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**990** 

#### **Return of Organization Exempt From Income Tax**

2008

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

©⊎UU

OMB No 1545-0047

Open to Public Department of the Treasur ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service , 2008, and ending For the 2008 calendar year, or tax year beginning October 1 September 30 . 20 09 D Employer identification number C Name of organization Farmers Educational & Cooperative Group Return Check if applicable Doing Business As 7024830 Address change label or print or Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite Name change Po Box 2136 (701) 2522340 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Termination Jamestown ND 58402-2136 Amended return G Gross receipts \$ 511 168 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No PO Box 2136, Jamestown, ND 58402-2136 Tax-exempt status: If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile ND Part Summary Briefly describe the organization's mission or most significant activities: Guided by the principals of cooperation, legislation and education. Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a) 6 5300 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 0 8 Contributions and grants (Part VIII, line 1h) 67,192 83,463 418,769 416,373 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3; 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5; 6d; 8c; 9c, 10c, and 11e 18,475 11,332 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 504.436 511,168 13 Grants and similar amounts paid (Partix, column (A), lines(11-3) 17,701 13,710 14 Benefits paid to or for members (Part IX) column (A), line 4) 102,196 105,422 130,276 116,579 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 1e, U 0 b Total fundraising expenses (Part IX, column (D), line 25) 178,733 179,020 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 428,906 414,731 19 Revenue less expenses. Subtract line 18 from line 12 75,530 96.437 End of Year Beginning of Year 811,132 909,631 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 0 n Net assets or fund balances. Subtract line 21 from line 20 909,631 Part II Signature Block Under penalties of penjury, 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 Sian Here Signature President Type or print name and title Date Check if Preparer's identifying number Preparer's selfsignature employed ▶ □ Paid Preparer's Firm's name (or yours **Use Only** if self-employed), address, and ZIP + 4 Phone no ► (

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes No

Cat. No 11282Y

Par	Statement of Program Service Accomplishing	nents (see instructions)		
1	Briefly describe the organization's mission: The county organizations are guided by the principle are committed to the prosperity of family farms, rance		and education. The counties	
2	Did the organization undertake any significant programs the prior Form 990 or 990-EZ?	services during the year which	were not listed on	No
3	Did the organization cease conducting, or make signific services?		s, any program	۷o
4	Describe the exempt purpose achievements for each of Section 501(c)(3) and 501(c)(4) organizations and section allocations to others, the total expenses, and revenue, if	4947(a)(1) trusts are required	to report the amount of grants an	d
4a	(Code: ) (Expenses \$ include the specific line include the specific line including classes and educational camp programs.	onsoring of various seminars	and youth educational programs	
4b	(Code ) (Expenses \$ include Cooperatiave programs - The counties promote and counting of agriculture and rural people.	evelop their local cooperativ	es to increase the financial	
4c	(Code: ) (Expenses \$ include Legislation - They work with elected officials to voice			
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$	) (Revenue \$	1	_
4e	Total program service expenses ► \$	(Must equal Part IX, Line 25	5. column (B).)	—

Ęorm	990 (2008)		F	age 3
Pa	rt 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<b>✓</b>
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	·	<b>1</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any accounts where donors 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; 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		
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		7
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		1
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, Part II.	15		1
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, Part III	16	<b></b>	1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<b>✓</b>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>/</b>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<b>√</b>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>✓</b>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	_
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>-</b> ✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
_4	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	_	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes" complete Schedule I. Part III	27		1

Part IV	Checklist of	Doguirod	Schodules	(continued)
E GUUNY	CHECKIIS! OI	neuulleu	Scriedules	s (COHUHUEU)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			h
	Part IV	28a		✓_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓.
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		/
		٠,		Υ

Form **990** (2008)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1		
ь	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		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and 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		1
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<b>✓</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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a h	The state of the s			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	160		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		'	
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	. <u> </u>
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct		i	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	_6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓.	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	. :		
	The governing body?	8a	<b>V</b>	
	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		1
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10		
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		1
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	7	
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			
16a	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		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
500	the organization's exempt status with respect to such arrangements?	16b		_
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Upon request			
19		_e ·		
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or inte	erest	
	policy, and financial statements available to the public			
20	policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and reco	rdo -4	- عادة	

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	nployee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Robert Carlson - President		<del> </del>				-				
14120 72nd St NE Glenburn ND 58740										
Elwood "Woody" Barth - Vice President 2599 County Road 135 Solen ND 58570										
2339 County Road 133 Sciented 38370			_				┢			
The above two officers are elected at large									•	
by members representing the whole										
membership organization for Farmers										
Educational & Cooperative Union of Am										
ND Division and are officers for that parent							<u> </u>			
company from which the president receives										i
a salary and the vice-president works part-					<u> </u>		<u> </u>			
time on a per diem basis. They are not				l						
compensated by any of the county sub-				<u> </u>	_	-				
divisions for which this filing is done.										

