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DLN: 93493176004224

Form 990

Return of Organization Exempt From Income Tax

2012

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

									Inspection
3 Ch	eck if a	applicable	endar year, or tax year beginning C Name of organization CENTER FOR RURAL AFFAIRS	ng 09-01-2012 , 2012, and end	ling 08-31	-2013	D Employ	er ider	ntification number
_	dress cl me cha	-	Doing Business As				47-05	53823	3
_	tial retu		Number and street (or P O box if i PO BOX 136	mail is not delivered to street address)	Room/suite	2	E Telepho	ne num	ber
_	rminate nended		City or town, state or country, and	ZIP + 4			(402)	687-2	100
– _{Ap}	plicatio	n pending	LYONS, NE 68038				G Gross re	ceipts \$	5,117,789
			F Name and address of pri BRIAN DEPEW	ncıpal officer		H(a) Is th	ıs a group ates?	return	for
			145 MAIN STREET LYONS,NE 68038			H(b) Are a	all affiliates		ded? Yes No
[Ta	ax-exen	npt status	▼ 501(c)(3)	(insert no)	527	_	up exempti		
J W	ebsit (e:► N/	Δ			H(c) Grou	ар ехетірсі	on nur	nber 🕶
		_	Corporation Trust Association	on Other ►	•	L Year of fo	rmation 197	73 M	State of legal domicile NE
Pa	rt I		nmary lescribe the organization's missi						
Governance		GENUIN	ISH STRONG RURAL COMMUINE OPPORTUNITY FOR ALL WAND THE FUTURE OF THEIR C	HILE ENGAGING PEOPLE IN D					
	2	Check t	his box দ if the organization d	iscontinued its operations or dis	sposed of	more than 2	25% of its	net as	sets
Activities &	3	Number	of voting members of the govern	ning body (Part VI, line 1a) .				3	23
			of independent voting members					4	23
្ទី		5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)6 Total number of volunteers (estimate if necessary)						5 6	73 36
			related business revenue from F					7a	0
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34 .				7b	
						Pric	or Year		Current Year
<u>a</u>	8 9		ıbutıons and grants (Part VIII, l am servıce revenue (Part VIII, l	,			4,731,3 186,7		4,640,623
Ravenue	10		tment income (Part VIII, colum			125,8		154,458	
益	11	Other	revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 1	1e)		51,9	58	150,463
	12		revenue—add lines 8 through 11				5,095,9	20	5,117,789
	13	Grant	s and sımılar amounts paıd (Par	t IX, column (A), lines 1-3) .			342,7	76	341,005
	14		its paid to or for members (Part					+	0
8	15	5 a ları 5 – 10	es, other compensation, employ)	ee benefits (Part 1X, column (A), iines		2,596,7	76	2,741,365
Expenses	16a	Profes	ssional fundraising fees (Part IX	, column (A), line 11e)					0
五	b		undraising expenses (Part IX, column (I				1 221 5		1 012 022
	17 18		expenses (Part IX, column (A), expenses Add lines 13–17 (mi				1,231,5 4,171,1		1,842,923
	19		nue less expenses Subtract line				924,7		192,496
Net Assets or Fund Balances							g of Currer ⁄ear	ıt	End of Year
988 Refe	20		assets (Part X, line 16)				6,930,2	57	6,937,843
E G	21		liabilities (Part X, line 26) .				3,222,7		3,037,874
	22		ssets or fund balances Subtract nature Block	tiine 21 from line 20			3,707,4	/ 3	3,899,969
Jnde ny k	er pena nowle	alties of dge and	perjury, I declare that I have ex belief, it is true, correct, and co nowledge						
		****					014-06-23		
Sigr Her		BRIA	ature of officer AN DEPEW EXECUTIVE DIRECTOR			D	ate		
		<u> 17 ' </u>	e or print name and title Print/Type preparer's name	Preparer's signature	Dat	e		PTIN	
Pai	d	<u> </u>	RICHARD GRENKO		Dal	self	eck If -employed	r i IIN	
	u pare		Firm's name Firm's NICHOLS RISE & COM	IPANY LLP		Fim	n's EIN 🟲		
	On		Firm's address 🕨 302 JONES ST SUITE :	320		Pho	ne no (712)	252-43	809
		-	SIOUX CITY, IA 5110	1					

