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2011) THE IRRIGATION ASSOCIATION

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_		<u>X</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
_	Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, 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		x
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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		X
С	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		<u>X</u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	^	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	x	
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, ,,,	 	<u> </u>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
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	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		,,
	complete Schedule G, Part III	19	\vdash	X
20a		20a	1	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	<u> </u> (2011)
		- LUITE		

Form 990 (2011) THE IRRIGATION ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 25	24a		<u>X</u>
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) and 501(c)(4) 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		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? 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			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	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			
	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		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity?		l <u></u>	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a		35a		X
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	X
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

Form 990 (2011)

Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No O 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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. 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a 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 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 X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) THE IRRIGATION ASSOCIATION 95-2139601 Page 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 to any question in this Part VI			X
Sec	tion 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 15			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		<u>X</u>
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	77	<u> </u>
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	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		37	
_	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:		v	
а	The governing body?	8a	X	
	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			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the executation have local chapters, branches, or affiliation?	10a	165	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
ıza b	W. W. I.	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ
а	The organization's CEO, Executive Director, or top management official	15a	х	
_	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		
162	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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	-	
	THE ASSOCIATION - (703) 536-7080			
3000	6540 ARLINGTON BOULEVARD, FALLS CHURCH, VA 22042-6638			
13200 01-23		Form	990	(2011)

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

Check if Schedule O contains a response to any question 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

(A) Name and Title	(B) Average hours per		not c		rtion more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	al trustee or director			recto	Highest compensated enployee	tee)	from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK G. HUNTLEY	4 00									
PAST PRESIDENT	1.00	X					\vdash			
(2) PHIL A. BURKART	1 00	.								
PRESIDENT	1.00	A		X		-				
(3) ROBERT D. DOBSON CIC/CID	1.00	v		x						ŀ
PRESIDENT-ELECT	1.00	^		^		 				
(4) WARREN C. THOMA	1.00	Y		x			l			
VICE-PRESIDENT	1.00	^		^		┢┈	-			-
(5) JOHN E. VIKUPITZ	1.00	Y	1	X						
TREASURER (6) JAMES M. BARRETT FASIC/CID/CLIA	1.00	-25	 	41	 		-			
DIRECTOR	1.00	x								
(7) WARREN S. GOROWITZ CLIA			-	-						
DIRECTOR	1.00	x								
(8) DAN KEPPEN				-						
DIRECTOR	1.00	X								
(9) E. ROBERT MEANEY	-									
DIRECTOR	1.00	X								
(10) JAY W. ROBBINS II PE/TSP/CAIS/C										
DIRECTOR	1.00	X								
(11) TOM M. CHILDERS										
DIRECTOR	1.00	X		<u>_</u>						
(12) GREGORY R. HUNTER		ĺ								
DIRECTOR	1.00	X	<u> </u>	ļ		<u> </u>	_	<u> </u>		
(13) A. TODD MAGATAGAN CAIS/CGIA/CIC										
DIRECTOR	1.00	X				_	ļ	<u> </u>		
(14) ARIC J. OLSON CAIS										
DIRECTOR	1.00	X	-	_		1	ļ	ļ. <u></u>		
(15) DIANE TOTH										
DIRECTOR	1.00	X	_	<u> </u>	<u> </u>	 	<u> </u>	 		
(16) DEBORAH M. HAMLIN CAE	40.00									
EXECUTIVE DIRECTOR	40.00		\vdash	X	-	\vdash	⊢		<u> </u>	<u> </u>
(17) REBECCA BAYLESS	40.00			,,						
FINANCE DIRECTOR	40.00	1	1	X	<u> </u>	1	<u> </u>		<u> </u>	Form 990 (201