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinu	ed)	
	(A)	(B)			(	C)			(D)	(E)		(F)	
Name and title		Average hours per week	Individual trustee	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor	Estimate imount other impensate from the ganizate and relate ganizate	of ation ne tion ted
				-	-	_	<u></u>	_		_	-		
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	•			_						····			-
<u> </u>	Total					Ĺ <u>.</u>		Ļ			-		
2	Total	e in 1a) wh	o rec	eive	ed n	nore	than	<u>►</u> 1 \$1	00,000 in repo	rtable compen	sation	from	the
_	organization >	<del>.</del>										Yes	No
3	Did the organization list any former office	r, director	or tru	ıste	e, k	ey	emplo	oyee	e, or highest c	ompensated			
	employee on line 1a? If "Yes," complete Se	chedule J 1	for su	ch i	ındı	vidu	al .				3		✓
4	For any individual listed on line 1a, is the s the organization and related organizations	um of repo greater tha	ortable n \$15	e co 60,0	omp 00?	ens If "	ation Yes,"	and cor	l other compe inplete Schedu	nsation from le J for such			
5	Individual	or accrue	 comp	ens	 satic	on f	· · · rom a	any	unrelated orga	anızation for	4		<b>√</b>
	services rendered to the organization? If "	es," comp	lete S	Sch	edu	le J	for s	uch	person	· · · ·	5	Ш	✓
1	ction B. Independent Contractors  Complete this table for your five highest co	mpensate	d indi	200	ndo	nt c	ontro	otor	e that recover	d more than \$1	00 00		
_	compensation from the organization.	лирепзасес	u mae					Clor	s mai received	more than \$1	00,00	<i></i>	
	(A) Name and business add	ress							(B) Description of se	ervices		c) ensation	1
	Table and the second second		<del>-</del>										
2	Total number of independent contractors ( compensation from the organization ► N		hose	ın 1	I) W	ho i	receiv	ed	more than \$10	0,000 in			

Pari	VII	Statement of Revenue			Γ	rage 3
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	83,463			
e e		Business Code				
Program Service Revenue	2a	Educational programs	340,235			
æ	b	Misc. income	76,138			
Š	С					
Se	d		<del></del>			
Jran	e	All other program service revenue .				
P. G	'n	Total. Add lines 2a–2f	416,373			
		Investment income (including dividends, interest, and other similar amounts)	11,332			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal	~			,
1	6a	Gross Rents				
!		Less: rental expenses				I
ĺ		Rental income or (loss)  Net rental income or (loss)				
						<del></del> ,
	7a	Gross amount from sales of assets other than inventory	<~			
	ь	Less: cost or other basis	s -	*	- -	
		and sales expenses Gain or (loss) Net gain or (loss)	`			
evenue		Gross income from fundraising events (not including \$	-			
œ		of contributions reported on line 1c). See Part IV, line 18				
Other	ь	Less: direct expenses b	İ			
ō		Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses b  Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				-
	b	Less: cost of goods sold b	1			
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
		All other revenue				
		<b>Total.</b> Add lines 11a–11d				
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	511,168			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are not	t required to com	plete columns (B),	(C), and (D).
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	13,710			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		<del></del>		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	407.400			
4	Benefits paid to or for members	105,422			
5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		<del></del>		
11	Fees for services (non-employees).				,
	Management				
	Legal				
	Accounting				
	Lobbying		, <u></u>		
	Professional fundraising services. See Part IV, line 17		*		
f	Investment management fees				
g	Other				
12 12	Advertising and promotion	16,818			
13	Office expenses	8,872			
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy	3,755			
17	Travel	61,411			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	93,905			
20	Interest				<del></del>
21	Payments to affiliates	18,574			
22	Depreciation, depletion, and amortization				
23	Insurance	4,534	•		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Misc.	20,422			
b	Contracted outreach staff	67,308			<u> </u>
c					
ď					
e					
_	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	414,731			
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Рa	rt X	Balance Sheet						
	-		(A) Beginning of year		End (	B) of year		
	1	Cash—non-interest-bearing	200,924	1		272,628		
	2	Savings and temporary cash investments	610,208	2		637,003		
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use	-	8				
ĕ	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment: cost basis 10a						
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	- m- o tom more manual.	10c		A. — .— .— .— .		
	11	Investments—publicly traded securities		11				
	12	Investments—other securities. See Part IV, line 11		12				
	13	Investments—program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets, See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	811,132	16		909,631		
	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
ĕ	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key	*		, ,	4		
E.		employees, highest compensated employees, and disqualified		22	<del></del>	······		
i	00	persons. Complete Part II of Schedule L	-	23				
	23	Secured mortgages and notes payable to unrelated third parties		24		<del></del>		
	24 25	Unsecured notes and loans payable		25				
l	26	Total liabilities. Add lines 17 through 25		26				
Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		20				
ă	27	Unrestricted net assets		27				
Bal	28	Temporarily restricted net assets		28				
ᅙ	29	Permanently restricted net assets		29				
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.						
2	30	Capital stock or trust principal, or current funds		30				
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
As	32	Retained earnings, endowment, accumulated income, or other funds	811,132	32		909,631		
že.	33	Total net assets or fund balances	811,132	33		909,631		
	34	Total liabilities and net assets/fund balances	811,132	34		909,631		
Pa	rt XI	Financial Statements and Reporting	·	_				
						Yes No		
1		ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrual	☐ Other		ļ			
2a	Were	e the organization's financial statements compiled or reviewed by an inde	ependent accountant	?	2a	<del>    '</del>		
		e the organization's financial statements audited by an independent acco			2b	<b> </b>		
С		es" to lines 2a or 2b, does the organization have a committee that assumes						
2-	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c							
	the S	result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?			3a_	1		
<u>b</u>	_If "Ye	es," did the organization undergo the required audit or audits?			3b			

