

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: KEITH JOHNSTON BOARD CHAIRMAN Date: 2018-01-30

Paid Preparer Use Only Print/Type preparer's name: HEATHER MCGOWAN Preparer's signature Date Check [X] if self-employed PTIN: P00092066 Firm's name: BOLDT CARLISLE & SMITH LLC Firm's EIN: 93-0570615 Firm's address: 200 CALAPOOIA ST SW ALBANY, OR 97321 Phone no: (541) 928-3354

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 93-0638559

Name: SIDNEY IRRIGATION COOPERATIVE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 NOT APPLICABLE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

**TY 2017 Transfers Personal Benefits
Contracts Declaration**

Name: SIDNEY IRRIGATION COOPERATIVE

EIN: 93-0638559

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SIDNEY IRRIGATION COOPERATIVE

Employer identification number

93-0638559

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 85

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK SERVICE CHARGES AMOUNT 168 DESCRIPTION DITCH REPAIR AND MAINTENANCE AMOUNT 10,184 DESCRIPTION DITCH RIDER AMOUNT 11,000 DESCRIPTION INSURANCE AMOUNT 3,327 DESCRIPTION OFFICE SUPPLIES AMOUNT 201 DESCRIPTION OWRC MEMBERSHIP DUES AMOUNT 5,682 DESCRIPTION PERMITS, LICENSES, TAXES AMOUNT 109 DESCRIPTION PROFESSIONAL FEES AMOUNT 683 DESCRIPTION SECRETARY/TREASURER AMOUNT 4,300 DESCRIPTION WATER RIGHTS COSTS AMOUNT 20,744 DESCRIPTION MISCELLANEOUS AMOUNT 299 TOTAL TO FORM 990-EZ, LINE 16 56,697