Section A. Officers, Directors, Tru	stees, Key Er	npic	yee	s, a	na i	High	<u>est</u>	Compensated Employ	ees (continuea)			
(A)	(B)			_ (C				(D)	(E)		(F)	
Name and title	Average	(do not check more than one						Reportable	Reportable		stımat	
	hours per	box,	unles	ss per	rson	is bot or/trus	han	compensation	compensation	a	mount	
	week (describe	\vdash		-	recto	77.11.03		from	from related		other	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC	l l	npens rom th	
	related	9e Or (stee			Sate		(W-2/1099-MISC)	(44-271099-141100		ganıza	
	organizations	truste	institutional trustee		yee	mbei		(** 2. 100000)			d rela	
	ın Schedule	ndual	ution	ia e	Key employee	est co loyee	ıeı			org	anızat	ions
	O)	hpul	tusti	Officer	Key	Highest compensated employee	Former					
												_
						<u> </u>						
						ŀ						
						<u> </u>			<u> </u>			
						_						
										1		
			_			ļ						
						-				_		
						-						
	1											
4 01 111					<u> </u>	_						
1b Sub-total		•										
c Total from continuation sheets to Part VI	i, Section A											
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to th		liete			2) 144		accured more than \$100	000 of reportable			
 Total number of individuals (including but n compensation from the organization 	ot ilmited to ti	1056	11516	u ai	JUVI	e) wi	10 16	eceived more man \$100	,,000 or reportable			
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tri	ister	e ke	v er	nolo	vee	ori	highest compensated e	mnlovee on			1
line 1a? If "Yes," complete Schedule J for s			o,	, o.		,,,,,	, 0, ,	riigiloot oomponidatoo o	pioyoo o	3		X
4 For any individual listed on line 1a, is the su			omo	ensa	atior	n and	d oth	her compensation from	the organization			1
and related organizations greater than \$150	-								ano organization	4		X
5 Did any person listed on line 1a receive or a									idual for services			1
rendered to the organization? If "Yes," com	•									5		x
Section B. Independent Contractors												<u> </u>
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensation	from	
the organization Report compensation for												
(A)	_							(B)		(C)	
Name and business	address	N	INC	3				Description of s	services	Compe		วก
							_					
												
2 Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation										000	45 5 :
										Form	990	(2011)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Related or Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 900099 502,876. 502,876. 2 a MEMBERSHIP DUES Program Service Revenue 194,260. 194,260. 900099 **b** CERTIFICATION 74,923. 900099 74,923. c EDUCATION 900099 25,000. 25,000. d FOUNDATION 900099 23,838. 23,838. e PROGRAMS & COMMITTEES 1,037 517. 450. 70. 900099 f All other program service revenue 821,934 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,189. 10,189. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 150000. b Less cost or other basis 150224 and sales expenses <224.⊳ c Gain or (loss) <224.> <224.> d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 74,141. and allowances 65,406. b Less: cost of goods sold 8,735 8,735. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total, Add lines 11a-11d 821,414. 450. 18,770. Total revenue. See instructions. 840,634.

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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	se to any question in this			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,500.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	170,355.			
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	548,187.			
8	Pension plan accruals and contributions (include	5 5 6 4			
	section 401(k) and section 403(b) employer contributions)	7,561.			
9	Other employee benefits	41,666.	·		
10	Payroll taxes	65,283.			
11	Fees for services (non-employees):				
а	Management	10 (42			
b	Legal	10,642. 19,570.			
C	Accounting .	7,351.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	2,680.			
T	Investment management fees	93,102.			
g 40	Other Advertising and promotion	28,212.			
12 13	Office expenses	128,555.			
14	Information technology	22,296.			
15	Royalties	22/2200	-		
16	Occupancy	25,076.			
17	Travel	67,398.			_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,170.			
20	Interest	11,104.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,462.			
23	Insurance	8,356.			
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					
b					
С					
d			 - _ -	_	
е	All other expenses	1,332.			
25	Total functional expenses. Add lines 1 through 24e	1,390,858.			<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2011)

