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SCANNED LIN 0 6 2017

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 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u> _	For the	e 2016 cale	ndar year, or tax year beginning JANUARY_, 2016, an	nd ending	DECE	MBER	, 20 16			
В	Check	f applicable	C Name of organization NIOBRARA ELECTRIC ASSOCIATION, INC.			D Employ	er identification number			
	Address	s change	Doing business as			83-0164125				
	Name o	hange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone number				
\checkmark	Initial re	eturn	PO BOX 697				307-334-3221			
	Final reti	um/terminated								
	Amende	ed return	LUSK, WY 82225-0697			G Gross re	eceipts \$ 12,788,766			
		ition pending	F Name and address of principal officer KENNETH CEAGLSKE		H(a) is this a gro	up return for	subordinates? Yes No			
			PO BOX 697, LUSK, WY 82225-0697				s included? Yes No			
	Tax-exe	empt status		527			list (see instructions)			
J	Websit		prara-electric.org		H(c) Group e	exemption	number ▶			
<u>-</u>				of formation		т —	of legal domicile WY			
	art I	Summ		o. iorinado	1341	111 01410	or logal dollars			
	1		escribe the organization's mission or most significant activities:	DIIDAI E	LECTRIFIC	ATION II	N PORTIONS OF FAST			
ø	'	-								
ũ		CENTRAL	_ WYOMING, NORTHWESTERN NEBRASKA, AND TWO SMALL ARE	AS OF SU	UIHWESII	ERN SOL	JIH DAKUTA.			
Activities & Governance	2	Chook th	is box ▶☐ if the organization discontinued its operations or dis	noood of	mara than	250/ of	ito not coooto			
Š	1					1 1				
Ō	3		of voting members of the governing body (Part VI, line 1a)			3	9			
Se	4		of independent voting members of the governing body (Part VI, I			5	0			
įŧį	5		mber of individuals employed in calendar year 2016 (Part V, line 2							
Ę	6		nber of volunteers (estimate if necessary)			6	0			
⋖	7a		elated business revenue from Part VIII, column (C), line 12	-		7a	430,598			
_	<u>b</u>	Net unre	lated business taxable income from Form 990-T, line 34	• •	Dww Vo	7b	(130,934) Current Year			
				<u> </u>	Prior Yea		Current Year			
Revenue	8		tions and grants (Part VIII, line 1h)			0	0			
	9	_	service revenue (Part VIII, line 2g)	11,	640,790	12,629,737				
Š	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		(5,028)	358,303				
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		(13,589)	19,634				
_	12_		enue-add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)	11,	622,173	13,007,674			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	· <u> </u>		0	0			
	14		paid to or for members (Part IX, column (A), line 4)	649,601	1,568,428					
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-	i–10) <u> </u>	1,	818,433	1,959,242			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			0	0			
×	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶	0			<u>. </u>			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,	643,996	7,990,954			
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	10,	112,030	11,518,624			
_	19	Revenue	less expenses. Subtract line 18 from line 12		1,	510,143	1,489,050			
اع م	3			Be	ginning of Cur	теnt Year	End of Year			
ssets or	20	Total ass	sets (Part X, line 16)	L	21,	427,863	22,684,200			
Net As	21	Total liab	oilities (Part X, line 26)	L	7,	375,956	7,002,914			
ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20		14	051,907	15,681,286			
P	art II 🏻	Signa	ture Block							
Ur	nder pen	alties of perju	iry, I declare that have examined this return, including accompanying schedules	and stateme	ents, and to th	e best of r	my knowledge and belief, it is			
tru	ie, corre	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which	h preparer h	as any knowle	edge				
						5-4-17				
Si	gn	1 556	ature of officer		Dat	е				
He	ere	1 / K	ENNETH CEAGLIKE, GENERAL MANAGER							
			e or print name and title							
P	aid .	Print/Ty	pe.preparer's name Preparer's signature	Date		Check	I PTIN			
Paid RECEIVED Check if self-employed										
				I	Firm	's EIN ▶				
U	se On	ניין עיי	address • Ø			ne no				
Ma	y the I		s this return with the preparer shown above? (see instructions)				. Yes No			
_			ection Act Notice, see the separate instructions.	Cat No	11282Y		Form 990 (2016)			
		-	The state of the s				- · · · · · · · · · · · · · · · · · · ·			