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

✓ Yes No

Pai		ent of Program Se Schedule O contains a	-		I	·
1	Briefly describe	the organization's mis	sion			
EST	ABLISH STRONG	RURAL				
2	the prior Form 9	90 or 990-EZ?			ar which were not listed on	
_	•	oe these new services o				
3	services? .	ation cease conducting, De these changes on Sc		changes in how it c	onducts, any program	
4	Describe the ore	ganızatıon's program se	ervice accomplishme (c)(4) organizations	are required to repo	hree largest program serving the amount of grants and	
4a	(Code) (Expenses \$	1,371,689	ıncludıng grants of \$	46,676) (Revenue	\$ 205,906)
		NABLE AGRICULTURE COALT STAINABILITY OF AGRICULTU			IZATIONS THAT ADVOCATES FOR D RURAL COMMUNITIES	FEDERAL POLICY REFORM TO
4b	(Code) (Expenses \$	1,288,319	including grants of \$) (Revenue s	174,372)
	RURAL ENTERPRIS	SE ASSISTANCE PROGRAM -	PROVIDES LOANS, TRAIN	NING, AND TECHNICAL A	, , , , , , , , , , , , , , , , , , ,	ITREPRENEURS ACROSS THE FULL
	(Code) (Expenses \$	485,318	including grants of \$	112,350) (Revenue	\$ 2,960)
-10	RURAL ORGANIZIN EXISTING SUPPOR LEADERSHIP DEVE	NG AND OUTREACH PROGRA	M - SEEKS TO INCREASE REASE THE CENTER'S C ON, AND CRITICAL ACTION	E THE NUMBER OF PEOP APACITY TO INFLUENCE ON ALERTS, THE PROGR	, , ,	AND DEEPEN THE ENGAGEMENT OF ICY DECISIONS THROUGH
	(Code) (Expenses \$	89,979	ıncludıng grants of \$) (Revenue s)
	ON SOCIO ECONO		JBLISHES ANALYSIS ON S	SOCIO ECONOMIC COND	IS ON SOCIO ECONOMIC CONDIT ITIONS IN AND PUBLISHES ANALY	TONS IN AND PUBLISHES ANALYSIS 'SIS ON SOCIO ECONOMIC
	(Code) (Expenses \$	640,332	including grants of \$	181,979) (Revenue	\$ 2,415)
	RURAL OPPORTUN	NITIES AND STEWARDSHIP P	ROGRAM - SUPPORTS SU	JSTAINABLE DEVELOPME	, , ,	VIDING SUSTAINABLE DEVELOPMENT
	(Code) (Expenses \$	75,738	including grants of \$) (Revenue s	57,281)
	MARKETPLACE - E ENTREPRENEURS,	ENTREPRENEURSHIP CONFE	RENCE ENERGIZES AND CONNECTS RURAL ENTI	CONNECTS RURAL ENTF REPRENEURS, SMALL BU	REPRENEURS, SMALL BUSINESS C ISINESS OWNERS, CONNECTS RU	WNERS, CONNECTS RURAL
	(Code) (Expenses \$	371,632	including grants of \$) (Revenue s	\$ 3,000)
	RURAL POLICY PR	OGRAM - ADVOCATES FOR S	STATE AND FEDERAL POL	ICIES THAT SUPPORT FA	, ,	POLICIES THAT SUPPORT FAMILY
	(Code) (Expenses \$	82,011	including grants of \$) (Revenue s	77,371)
	NATIONAL RURAL ACROSS NETWOR	ACTION NETWORK - WORKS	S TO BUILD A NETWORK OF PEOPLE ACROSS NET	OF TENS OF THOUSAND WORK OF TENS OF THO	S OF PEOPLE ACROSS NETWORK	OF TENS OF THOUSANDS OF PEOPLI WORK OF TENS OF THOUSANDS OF
		, <u> </u>				
4d	Other program (Expenses \$	services (Describe in 1,259,692	Schedule O) including grants of	\$ 18:	1,979) (Revenue \$	140,067)
4e	Total program	service expenses 🕨	4,405,018			

art IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
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? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