Part X Balance Sheet

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	21,098.	1	172,372.
2	Savings and temporary cash investments	1,672,320.	2	1,121,735.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	100,926.	4	36,761.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
\$ 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use	0.	8	47,455.
9	Prepaid expenses and deferred charges	92,966.	9	148,802.
1 -	Land, buildings, and equipment. cost or other	3=7300.		
1.02	basis Complete Part VI of Schedule D 10a 1,338,880) .		
_ h	Less: accumulated depreciation 10b 444, 297		10c	894,583.
11	Investments - publicly traded securities	334,892.	11	349,974.
12	Investments - other securities See Part IV, line 11	334,032.	12	343,314
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	0.	14	167,974.
15	Other assets. See Part IV, line 11	2,141.	15	2,141
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,145,090.	16	2,941,797
17	Accounts payable and accrued expenses	265,086.	17	107,202
18	Grants payable and accided expenses	203,000.	18	107,202
19	Deferred revenue	822,955.	19	1,086,437
	Tax-exempt bond liabilities	022,555.	20	1,000,437
20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	Payables to current and former officers, directors, trustees, key employees,		21	
22				
E.	highest compensated employees, and disqualified persons. Complete Part II		00	
	of Schedule L	197,432.	22	172,991.
23	Secured mortgages and notes payable to unrelated third parties	197,434.	23	1/2,331.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	0.	05	254,969.
000	Schedule D	1,285,473.	25 26	1,621,599
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here		20	1,041,333
ő	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,855,966.	27	1,317,192
일 27 27	·	3,651.	28	3,006
E 28	Temporanly restricted net assets	3,031.	29	3,000.
두 29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		25	
Œ				
o o	complete lines 30 through 34.		00	
30 st	Capital stock or trust principal, or current funds		30	
ğ 31	Paid in or capital surplus, or land, building, or equipment fund		31 32	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	1 950 617	1	1,320,198.
33	Total net assets or fund balances	1,859,617.		
34	Total liabilities and net assets/fund balances	3,145,090.	34	2,941,797

Form 990 (2011)

orm	990 (2011) THE IRRIGATION ASSOCIATION	95-	2139	601	Pag	ge 12
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		84	0,6	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 39	0,8	58.
3	Revenue less expenses Subtract line 2 from line 1	3		< 55	0,2	24.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,85	9,6	17.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	0,8	05.
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	,32	0,1	98.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both.					
	Separate basis X Consolidated basis Both consolidated and separate basis					•
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	int			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	int			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2011)

132012 01-23-12

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organizat	ons Complete Part III			
Nam	ne of organization			Empl	oyer identification number
	THE IRR	<u>IGATION ASSOCIAT</u>	ION		95-2139601
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organization of t	ation's direct and indirect politic	cal campaign activities		
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax		•	▶\$	
2	Enter the amount of any excise tax	ncurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c		
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organi	zation's funds contributed to of	ther organizations for s	_	
	exempt function activities			•	
3	Total exempt function expenditures	. Add lines 1 and 2 Enter here a	and on Form 1120-PO		
	line 17b			▶ \$	
	Did the filing organization file Form	-			Yes No
5	Enter the names, addresses and en made payments. For each organizar	• •	•	_	• •
	contributions received that were pro	·			·
	political action committee (PAC) If a	• •	•	-	o oogregaree tarra et a
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(5) / (55)	(0, 2	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
		<u> </u>			
	4-0-				