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	0 (2016		Page Z
Part	П	Statement of Program Service Accomplishments	
4	Drugf	Check if Schedule O contains a response or note to any line in this Part III	
1		y describe the organization's mission: AL ELECTRIFICATION WITHIN OUR SERVICE AREA.	
	KUK	AL ELECTRIFICATION WITHIN OUR SERVICE AREA.	
2		he organization undertake any significant program services during the year which were not listed on the	_
	•	Form 990 or 990-EZ?	No
2		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program ces?	l No
		es," describe these changes on Schedule O.	1110
4		ribe the organization's program service accomplishments for each of its three largest program services, as measur	ed bv
		nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	the to	otal expenses, and revenue, if any, for each program service reported	
4a	(Cod	e) (Expenses \$including grants of \$) (Revenue \$)	
	SALE	S OF ELECTRIC ENERGY	
4h	(Cod	e:) (Expenses \$ including grants of \$) (Revenue \$)	
75	1000	, (Expenses w	
			•
			
			••
4c	(Cod	e:) (Expenses \$including grants of \$) (Revenue \$)	
			
	•		
			•
4d	Othe	r program services (Describe ın Schedule O.)	
		enses \$ including grants of \$) (Revenue \$)	
40	Tota	program service expenses ▶	

'art	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	_	1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_2	_	V
3	candidates for public office? If "Yes," complete Schedule C, Part I	_3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	√	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	ļ	✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of organization's current and former officers, directors, trustees, key employees, and highest compensation employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2 through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess bent transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aparty to a business trustees, key employees, highest compensated employees, disqualified persons? If "Yes," complete Schedule L, Part II Did the organization a party to a business transaction with one of the following parties (see Schedule Part IV ins	. 20b n or . 21 on . 22 the ted . 23 nan . 24b . 24a . 24b . 24a . 24b ear . 24c . 24d efit . 25a rior . 25b any or . 26		No
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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation programs are proposed in the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2 through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pi year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a current or former officers, directors, trustees, key employees, highest compensated employees, disqualified persons? If "Yes," complete Schedule L, Part II Did the organization a party to a business transaction with one of the following parties (see Schedule Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? I	on . 22 the ted . 23 nan . 24b . 24a . 24b ear . 24c 24d efit . 25a rrior . 25b any or . 26		/ / / /
 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of organization's current and former officers, directors, trustees, key employees, and highest compensate employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2 through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization an escrow account other than a refunding escrow at any time during the yea to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pi year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E if "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a current or former officers, directors, trustees, key employees, highest compensated employees, disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employes substantial contributor or employee thereof, a grant selection committee member, or to a 35% control entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule Pa	the ted . 23 nan . 24b . 24a . 24b ear . 24c . 25a rior . 25b any or . 26		/ / / /
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 c Did the organization maintain an escrow account other than a refunding escrow at any time during the yet to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess bentransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pile year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-Elf "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a current or former officers, directors, trustees, key employees, highest compensated employees, disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employ substantial contributor or employee thereof, a grant selection committee member, or to a 35% control entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee (or a family member there was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV. C An entity of which a current or former officer, director, trustee, or key employee (or a family member there was an officer, director, trustee, or director, trustee, or other similar assets, or q	ear 24c . 24d efit . 25a rior EZ? . 25b any or . 26		1
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year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E If "Yes," complete Schedule L, Part I	rior		,
current or former officers, directors, trustees, key employees, highest compensated employees, disqualified persons? If "Yes," complete Schedule L, Part II	or 26		✓
 substantial contributor or employee thereof, a grant selection committee member, or to a 35% control entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . Was the organization a party to a business transaction with one of the following parties (see Schedule Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			√
Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member there was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif conservation contributions? If "Yes," complete Schedule M.	II		✓
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member there was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif conservation contributions? If "Yes," complete Schedule M 	; L,		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif conservation contributions? If "Yes," complete Schedule M	eof) 28c	1	
· · · · · · · · · · · · · · · · · · ·	fied		√
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule Part I			✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye complete Schedule N, Part II	es,"		1
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	ons	1	1
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, or IV, and Part V, line 1	III,		1
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with the second of the second o	. 35a h a		✓
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charita related organization? If "Yes," complete Schedule R, Part V, line 2	ıble	1	1
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organizat and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
 Part VI. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a 19? Note. All Form 990 filers are required to complete Schedule O. 	. <u>37</u> and	1	✓