аı	Statements Regarding Other IRS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 66		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		No
	Tax 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	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		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	1 1	5c		
1	Does the organization have annual gross receipts that are normally greater than $$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		N :
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		IN
	required?	7g		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		N
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	facilities Section F01(a)(12) experimentage Enter			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
,	Gross income from other sources (Do not net amounts due or paid to other sources 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 23 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 **b** Enter the number of voting members included in line 1a, above, who are 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12c** Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Νo 15b Νo If "Yes" to line 15a or 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed ►AZ, AR, MA, MS, CT, WA, GA, IL, KS, ME, MD, MI, MN, NH, NJ, NY, NM, NC, ND, OK, OR, UT, VA, WV, WI, MO, CA, DC

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►HAYLEY HALLSTROM PO BOX 136 LYONS, NE (402) 687-2100

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

Check if Schedule O contains a response to any question in this Part VII $\,\cdot\,\,$. $\,\cdot\,\,$.

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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	check c, unle office ustee	ss er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) BRIAN DEPEW	40 00			х				60,802	0	10,703	
EXECUTIVE DIRECTOR					<u> </u>						
(2) CHUCK HASSEBROOK FORMER EXECUTIVE DIRECTOR	40 00			х				68,797	0	22,895	
(3) PAUL SWANSON	50										
BOARD MEMBER		X						0	0	0	
(4) JIM KNOPIK	50										
DECIDENT		Х		Х				0	0	0	
PRESIDENT (5) CHUCK KARPF	50										
	30	х		Х				0	0	0	
TREASURER (6) DR LAVERNE BARRETT	50										
	50	х		Х				0	0	0	
VICE-PRESIDENT											
(7) JOE BLANKENAU	50	×						0	0	0	
BOARD MEMBER											
(8) LOWELL FEY	50	×						0	0	0	
BOARD MEMBER										_	
(9) BECKY GOULD	50	x		x				0	0	0	
SECRETARY				^				Ŭ	Ŭ	V	
(10) DAVID HANSEN	50							0	0	0	
BOARD MEMBER		X						0	0	0	
(11) RHEA LANDHOLM	50							_	_	_	
BOARD MEMBER		X						0	0	0	
(12) KEITH MAHANEY	50										
BOARD MEMBER		X						0	0	0	
(13) CLARK NICHOLS	50										
BOARD MEMBER		×						0	0	0	
(14) PAUL OLSON	50										
DOADD MEMBER		х						0	0	0	
BOARD MEMBER (15) CY PINKELMAN	1										
,		x									
BOARD MEMBER (16) MARYANNE ROUSE	1			_	\vdash	\vdash					
		x									
BOARD MEMBER											
(17) CAROL SCHOOLEY	1	×									
BOARD MEMBER	1	I	1	I	ı	1 l					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	checl (, unle n office	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount of compen from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	organiz and re organiz	lated
(18)	KAREN TIKALSKY	1	х									
BOAR	D MEMBER		_ ^									
(19)	BOB WARRICK	1	x									
	CTOR EMERITUS											
(20)	DON REEVES	1	×									
	CTOR EMERITUS					_						
	ADRIANA DUNGAN	1	х									
	D MEMBER MELISSA FLORELL	1			\vdash						+	
	D MEMBER		×									
	KEVIN RAUN	1										
BOAR	D MEMBER		X									
(24)	GARRY CLARK	1	х									
	D MEMBER											
(25)	CONNIE HARVEY	1	x									
BOAR	D MEMBER											
						-						
							<u> </u>					
1b	Sub-Total			•	•							
С.	Total from continuation sheets to Part			•	•				120 500			22 E09
d	<u> </u>					L	· \		129,599			33,598
2	Total number of individuals (including b \$100,000 of reportable compensation)				ed ai	DOVE	e) wno	rec	eived more than			
_	Dudaha amananahan lahan Kamanan K		. .							4	Yes	No
3	Did the organization list any former offi on line 1a? If "Yes," complete Schedule J	•							•	a employee		No
4	For any individual listed on line 1a, is the organization and related organizations (,	
	ındıvıdual			•	•	•	•	•			,	No
5	Did any person listed on line 1a receive services rendered to the organization?		•			-				ndividual for	j	No
	action B. Indonondont Control).rc										
1	Complete this table for your five highes compensation from the organization Re	t compensated										
	·	(A) usiness address								(B) on of services	(C Comper)
	Total number of Independent contractors	(including but i	not lım	ıted t	o th	ose	listed	dab	I ove) who received	more than		