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990 EZ) 2011 T	HE IF	RIGAT	ION ASSOCIA	TION	95-2	2139601 Page 2
			npt under sectio	n 50 r(c)(3) and me	a rom 5/06	
(election under section	-					
	-			Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share						
B Check L If the filing organization	n checke	ed box A an	d "limited control" pro	visions apply		Т
		ying Exper			(a) Filing organization's	(b) Affiliated group totals
(The term "expendit	ures" me	eans amou	nts paid or incurred.		totals	
1a Total lobbying expenditures to influe	nce publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influe	-					Ī
c Total lobbying expenditures (add line	•		, , , , , , , , , , , , , , , , , , , ,	·		
d Other exempt purpose expenditures		•		. [
e Total exempt purpose expenditures (add lines	s 1c and 1d)	Ĭ		
f Lobbying nontaxable amount Enter	-		•	h columns		
If the amount on line 1e, column (a) or (oying nontaxable am		.=	
Not over \$500,000	5, 10.		the amount on line 1e			
Over \$500,000 but not over \$1,000,0	000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00			0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0				
0.00.00.000		V .,,000,				
g Grassroots nontaxable amount (ente	r 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c If zero c						1
j If there is an amount other than zero			line 1i, did the organiz	ation file Form 4720		·
reporting section 4911 tax for this ye	_					Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organizat	ions tha	t made a s	ection 501(h) election	n do not have to comp	lete all of the five	
colu	mns bel	ow. See th	e instructions for line	s 2a through 2f on pa	ge 4.)	
	Lobb	ying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year		2000	45,0000	(-) 0010	(-D 0011	(-) Total
(or fiscal year beginning in)	(a) 2	8008	(b) 2009	(c) 2010	(d) 2011	(e) Total
O - Labbuma acatevable emount						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
(150% of fine 2a, coldifine)					•••	
c Total lobbying expenditures						
C Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
		_				
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 THE IRRIGATION ASSOCIATION 95-2139601 Page 3 Part II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of th	e lobbying activity.	Yes	No	Amo	ount
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		Î		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	rt III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	5), or se	ction	
	501(c)(6).			V	N.
_	West as the Assaclably all (000) as seems discussed and disable by seems and			Yes	No.
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	17	X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	5047.)	3	X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No" OR	· ·		e 3, is
1	Dues, assessments and similar amounts from members	1	1	302	.,0/0.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
	expenses for which the section 527(f) tax was paid).			_	7 251
	Current year		2a	1 2 2	7,351. 2,887.
	Carryover from last year	٠	2b		
			2c), <u>238.</u>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	130	<u>,238.</u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
			1 1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?	political -	4		
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	political	4 5		
Pa	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information		5		
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information		5	e 1. Also, o	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, o	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, o	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete
Pa Con	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F		5	e 1. Also, c	complete

SCHEDULE D

(Form 990).

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

THE TRRIGATION ASSOCIATION

Employer identification number

Par	t Organizations Maintaining Donor Advised		s or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		of Modulitar Complete in the
	organization answered tes to Form 950, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Tabel south as at and aftern	(a) Bollot davisod latido	(b) rundo and outer accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		——————————————————————————————————————
	are the organization's property, subject to the organization's e		└ Yes └ No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Das	impermissible private benefit?		Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		11.11.10. F. 1.70. T. W.
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	-1 1 d d (-)	2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	itter 8/1 //06, and not on a historic struc	l i
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by tr	ne organization during the tax
_	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	((1)(4)(B)(I)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's imancial statements that describe	s the organization s accounting for
Pai	conservation easements † III Organizations Maintaining Collections of	Art Historical Treasures or	Other Similar Assets
	Complete if the organization answered "Yes" to Form 9		
12	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		allow or public control, provide, in a divini,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	radation, or research in fartherance of p	able service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	••	\$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financ	
2	the following amounts required to be reported under SFAS 1:		and gain, provide
а	Revenues included in Form 990, Part VIII, line 1	. The season relating to those items	▶ \$
	Access included in Form 000. Part Y		S
J	Assets included in Form 330, Fart A		- -

Sche	dule D (Form 990) 2011 THE IRR	IGATION AS	SOCI	ATION			9	5-21	39601	Page 2
Par		ollections of A	rt, Hist	orical Tr	easures, c	r Other	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a sigi	nificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	: 🔲 1	Loan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
c	Preservation for future generations						_			
4	Provide a description of the organization's co	ellections and explain	n how th	ev further tl	he organizatio	on's exem	pt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					'Yes" to Fo	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	-		-						
	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not in	cluded		-	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table [.]						
-		·							Amount	<u>.</u>
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance	•					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?	•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) P	rior year	(c) Two year	s back (c) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	·								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as				-	
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for the	organiz	ation	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	dule R?	•				3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value
		basis (investi	ment)		(other)	depr	eciation			
1a	Land				79,928.			_		<u>,928.</u>
b	Buildings .		_	48	39,415.	1	82,16	52.	307	<u>,253.</u>
C	Leasehold improvements .									
d	Equipment .				71,635.		<u>08,93</u>			<u>,705.</u>
е	Other			19	<u>7,902.</u>		<u>53,20</u>	05.		<u>.,697.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line	10(c))				894	<u>.,583.</u>