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	. 🗸
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64			
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	- 1		•
	Statements, filed for the calendar year ending with or within the year covered by this return 25 15 at least and a place of the calendar year ending with a consequent to the calendar year ending with or within the year covered by this return.	2b	✓	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	•	
За	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" to line 3b, provide an explanation in Schedule O	3b	<u>, </u>	
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		✓
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	1		
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		1
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	-
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	-		Ť
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	and services provided to the payor?	7a		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			├ <u></u>
J	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
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 0			
11	Section 501(c)(12) organizations. Enter:	l		
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.)			
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	—–	1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			† <u>*</u>
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		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			T
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			1
C	Enter the amount of reserves on hand			 _
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		▼

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ons.
Section	on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		✓
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		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14 15	Did the organization have a written whistleblower policy?	13	<u> </u>	1
	The organization's CEO, Executive Director, or top management official	15a 15b		1
16a	with a taxable entity during the year?	16a		✓
	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		1
	on C. Disclosure			
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 available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	n 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and representation at HEADQUARTER OFFICE, MAINTAINED IN HOUSE	cords	: >	

Dage	

Form 990 (2016)

Form	990	(201	6)

				_				
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	ompensated	Employees ,	, and
•	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 no	r any related	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average		do not check m ox, unless pers					Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from	amount of
	week (list any hours for	익코	ű	ð	줎	gŢ	Б	from the	related organizations	other compensation
	related	dre	Ě	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	lual	g	`	Key employee) e c	1	(W-2/1099-MISC)		organization and related
	line)	trus	altr		yee	힐				organizations
		Individual trustee or director	Institutional trustee	ĺ		Highest compensated employee				
			•			ē	_			
(1) JOHN HESTER										
PRESIDENT	1	1		1				766		
(2) JOEL D. WASSERBURGER	<u> </u>			<u> </u>	T			7,00		
VICE PRESIDENT	1	1		1	1			9,299		
(2)	 		_							
SECRETARY/TREASURER	2	1		/			İ	14,975		
(4) ANDREW W. GREER								1		
ASSISTANT SECRETARY/TREASURER	3	1		1				12,550		
(5) ANDY BARNETTE										
DIRECTOR	1	1					İ	616		
(6) KENNY DEGERING								1 -		
DIRECTOR	1	✓						0		
(7) JAMES DUNN										
DIRECTOR	2	✓						14,150		
(8) JACK W. HAMMOND									i	
DIRECTOR	1	✓						5,737		
(9) WILLIAM H. WILSON			ļ		i					
DIRECTOR	2	✓		L	ļ			14,450		
(10) KENNETH CEAGLSKE	<u> </u>			1						
GENERAL MANAGER	40		匚	1	<u> </u>			110,634		55,447
(11)		}								
(12)										
(13)							_			
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos eck s pe	rson	Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatioi related organizatio (W-2/1099-N	n from	Estir amo of compe fror orgar and i	F) mated unt of her ensation n the istation related izations
			tee	ustee			ensated						
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													<u>.</u>
(21)						_							
(22)													
(23)			<u> </u>										
(24)													
(25)													
1b c	Sub-total	VII, Sectio	n A					>	183,177				55,447
d 2	Total (add lines 1b and 1c)	t not limited						e) w	ho received m	l ore than \$1	00,000	of	55,447
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compe	ensated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble (150,	con ,000	npei)? <i>I</i>	nsatio f "Ye.	n a s,"	and other comp complete Sch	pensation from the dule of the	om the	4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Section	n B. Independent Contractors		·				•		·				1 -
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation
NONE								_					
2	Total number of independent contractor received more than \$100,000 of compens							tr	nose listed ab	ove) who			