\$100,000 of compensation from the organization \blacktriangleright

Form 99							Page 9
Part V	/ ##1	Statement of Revenue Check if Schedule O contains a respo	nse to any question i	n this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s z	1a	Federated campaigns 1a					
Gifts, Grants ilar Amounts	ь	Membership dues 1b	47,344				
ية ق	С	Fundraising events 10	:				
ffs, ≓.⊿	d	Related organizations 1d	172,971				
છ્∺	e	Government grants (contributions) 1e	1,722,883				
Sir							
ığ iği	f	All other contributions, gifts, grants, and similar amounts not included above	2,697,425				
를	g	Noncash contributions included in lines 1a-1f \$					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		4,640,623			
			Business Code				
Tile	2a	REAP INTEREST INCOME	900099	8,950			
evel	ь	MISCELLANEOUS REVENUE	900099	47,920			
or GE	_ c	FEES AND REIMBURSEMENTS	900099	115,375			
Z Z	d		300033	113,373			
Æ	e						
ra F	f	All other program service revenue					
Program Serwce Revenue							
	3	Total. Add lines 2a-2f		172,245			
		Investment income (including divider and other similar amounts)		154,458			154,458
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	-	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	,				
		(1) Securities Gross amount	(II) Other				
	7a	from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
пе		events (not including					
된		\$ of contributions reported on line 1c)					
Б		See Part IV, line 18					
<u>ā</u>	h	a l					
Other Revenue	b c	Less direct expenses b Net income or (loss) from fundraising					
_		Gross income from gaming activities					
		See Part IV, line 19					
	١.	a					
	b c	Less direct expenses b Net income or (loss) from gaming act					
		Gross sales of inventory, less	ivities				
		returns and allowances .					
		a					
		Less cost of goods sold b					
	c	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	10,357	10,357		
	ь		900099	85,125	85,125		+
	c	OTHER INCOME	900099	54,981	54,981		+
	d	All other revenue		3.,,551	3.,551		+
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions .	. -	150,463			
	**	iotal revenue. See Instructions .	· · · · •	5,117,789	322,708		154,458

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	art IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	341,005	341,005		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,769,731	1,561,756	176,050	31,925
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	971,634	792,658	149,717	29,259
10	Payroll taxes				
l1	Fees for services (non-employees)				
а	Management				
b	Legal	5,070	2,540	1,298	1,232
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,005,978	951,626	47,985	6,367
L2	Advertising and promotion	1,003,570	331,020	47,503	0,307
L3	Office expenses	83,009	70,577	6,238	6,194
.5	Information technology	83,009	70,377	0,236	0,13-
L -1 L5	Royalties				
		152.440	120,000	12.141	2.41:
.6 .7	Occupancy	152,448	136,896	13,141	2,41:
L7 L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	210,762	204,996	5,681	8!
L9	Conferences, conventions, and meetings	59,136	55,793	3,343	(
20	Interest	43,744	37,630	6,114	(
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,227	762	11,465	(
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	STAFF DEVELOPMENT	19,065	17,131	1,934	(
b	COMMUNICATIONS	104,598	93,932	4,398	6,268
c	BAD DEBT EXPENSE	42,117	42,117	0	C
d	EQUIPMENT RENT	37,158	34,621	307	2,230
e	All other expenses	67,611	60,978	5,515	1,118
25	Total functional expenses. Add lines 1 through 24e	4,925,293	4,405,018	433,186	87,089
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				•

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response to any question in this	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	<u> </u>		3,361	1	3,333
	2	Savings and temporary cash investments			843,028	2	1,124,929
	3	Pledges and grants receivable, net			1,951,351	3	1,642,033
	4	Accounts receivable, net			1,867	4	4,132
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	rectors t II of	, trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontribu ployee	tıng employers		6	
82	7	Notes and loans receivable, net			2,405,680		2,680,508
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			61,225		63,189
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	buildings, and equipment cost or other basis Complete				
	Ь	Less accumulated depreciation	10b	349,166	496,774	10c	477,147
	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			1,166,971	15	942,572
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,930,257	16	6,937,843		
	17	Accounts payable and accrued expenses			206,468	17	223,562
	18	Grants payable	· ·	18	<u> </u>		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualific	rs, trus				
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,884,410	23	2,761,833
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	XofS	chedule			
		D			131,906		52,479
	26	Total liabilities. Add lines 17 through 25			3,222,784	26	3,037,874
ces		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and o	omplete			
<u>an</u>	27	Unrestricted net assets		•	1,435,656	27	1,826,762
<u> </u>	28	Temporarily restricted net assets		•	2,124,027	28	1,925,417
돧	29	Permanently restricted net assets			147,790	29	147,790
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
8	30	Capital stock or trust principal, or current funds				30	
ŞĘ	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			3,707,473	33	3,899,969
~	34	Total liabilities and net assets/fund balances			6,930,257	34	6,937,843
	1 37	rotar nabilities and het assets/juliu balalites	• •	•	0,930,257		6,937