Schedule D (Form 990) 2011

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE - IRRIGATION	ſ
(3) FOUNDATION	250,000.
(4) ACCOUNTS PAYABLE - IRRIGA	
(5) FOUNDATION	4,969.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (h) must squal Form 000, Bort V sol (D) In	251 251

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740).

<u>Sche</u>	dule D (Form 990) 2011 THE TRRIGATION ASSOCIATION				<u> </u>	Page 4
Paı	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Rever	nue per F	leturn	-	
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 on investments	2a				
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1		
e	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:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		1 1		
c	Add lines 4a and 4b	1		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•		5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	Retu	rn	
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:	•		-		
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b] [
С	Other losses	2c				
d	Other (Describe in Part XIV.)	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	4a				
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information			_		
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compleTX, LINE 2: THE ORGANIZATION IS REQUIRED	lete this part to pro	vide any ad	ditional	information	4, Part
	SENT, AND DISCLOSE IN ITS FINANCIAL STATEM			<u> </u>	—- · ·-	
PO	SITIONS THE ORGANIZATION HAS TAKEN IN THE T	TAX YEARS	THAT F	EMA	IN SUBJ	ECT
<u>TO</u>	EXAMINATION OR EXPECTS TO TAKE ON AN INCOM	ME TAX RET	URN.	THE		
OR	GANIZATION RECOGNIZES THE TAX BENEFITS FROM	1 UNCERTAI	N INCO	ME !	YAY	
PO	SITIONS ONLY IF IT IS MORE LIKELY THAN NOT	THAT THE	TAX PO	SIT	ION WIL	L BE
SU	STAINED ON EXAMINATION BY TAX AUTHORITIES.	PRIOR YE	AR INC	OME	TAX	
RE	TURNS MAY BE SUBJECT TO AUDIT IN VARIOUS TA	AX JURISDI	CTTONS	S. MO	OST OF	

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 THE IRRIGATION ASSOCIATION	95-2139601 Page 5
Schedule D (Form 990) 2011 THE IRRIGATION ASSOCIATION Part XIV Supplemental Information (continued)	
WHICH DEFINE OPEN TAX YEARS AS THREE YEARS FROM THE	LATER OF THE DUE DATE
OR THE DATE THE RETURN WAS FILED. THE ORGANIZATION	RECORDED NO LIABILITY
FOR UNCERTAIN INCOME TAX POSITIONS FOR ANY OPEN TAX	
FOR UNCERTAIN INCOME TAX POSTITIONS FOR ANT OPEN TAX	IEARS.
	
,	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization

Employer identification number

ינוק	E IRRIGATION	ልዼዼባርተልጥ	TON		95-213960	1
Pa				side the United States. Compl		
	to Form 990, Part			·		
1			maintain record	ds to substantiate the amount of its gr	ants and other assistance,	
	the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	For grantmakers. Describer United States.	nbe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance outs	ide the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				EMPLOYEE WHO TEMPORARILY	EMPLOYEE WHO TEMPORARILY	
				MOVED TO THE REGION	MOVED TO THE REGION	
				CONTINUES TO WORK FOR THE	CONTINUES TO WORK FOR	
NOR!	TH AMERICA	0	1	ASSOCIATION REMOTELY	THE ASSOCIATION	13,030.
-						
3 a	Sub-total		11			13,030,
b	Total from continuation	1				
	sheets to Part I		0			0.
C	Totals (add lines 3a					13.030
	and 3b)] (л <u>1</u>		1	13_030.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011

Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 95-2139601 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 THE IRRIGATION ASSOCIATION Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2011