Part	МШ	Statement of Revenue				5		
		Check if Schedule O contains	s a response o	or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			revenue		512-514
בַּ בַּ	b	Membership dues	1b					
ra,	C	Fundraising events	1c					
nia I	d e	Related organizations Government grants (contributions)						
Sir	f	All other contributions, gifts, grants,			ĺ			
her	•	and similar amounts not included above						1
털티	g	Noncash contributions included in lines 1						
and	h	Total. Add lines 1a-1f		. ▶				
_				ss Code				
Program Service Revenue	2a	SALES OF ELECTRICITY	22.	1122	12,176,744	12,176,744		
Re	b	ELECTRICIAN MERCHANDISE	45:	3000	16,732	11,043	5,689	
vice	С	ELECTRICIAN	238	3210	424,909			
Ser	d	OTHER ELECTRIC REVENUE			11,352	11,352		
am	е							
og.	f	All other program service rever						
<u>-</u>	g	Total. Add lines 2a-2f			12,629,737			
	3	Investment income (including and other similar amounts) .						
		•			123,167			123,167
	4 5	Income from investment of tax-ex		F	0			
	5	Royalties		ersonal	0			
	6a	Gross rents	0	0]			
	b	Less. rental expenses		7,464				
	c	Rental income or (loss)		(7,464)				
	d	Net rental income or (loss) .		. ▶	(7,464)	(7,464)		
	7a	Gross amount from sales of (i) Secu	nties (ii)	Other				
		assets other than inventory		10,622				
	b	Less: cost or other basis						
l		and sales expenses .		(929)				
	С	Gain or (loss)	<u>l</u>	9,693				
1	d	Net gain or (loss)	· · ن · · ·	. •	9,693	9,693		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	1c).					
ŧ,	h	Less. direct expenses			İ	İ		
0		Net income or (loss) from fund		. ▶		f		
'		Gross income from gaming acti See Part IV, line 19	vities.					
ļ	b	Less: direct expenses	. b					
		Net income or (loss) from game		. ▶				
	10a	Gross sales of inventory, returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	Busine	ss Code				
	11a				27,098	27,098		
	b							
	C	All other revenue						
	d e	All other revenue		. ▶	37.000			
	12	Total revenue. See instruction			27,098 12,782,231	12,228,466	420 500	100 107
	_ - _	. J.a J. J. III. J. J. J. J. J. J. J. J. J. J. J. J. J.	<u> </u>		14,/94,43]	12,228,400	430,598	123,167 Form 990 (2016)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	olumn (A).	
	Check if Schedule O contains a respon					
Do not include amounts reported on lines 6h. 7h (A) (B) (C) (D)						
	, 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	0				
2	Grants and other assistance to domestic					
	ındivıduals See Part IV, line 22	0				
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign	İ				
	individuals. See Part IV, lines 15 and 16	o				
4	Benefits paid to or for members	1,568,428				
5	Compensation of current officers, directors,					
	trustees, and key employees	239,166				
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	1,124,098				
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	185,189				
9	Other employee benefits	308,505				
10	Payroll taxes	102,284				
11	Fees for services (non-employees):					
а	Management	0				
b	Legal	10,648				
C	Accounting	12,500				