#### . 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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

	•		s," to Form 990, Part IV, line 5 (Prox anizations Complete Part III	y Tax), then			
	me of orga		anizations Complete Part III			Employe	er identification number
			erative Group Return			23	7024830
	rt I-A	To be complete	ed by all organizations exemplions for Schedule C for details		n 501(c) and s		
1 2 3	Politica	a description of the expenditures er hours .	ne organization's direct and indirect	ct political campa	-		
Pa	rt I-B		ed by all organizations exemions for Schedule C for details		on 501(c)(3).		
	Enter the old was a lif "Yes,	ne amount of any e rganization incurred correction made? " describe in Part I		managers under rm 4720 for this y	section 4955 . ear?	<b>▶</b> \$	Yes No
Pai	rt I-C		ed by all organizations exemions for Schedule C for details		on 501(c), exc	ept sec	ction 501(c)(3).
1	activitie	s	expended by the filing organizati			<b>\$</b>	
2	527 exe	empt function activi				<b>\$</b>	
3	on Forr	n 1120-POL, line 1	exempt function expenditures. A			nd ▶ \$	·····
5	State the were made contribution	e names, addresses ade. Enter the amo tions received and p	file Form 1120-POL for this year? and employer identification numbe unt paid and indicate if the amount promptly and directly delivered to a see (PAC). If additional space is need	r (EIN) of all sectiont was paid from separate political o	n 527 political or the filing organiz rganization, such	ation's	funds or were political
	(	a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati funds If none, er	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
	<del></del>						
					E	İ	

Sch	nedule C (Form 990 or 990-EZ) 2008				_	Page 2
Р	art II-A To be completed by orgation under section 5					
A	Check ► ☐ if the filing organization					
<u>B</u>	Check ► ☐ if the filing organization			control provisi		<del></del> -
	Limits on Lo (The term "expenditures"	bbying Expend means amoun	ditures ts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1	<ul> <li>Total lobbying expenditures to influen</li> </ul>	ce public opini	ion (grass roots lo	bbying)		<u> </u>
	<ul> <li>Total lobbying expenditures to influen</li> </ul>	ce a legislative	body (direct lobb	yıng)		
	<ul> <li>Total lobbying expenditures (add lines</li> </ul>	1a and 1b)				
	<ul> <li>Total exempt purpose expenditures (a</li> </ul>	add lines 1c an	d 1d)			
	f Lobbying nontaxable amount. Enter the columns.	ne amount from	n the following tab	ole in both		
	If the amount on line 1e, column (a) or (b) is	, ,	nontaxable amou	nt is:		
	Not over \$500,000  Over \$500,000 but not over \$1,000,000	· ·	mount on line 1e			
	Over \$1,000,000 but not over \$1,500,000		s 15% of the excess			
	Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000		s 10% of the excess s 5% of the excess			:
	Over \$17,000,000	\$1,000,000.	s 5% of the excess	over \$1,500,000		
_						
	g Grassroots nontaxable amount (enter					
	h Subtract line 1g from line 1a. Enter -0					
	i Subtract line 1f from line 1c Enter -0; If there is an amount other than zero o section 4911 tax for this year?	n either line 1h	or line 1i, did the	organization file Fo		☐ Yes ☐ No
		/ear Averaging	g Period Under S 501(h) election o	ection 501(h) do not have to co	mplete all of the f	
_	Lobbyir	ng Expenditure	es During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
2	a Lobbying non-taxable amount					
	b Lobbying ceiling amount (150% of line 2a, column(e))					
	C Total lobbying expenditures					
_ (	d Grassroots non-taxable amount					
_	Grassroots ceiling amount (150% of line 2d, column (e))	~				