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
l	f recipient organization the grantee or counse	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	, recognized as tax-e)	xempt by		
3 Enter total number of	Enter total number of other organizations or entitles	or entities						

Schedule F (Form 990) 2011

95-2139601

Page 3

THE IRRIGATION ASSOCIATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2011

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2011

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2011

Yes X No

6

for Form 5713)

Schedule F (Form 990) 2011 THE IRRIGATION ASSOCIATION	95-2139601 Page 5
Part V Supplemental Information	
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); P	art I, line 3, column (f) (accounting method,
amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part	
(c) (estimated number of recipients), as applicable. Also complete this part to provide any add	
PART I, LINE 3, COLUMN (E):	<u> </u>
REGION: NORTH AMERICA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: EMPLOYEE WH	O TEMPORARILY MOVED
	DEMOMELY
TO THE REGION CONTINUES TO WORK FOR THE ASSOCIATION	REMOTELY
	<u> </u>

SCHEDULE O (Form 990 or 990-6Z)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

Employer identification number

THE IRRIGATION ASSOCIATION	95-2139601
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
STANDARDS AND CODES: THE ORGANIZATION PROMOTES ESTABLE	SHING PRODUCTS
AND PRACTICE STANDARDS THAT DRIVE EFFICIENT IRRIGATION	BY LEADING THE
SMART WATER APPLICATION TECHNOLOGIES INITIATIVE, INFLU	ENCING STANDARDS,
CONDUCTING RESEARCH AND ANALYZING TRENDS AND DOCUMENTI	NG BEST
PRACTICES.	
OTHER PROGRAM SERVICES: THE ORGANIZATION MAINTAINS SPE	CIALIZED FUNDS
FOR SPECIFIC COMMON INTERESTS IN THE IRRIGATION INDUST	TRY. THE EXPENSES
RELATED TO THOSE FUNDS ARE RECORDED AS OTHER PROGRAM S	ERVICES IN THE
ACCOMPANYING STATEMENT OF ACTIVITIES.	
FORM 990, PART VI, SECTION A, LINE 4: THE ASSOCIATION	AMENDED ITS BYLAWS
TO CHANGE ITS FISCAL YEAR END FROM DECEMBER 31 TO JUNE	30, EFFECTIVE
JANUARY 1, 2011.	
FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION	HAS 5 CLASSES OF
MEMBERSHIP: REGULAR, ASSOCIATE, HONORARY, TECHNICAL AN	D AFFILIATE
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A: REGULAR AND AFF	FILIATE ORGANIZATION
MEMBERS OF THE ASSOCIATION ARE ENTITLED TO ONE VOTE IN	N OFFICIAL ASSOCIATION
MATTERS.	
FORM 990, PART VI, SECTION A, LINE 7B: BYLAW CHANGES A	ARE SUBJECT TO

THE IRRIGATION ASSOCIATION	Employer identification number 95-2139601
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEW EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR PRIOR TO FILI	
FORM 990, PART VI, SECTION B, LINE 12C: THE IRRIGATION AS POLICY MANUAL IS REVIEWED REGULARILY. ANY POTENTIAL CONF AND DISCUSSED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIR COMPENSATION IS COMPARED AGAINST ASSOCIATION INDUSTRY STABY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES.	
FORM 990, PART VI, SECTION C, LINE 19: THE IRRIGATION ASS DOCUMENTS AVAILABLE UPON REQUEST AND ON THE GUIDESTAR.ORG	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS:	10,805.
THE ASSOCIATION'S HAS NOT CHANGED ITS PROCESS FOR OVERSIGNAUDIT.	HT OF THE

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 95-2139601

Name of the organization

THE IRRIGATION ASSOCIATION

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

(f) Direct controlling entity			хөтрt	(g) Section 512(b)(13)
			nore related tax-e	: E
(e) End-of-year assets			use it had one or n	(e)
(d) Total income			ırt IV, line 34 becau	(P)
(c) Legal domicile (state or foreign country)			if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	(o)
(b) Primary activity			ions (Complete if the organization ar	(q)
(a) Name, address, and EIN of disregarded entity			Identification of Related Tax-Exempt Organizations (Complete roganizations during the tax year.)	(a)
			Part II	