ď	Lobbying	0				
е	Professional fundraising services. See Part IV, line 17	0			L	
f	Investment management fees	0				
9	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	133,538				
12	Advertising and promotion	17,470				
13	Office expenses	48,639			L	
14	Information technology	111,173				
15	Royalties	0		 	<u> </u>	
16	Occupancy	27,500			ļ	
17	Travel	331603				
18	Payments of travel or entertainment expenses			1	1	
40	for any federal, state, or local public officials	0		 	ļ	
19	Conferences, conventions, and meetings .	12,308		 		
20	Interest	159,763		 	 	
21	Payments to affiliates	118,312		 	 	
22	Depreciation, depletion, and amortization .	619,750		 		
23	Insurance			 	 	
24	Other expenses, Itemize expenses not covered	}		1	1	
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)			1		
_	COST OF POWER			 	<u> </u>	
a b	CAPITALIZED SALARIES	7,802,622				
C	ALLOCATED PATRONAGE CAPITAL	(218,204)		 	 	
d		(1,300,428)		 	 	
e	All other expenses	536,741		 	 	
25	Total functional expenses. Add lines 1 through 24e	11,682,605		 		
26	Joint costs. Complete this line only if the	11,002,003		 		
20	organization reported in column (B) joint costs					
	from a combined educational campaign and			1	1	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				Į.	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X П (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 207,612 628,773 11,000 2 2 Savings and temporary cash investments 21,000 3 3 0 4 1,245,415 1,101,900 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 O Loans and other 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). Complete Part II of Schedule L. 6 **Assets** 0 0 0 7 0 Inventories for sale or use 855,919 8 827,998 9 Prepaid expenses and deferred charges 9,181 4,742 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 11,559,482 13,825,649 10c 14,291,258 11 Investments—publicly traded securities 11 ol 0 12 12 Investments—other securities. See Part IV, line 11 . 2,579 2,583 13 4,860,075 13 Investments - program-related. See Part IV, line 11 . . . 5,425,036 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 15 410,433 380,910 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 21,427,863 16 22,684,200 17 Accounts payable and accrued expenses 953,813 17 918,697 18 18 Grants payable. 0 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 Ō 23 23 Secured mortgages and notes payable to unrelated third parties . . . 155,188 249,721 24 Unsecured notes and loans payable to unrelated third parties 4,057,796 24 3,690,175 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,209,159 2.144.321 26 Total liabilities. Add lines 17 through 25 26 7,375,956 7,002,914 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 5,830 30 5,810 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 11,435,915 31 13,119,507 32 Retained earnings, endowment, accumulated income, or other funds. 32 2,610,162 2,555,969 33 33 14,051,907 15,681,286 Total liabilities and net assets/fund balances . . 21,427,863 22,684,200 Form 990 (2016)