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				r			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,1	.17,789			
2	Total expenses (must equal Part IX, column (A), line 25)	2		4.9	25,293			
3	Revenue less expenses Subtract line 2 from line 1	3		192,49				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	,					
5	Net unrealized gains (losses) on investments	5		3,7	07,473			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,8	399,969			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ			
				Yes	No			
1	Accounting method used to prepare the Form 990							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate						
	☐ Separate basis ☐ Both consolidated and separate basis							
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes				

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As Filed Data -

DLN: 93493176004224

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CENTER FOR RURAL AFFAIRS

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

				mstructions))	Yes	No	Yes	No	Yes	No	
sup	Name oport iniza	ed	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		the organization in col (i) of your		(vii) A mount of monetary support
h		(iii) A 3	35% contro	lled entity of a person	n described	ın (ı) or (ıı) a				11g(<u> </u>
				governing body of the er of a person descri		_	1,5			11g(11g(
		(i) A pe	erson who d	rectly or indirectly o	•		3	persons des	scribed in (ii)		Yes No
g			ugust 17, 2 g persons?	2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		
f		If the o		received a written do	etermination	from the IRS	S that it is a	Type I, Type	e II, or Type	III supportı	ng organization,
e 「		By checother the	cking this b	b Type II c ox, I certify that the on managers and otl	organization	ıs not contr	olled directly	or indirectl	y by one or m	nore disquali	fied persons
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
10 [_	•	,	ganization after June ganized and operated	•			•	•		
			_	oss investment inco				•		tax) from bu	sinesses
		· · · · · · · · · · · · · · · · · · ·		ities related to its ex	· ·	=					
9 [_	An orga	anızatıon tha	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	utions, meml	bership fees	, and gross
7 · 8	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
6 [_			local government or	_					. 1	
_	_			A)(iv). (Complete P	•						
5 「		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
4 ,				ty, and state	tea in conjun	CLION WILL A	nospital desc	inbed in sec	cion 170(b)(1)(A)(III). -	nter the
3 [4 [_			perative hospital se n organization operat	_					1)(4)(;;;) =	ntortho
2	_			in section 170(b)(1	,,,,,,		•	470(1:)(4)	/ A		
1	_		· ·	on of churches, or a				ection 170(b	o)(1)(A)(i).		
_			•	e foundation becaus	•			•	•		
Part				blic Charity Sta						structions.	
		47-0553823									

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning **(c)** 2010 (a) 2008 **(b)** 2009 (d) 2011 **(e)** 2012 (f) Total in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not 3,084,249 3,218,045 3,969,846 4,731,355 4,640,623 19,644,118 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3,084,249 3,218,045 3,969,846 4,731,355 4,640,623 19,644,118 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10 1 13 13

	(1)			 				
6	Public support. Subtract line 5 from line 4							19,644,118
-56	ection B. Total Support			<u> </u>				
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Amounts from line 4	3,084,249	3,218,045	3,969,846	4,731,355	4,64	10,623	19,644,118
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,558	63,350	88,880	125,852	15	54,458	483,098
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	69,561	65,870	74,898	51,958	15	50,463	412,750
11	Total support (Add lines 7 through 10)							20,539,966
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12		_
13	First five years. If the Form 990 is						organiz	zation, check
	this box and stop here			<u> </u>		▶□		
	ection C. Computation of Pub			11! (5)		1 1		
14	Public support percentage for 2012	• •		11, Column (I))		14	95 640 %	
15	Public support percentage for 2011					15		96 630 %
b	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	alifies as a public organization did in qualifies as a pu — 2012. If the orga tion meets the "fa	ly supported orga not check a box o ublicly supported anization did not acts-and-circum:	inization on line 13 or 16a, organization check a box on lir stances" test, che	and line 15 is 33 ne 13, 16a, or 16t eck this box and s	1/3% or mo o, and line : t op here. E	ore, che 14 Explain	ck this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizationstructions	nization meets the tron meets the "fa	e "facts-and-cırc acts-and-cırcum:	umstances" test, stances" test Th	check this box ar e organization qua	nd stop her alıfıes as a	e. publicly	
					Sched	ule A (For	m 990 o	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 0 % 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 0 %