(g) Section 512(b)(13) controlled entity?	No		×		;	4		
Section	Yes							
(f) Direct controlling entity			N/A					
sta	501(c)(3))		170(B)(1)(A) N/A					
(d) Exempt Code section			501(C)(3)			527		
(c) Legal domicile (state or foreign country)			VIRGINIA			VIRGINIA		
(b) Primary activity			EDUCATION		NON-PARTISAN POLITICAL	COMMITTEE		
(a) Name, address, and EIN of related organization		IRRIGATION FOUNDATION - 52-1193927	6540 ARLINGTON BLVD FAILS CHURCH VA 22042	IRRIGATION ASSOCIATION POLITICAL ACTION	COMMITTEE - 26-4333383, 6540 ARLINGTON BLVD, NON-PARTISAN	FALLS CHURCH, VA 22042		

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

Schedule R (Form 990) 2011

95-2139601

Page 2

Schedule R (Form 990) 2011 THE IRRIGATION ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)	income related, tax under 2-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Financial or Financial or Financial or Pertner?	(j) (k) General or Percentage managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	ganizations Taxable a	s a Corpo g the tax y	ration or Trust (Cor	mplete if the	organizatio	n answered "Yes"	to Form 990, Pa	rt IV, line 34	because it had	one or mor	e related
(a) Name, address, and EIN of related organization	Z. c		(b) Primary activity	uty Leg	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	of total Shame end-	(g) Share of end-of-year assets	(h) Percentage ownership
						!					
					_					-	
132162 01-23-12				30					Schedu	e R (Form	Schedule R (Form 990) 2011

Page 3

ž

Yes

L 4 5 **1**d

þ

19

¥

두

÷

Schedule R (Form 990) 2011 THE IRRIGATION ASSOCIATION

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

ete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	he tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note. Complete line 1 if any	1 During the tax year, did

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)

×

¥

투

ŧ

- k Performance of services or membership or fundraising solicitations for related organization(s)
 - Performance of services or membership or fundraising solicitations by related organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses 0
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

×

÷

19

욘

ဍ

2 If the answer to any of the above is "Yes," see the instructions for information on w	no must complete the	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) IRRIGATION FOUNDATION	D	254,969.CASH	CASH
(2) IRRIGATION FOUNDATION	K	25,000.FMV	FMV
(3) IRRIGATION FOUNDATION	Ъ	4,039.CASH	CASH
(4) IRRIGATION FOUNDATION	0	1,850.CASH	CASH
(6) IRRIGATION FOUNDATION	ы	158.CASH	CASH
(6) IRRIGATION FOUNDATION	G	250,000.EMV	FMV
132183 01-23-12	31		Schedule R (Form 990) 2011

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

That Was flot a felated organization. Ode instructions regarding exclusion for containing the co	and choirs regarding even	and the second of the second o	(4)	9	(5)	3	9	5	3
(a)	(a)	(c)	Area Areas	ζ.	Share of	Dispropor-	Code V-UBI	General or	Percentage
Name, address, and EIN of entity	Filliary activity		(related, unrelated, 501(c)(3)		end-of-year	tionate allocations?	tionale amount in box 20 managing ownership allocations? of Schedule K-1 partner?	managing partner?	ownership
		country)	under section 512-514) Yes	emooni ot	assets	Yes No	(Form 1065)	Yes No	
						$\frac{1}{1}$			
								_	
						_			
								-	
								_	
								_	
			-						

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	THE IRRIGATION ASSOCIATION	95-2139601 Page 5
Part VII	(Form 990) 2011 Supplemental Info	nation	
	Complete this part to pro	de additional information for responses to questions on S	schedule H (see instructions)
		· 	
			
			
			