Page	1	1

Onn 9	50 (2016)			_ Pa	ige IZ
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	_ •	<u> </u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,78	32,231
2	Total expenses (must equal Part IX, column (A), line 25) [2		11,68	32,605
3	Revenue less expenses. Subtract line 2 from line 1	3		1,09	9,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,06	1,907
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		52	<u> 29,753</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l			
	33, column (B))	10		15,68	31,286
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			i [
	Schedule O.				
2a			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			1 1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	The transfer of the transfer o		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				لـــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				ľ
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c	/	
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın in			1
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set 1				1
	the Single Audit Act and OMB Circular A-133?		3a		1
b			- ()		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	udits.	3b		✓
			Forn	n 990	(2016)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047
2016
Open to Public Inspection

Employer identification number Name of the organization NIOBRARA ELECTRIC ASSOCIATION, INC. 83-0164125 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ĸ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
the state of the s	1 1 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Oth	ner Similar A	Assets (d	continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follow	ing that are a	significa	nt use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progra	ams		
b	☐ Scholarly research								
C	☐ Preservation for future generations	;							
4	Provide a description of the organizat XIII	ion's collections a	and expla	an how ti	hey further	the orga	anızatıon's ex	empt pur	pose in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		uned as p	part of the	e organizati	on's col	lection? .	<u>. 🗆 '</u>	Yes 🗌 No
Part				- 000 5					_
	Complete if the organization	answered "Yes	on For	m 990, F	art IV, line	9, or r	eported an a	amount o	on Form
12	990, Part X, line 21. Is the organization an agent, trustee,	custodian or oth	or interm	andian, fo	or contribut	lone or	other accete	not	
10	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in Pa								ies 🗀 No
-		art rain and compi	310 1110 10]	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							-	
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	kplanatioi	n has been	provided	d on Part XIII		. 🗆
Par		1.00				40			
	Complete if the organization				(c) Two year		(d) Three years ba	nok (a) Ea	wr woard book
1.	Pographa of year belongs	(a) Current year	(D) P110	or year	(c) Two year	s back	(d) Three years ba	ick (e) Fo	bur years back
ia b	Beginning of year balance								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and			-					
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	id balanc	e (line 1g	ı, column (a)) held a	s:		
а	Board designated or quasi-endowmer	nt ▶	_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ►	%							
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the			zation the	nt are hold	and ada	nunictored for	tho	
Sa	organization by:	e possession of the	ie organi.	zauon ma	at are nero	and agn	ministered for	ine	Yes No
	(i) unrelated organizations							. 3a(
								. 3a(i	
b	If "Yes" on line 3a(ii), are the related o							. 3b	
4	Describe in Part XIII the intended uses	•	•						
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	<u> 11a. S</u>	See Form 99	0, Part X	, line 10.
	Description of property	(a) Cost or ot (investm			or other basis ther)		ccumulated preciation	(d) B	ook vatue
1a	Land				270,903				270,903
b	Buildings				980,567		407,994		<u>57</u> 2,573
C	Leasehold improvements				0		0		0
d	Equipment	•	_	ļ	24,599,019		11,151,488		13,447,531
0	Other	.	00 C- 43	<u> </u>	251		0		251
i otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	k, column	(<i>B), line</i> 10	<i>IC.)</i>	. ▶		14,291,258

Part VII	Investments—Other Securities.					000 B 1V 1
	Complete if the organization answ	vered "Yes" on For				
	(a) Description of security or category (including name of security)		(b)	Book value		thod of valuation d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)					<u> </u>	
(B)					· · · · · · · · · · · · · · · · · · ·	
(C)						
(D)					· · ·	
(E)						
(F)						
(G)						
(H)					<u> </u>	<u></u>
	b) must equal Form 990, Part X, col. (B) line 12) ▶					
Part VIII	Investments - Program Related					000 5 13/ 11 40
	Complete if the organization answ	vered "Yes" on For				
	(a) Description of investment		(b)	Book value		ethod of valuation d-of-year market value
(1) PATRO	NAGE CAPITAL ASSOCIATED COOPERA	TIVES		4,894,273		
(2) OTHER	INVESTMENTS	·		259,840		
(3) HOMES	TEAD			270,923	· · · · · · · · · · · · · · · · · · ·	
(4)						
(5)	·					<u></u>
(6)					<u> </u>	
_(7)						
(8)						
(9) Tatal (0.1(15 000 D . W (D) 101 b					
	b) must equal Form 990, Part X, col (B) line 13.)			5,425,036		
Part IX	Other Assets.	round "Von" on For	OO	Dort IV Inc.	a 11d Cas Farm	n 000 Dort V line 15
	Complete if the organization answ	Description	111 990	J, Part IV, IIII	e 11a. See Form	(b) Book value
	(a)	Description				(b) Book Value
(1)						
(2)						
(3) (4)						
(5)				<u> </u>		
(6)	·····		-			
(7)						
(8)		· · · · · · · · · · · · · · · · · · ·				
<u>(9)</u>		· · · · · · · · · · · · · · · · · · ·				
Total. (Colu	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)		<u>.</u>	<u>.</u>	
Part X	Other Liabilities.				<u> </u>	
	Complete if the organization answ	vered "Yes" on For	m 991), Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
	MER DEPOSITS		6,310			
	MER ADVANCES FOR CONSTRUCTION	2,08	38,011			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.)		14,321	,	 	
2. Liability for	r uncertain tax positions. In Part XIII, provid	de the text of the footn	ote to t	ne organization	n's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2016		Page 4
eli	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	-'	
г а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
art	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments	<u> </u>	
С	Other losses]	
d	Other (Describe in Part XIII.)		
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)	 _	
С 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.	131	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t	o: Part V line 4: Part X	line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		,
-	, and the same of the same of the same of the same of the same part of the same of the sam		
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Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Open To Public Inspection