f Grassroots lobbying expenditures

Pa	To be completed by organizations exempt under section 501(c)(3) that h 5768 (election under section 501(h)). See the instructions for Schedule C for			<del></del>
		(4)	3)	(b)
		Yes	No	Amount
1 a	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 Volunteers?		_	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .			
C	Media advertisements?	<u></u>		
d	<b>3</b> • • • • • • • • • • • • • • • • • • •	<u> </u>		
е				
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h		$\vdash$		
i	Other activities? If "Yes," describe in Part IV	-		
j	Total lines 1c through 1i			
2a		-		
	If "Yes," enter the amount of any tax incurred under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	rt III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501(	c)(5), or
	section 501(c)(6). See the instructions for Schedule C for details.		•	-,,-,,
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TIII-B  To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." See Schedule C instructions for details.			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).	ts of		
а	Current year		2a	
b	Carryover from last year		_2b	
C	Total		_2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		_ 3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	bying		
Æ	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		_5_	
Cor	rt IV Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, o, complete this part for any additional information.	line 5;	and	Part II-B, line 1ı.
	•••••••••••••••••••••••••••••••••••••••			
	•••••••••••••••••••••••••••••••••••••••	• • • • • • • •		
		• • • • • •		

## SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments, and Individuals in the U.S.

2008 Open to Public Inspection

Name of the organization	,				Employer Iden	Employer identification number
s L	Keturn				23	7024830
Part General Information on Grants and Assistance	s and Assistance					
<ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	to substantiate the amou grants or assistance? ocedures for monitoring t	unt of the grants or as the use of grant funds	isistance, the granteer in the United States.	s' eligibility for the gra	ints or assistance, a	nd Ses No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governments and any recipient that receiped 990) if additional space	Organizations in the ved more than \$5,01 se is needed	he United States. (	Complete if the orgaring of the orgaring of the complete of the organization of the or	inization answered eceived more thar	"Yes" on \$5,000. Use
1 (a) Name and address of organization (b) EIN or government	IN (c) IRC section If applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ı	
<ul><li>2 Enter total number of section 501(c)(3) and government</li><li>3 Enter total number of other organizations</li></ul>	ind government organizations	ions				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Votice, see the Instructions	s for Form 990.		Cat. No. 50055P	S	Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants a

(a) Type of grant or assistance (b) Number of (c		(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
			המה המה המה המה המה המה המה המה המה המה		rivi, appraisal, Otras)	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Somplete the	is part to pro	ovide the informati	on required in Part	I, line 2, and any other	additional information.
	1 1 1 1 1 1 1 1 1					
	; ; ; ; ; ; ; ; ;	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 5 6 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1				
					t   1   1   1   1   1   1   1   1   1	
		1			1	

Schedule I (Form 990) 2008

#### **SCHEDULE 0** (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

Farmers Educational & Cooperative Group Retrun	23	;	7024830			
Form 990, Part VI, Section A, Line 10: After the Form 990 is repared, a copy is distributed	to all	board	members for their			
review. A reasonable amount of time is allowed for board members to raise any questions or concerns regarding the						
Form 990 prior to filing the return.		·				
Form 990, Part VI, Section C, Line 19: The organization makes it's governing documents,	confli	ct of in	terest policy as			
well as financial data available to the public upon request.						
			***************************************			
	<b>-</b>					
			***************************************			
			•••••			
•						

# Farmers Educational and Cooperative Union of America North Dakota Division Jamestown, North Dakota 58402 Group Information Return for Counties Group Return - 23-7024830 9-30-09

Dues Interest Educational Funds Lunches & Meals Plane and bus trips Local Assistance Miscellaneous	Receipts 83,463.00 11,331.56 308,856.83 12,387.08 18,990.95 31,949.00 44,189.16	
		511,167.58
	Disbursements	
Donations and Budget Fund		13,709.97
Youth Activities	67,335.45	
Picnics, lunches, meals	38,086 54	105,421.99
Officer/directors travel expense		14,999.00
Fieldstaff salaries, expenses	48,705.72	
Salaries for contracted individuals	18,602.45	67,308.17
Postage, office supplies, phone		8,872.47
Utilities		3,755.00
Conventions and conferences		93,905.45
Advertising	16,818.42	
Educational programs-travel	46,411.47	
Insurance	4,533.92	
Local Assistance	18,574.00	
Miscellaneous	20,422.12	106,759.93
		414,731.98
Receipts over Disbursements		96,435.60