			····
			
			
	<u> </u>		
			
-	·		
	<u></u>		

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.rs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Employer identification number Type or print 95-2139601 THE IRRIGATION ASSOCIATION File by the Number, street, and room or suite no. If a P.O. box, see instructions filing your 6540 ARLINGTON BLVD return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions FALLS CHURCH, VA 22042-6638 Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03_	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
mus acco	TAMEON		

	THE ASSOCIATION			
	The books are in the care of 6540 ARLINGTON BOULEVARD - FALLS CHURCH	, v	A 2204	2-6638
•	Telephone No. ► (703) 536-7080 FAX No ►	•		
	If the organization does not have an office or place of business in the United States, check this box	-		▶ □
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	the whole g	roup, check this
0)	If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the exter	sion is for
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time unt	ıl		
	FEBRUARY 15, 2012 , to file the exempt organization return for the organization named a	bove	The extension	חי
	is for the organization's return for			
	calendar year or	/		
	► X tax year beginning JAN 1, 2011 and ending JUN 30, 2011	₹		
2	if the tax year entered in line 1 is for less than 12 months, check reason Initial return Final	l retur	n	
	X Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	За	\$	0.
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made include any prior year overpayment allowed as a credit	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3с	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

2/15/12

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this i	юх	•	· X
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously file			م د لم اد ا
 If you are filing for an Automatic 3-Month Extension, compl 			<u> </u>		<u>14368</u>
Part II Additional (Not Automatic) 3-Month I	Extensio	n of Time. Only file the original (no	copies	needed)	
Type or Name of exempt organization			Emp	oloyer identification	number
print THE IRRIGATION ASSOCIATION			c	5-2139601	
File by the extended Number, street, and room or suite no lif a PO box,	see instruc	tions			
due date for 6540 ARLINGTON BLVD					
City, town or post office, state, and ZIP code For a instructions FALLS CHURCH, VA 22042-663	-	lress, see instructions		•	
FALLS CHORCH, VA 22042-003	0				
Enter the Return code for the return that this application is for (fi	ile a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante		natic 3-month extension on a previo	usly file	ed Form 8868.	
THE ASSOCIATION					
 The books are in the care of ► 6540 ARLINGTON 	BOUL:	<u> EVARD - FALLS CHURC</u>	H, V	A 22042-66	38
Telephone No ► <u>(703) 536-7080</u>		FAX No. >			
 If the organization does not have an office or place of busines 	ss in the Ur	nited States, check this box		•	
 If this is for a Group Return, enter the organization's four digit 					
box ▶ ☐ If it is for part of the group, check this box ▶ ☐			ll memb	oers the extension is	for
4 I request an additional 3-month extension of time until _		<u>15, 2012</u>			
5 For calendar year, or other tax year beginning _			1		
6 If the tax year entered in line 5 is for less than 12 months, X Change in accounting period	check reas	on Initial return	Final	return	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS NEE	DED I	N ORDER TO FILE A C	OMPL	ETE AND	
ACCURATE TAX RETURN.					
0. Kitha and antaga a far Farm 000 PL 000 PE 000 T 4700	0000				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, 6	nter the tentative tax, less any			•
nonrefundable credits See instructions			<u>8a</u>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	- ·			}	
tax payments made Include any prior year overpayment a	allowed as a	a credit and any amount paid	-	1	0
previously with Form 8668	oumont und	h thu form if required by the	8b	\$	0.
 Balance due. Subtract line 8b from line 8a. Include your p EFTPS (Electronic Federal Tax Payment System) See inst 	-	in this form, if required, by using			0
		d Verification	<u> 8c</u>	\$	0.
Under penalties of perjury, I declare that I have examined this form, inclu			ne heet r	of my knowledge and h	aliaf
it is true, correct, and complete, and that I am authorized to prepare this	form.	any my senectics and statements, and to the	ור חפשו (n my knowicuyc ariu b	611 61 ,
Signature Title	CP	4_	Date	> 2/1n/	12_
			Date	Form 8868 (Re	ev 1.2011)