NIOBRARA	LECTRIC ASS	OCIATION, INC.								83-0	1641	25		
Part I	Excess Bene	fit Transaction e organization	s (section 501 answered "Ye	(c)(3), s" on f	section (Form 990	501(c)(4), ai 0, Part IV, li	nd 50 ne 25	1(c)(29) organız sa or 25b, or Fo	ations rm 990	only) 0-EZ,	Part '	V, line	40b.	
1 (a)	Name of disqualified	nomon ((b) Relationship be	etween d	Isqualified	person and		(c) Description	n of tran	eaction			(d) Correcte	
1 (a)		person		organıza	ation	<u>-</u> .		(C) Description	ii Oi tiai				Yes	No
(1)								<u> </u>						
(2)	-													
(3)														
(4) (5)														
(6)														
2 Ent	ter the amount der section 4958									!	> \$			
3 Ent	ter the amount o	f tax, if any, on	line 2, above,	reımbı	ursed by	the organi	zatıor	١		!	▶ \$			
Part II	Complete if the	/or From Internet or ganization eported an amount (b) Relationship with organization	answered "Ye	s" on f 990, Pa (d) La	Form 990 art X, line can to or	0-EZ, Part \ e 5, 6, or 22 (e) Ongin	2. ıal	: 38a or Form 9	T	rt IV,	(h) Ap	6; or i		ritten
		with organization	loan	organ	nization?	principal an	IOUAL		V	I	comn	nittee?		
(1)				То	From				Yes	No	Yes	No	Yes	No
(2)														
(3)									1					
(4)														
(5)	**													
(6)					<u> </u>				<u> </u>					
(7)									<u> </u>					
(8)									-					
(9)					 		-		 					
(10) Total .		1.		<u> </u>	<u> </u>		. ▶	\$	+-	l				l
Part III	Grants or As	sistance Bene ne organization	fiting Interest	ed Pe	rsons.		·	.i	<u> </u>				L	 .
(a) Nam	e of interested perso		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistant	ce	(е) Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)										ļ				
(4)										<u> </u>				
(5)														
(6) (7)														
(8)				+			_			 				
(9)										 				
(10)														
		•												

Schedule L	(Form 990 or 990-EZ) 2016				F	age 2
Part IV	Business Transactions Invol Complete if the organization a	lving Interested Persons. answered "Yes" on Form 990), Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction				organi	anng of zation's nues?
					Yes	No
	TRANSACTIONS EXCEEDING					<u> </u>
	ORTABLE THRESHOLD					
(3)						├ -
(4) (5)						
(6)						
_(7)						
(8)						
(9)				 		
(10) Part V	Supplemental Information					Ь——
raitv	Provide additional information	for responses to questions	on Schedule L (see	e instructions).		
	Trovide accinental information	The responded to deciment		metraetierie,		
				·		
			••			
			•			
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SCHEDULE O (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer Identification number
NIOBRARA ELECTRIC ASSOCIATION, INC.	83-0164125
PART VI, SECTION C - DISCLOSURE LINE 19	
ANY INTEREST PARTY MUST MAKE THEIR REQUEST IN WRITING PRIOR TO COMING TO THE OFFI	CE TO VIEW DOCUMENTS
PART IX, LINE 4 - BENEFITS PAID TO OR FOR MEMBERS	
USE "ALLOCATED" PERSUANT TO OUR BYLAWS, ARTICLE VII, SECTION 2	
PART IX, LINE 24C - ALLOCATED PATRONAGE CAPITAL	
REPORTED ON LINE 4, REVERSED HERE. DISTORTS FORM 7 OPERATING REPORT, PART A, STAT	EMENT OF OPERATIONS, EXPENSES
PART XI, RECONCILIATION OF NET ASSETS, LINE 9 (SEE ATTACHED)	
CAPITAL CREDITS RETIRED = \$230,700	
PATRONAGE ACCT ADJUST = \$73,630	
MEMBERSHIP ADJUSTMENT = (\$20)	
TRI-STATE G&T ALLOCATION = \$225,443	
TOTAL = \$529,753	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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