Investment income percentage from 2011 Schedule A, Part III, line 17
 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b**33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **O Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2012 Page 4				
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
	Facts And Circumstances Test				
OTHER INCOM	MEPART II, LINE 10, 2008 69561, 2009 65870, 2010 74898, 2011 51958, 2012 150463,				
Explanation					

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493176004224

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CENTER FOR RURAL AFFAIRS 47-0553823 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► ✓ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	58,730	58,730	
b	Total lobbying expenditures to influence a legisla	107,278	107,278	
C	Total lobbying expenditures (add lines 1a and 1b	o)	166,008	166,008
d	Other exempt purpose expenditures		4,757,205	4,757,205
е	Total exempt purpose expenditures (add lines 1	c and 1d)	4,923,213	4,923,213
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	396,161	396,161
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	99,040	99,040
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 4720	reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a	Lobbying nontaxable amount	328,906	335,720	358,521	396,161	1,419,308		
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,128,962		
c	Total lobbying expenditures	103,292	89,201	150,274	166,008	508,775		
d	Grassroots nontaxable amount	82,227	83,930	89,630	99,040	354,827		
_e	Grassroots ceiling amount (150% of line 2d, column (e))					532,241		
f	Grassroots lobbying expenditures	34,003	18,736	· ·	58,730	145,347		

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the later and the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493176004224

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection**

► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization CENTER FOR RURAL AFFAIRS 47-0553823 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 3 the tax year 🟲 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal Tı</u>	reasu	<u>res, or Ot</u>	<u>hei</u>	<u>r Similar Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cł	heck	any of	the follo	wing that ai	re a	significant use of	its	
а	Public exhibition		d	Γ	Loan	or exch	ange progra	ms			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furth	er the o	rganızatıon's	s ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	rt, hıs	torical	treasu	res or other	sım			
	assets to be sold to raise funds rather than t								<u> </u>	Yes	│ No
Par	Part IV, line 9, or reported an an	nount on Form 99	0, Pa	art X	, line	21.), 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	forc	ontribi	utions o	r other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	able		_				
							<u> </u>		Amou	ınt	
C	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	Ld			
е	Distributions during the year						_	Le			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	•					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in Pa	art X	III		Γ
Pa	rt V Endowment Funds. Complete										
4 -	Danis and constitution of	(a)Current year	(b) Prior	year	b (c) Tv	vo years back	(d)⊺	hree years back (e)Four ye	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses End of year balance										
g	,		(1		1	(-)) !-	-14		_		
2	Provide the estimated percentage of the cur	rent year end baland	ce (III	ne Ig	, colum	ın (a)) n	ieia as				
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that	are hel	d and a	dmınıstered	for	the	Yes	No
	(i) unrelated organizations								3a(i)	1.53	
	(ii) related organizations								3a(ii)		
b	If "Yes" to $3a(II)$, are the related organizatio								3b		
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa		, line a) Cost d		(b)Cost or ot	hor	(c) Accumulated	(d) B	ook value
	Description of property				sis (inve		basis (othe		depreciation	(d) R	ook value
1a	Land						10,	000			10,000
b	Buildings						613,	252	154,208		459,044
c	Leasehold improvements										
d	Equipment						196,	061	187,958		8,103
	Other						· ·	000	7,000		
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part)	X, colu	ımn (B), lıne	10(c).)			🕨		477,147

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 1	2.	-
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.		<u> </u>	
(a) Description of investment type	(b) Book value		od of valuation
			f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,			<u> </u>
(a) Desc	cription		(b) Book value
(1) CASH IN REVOLVING LOAN FUND			819,949
(2) ACCRUED INTEREST			20,176
(3) DUE FROM AFFILIATES			102,447
Total (Calumn (b) mount again Forms 000, Davit V, and (B) line			042.572
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		.	942,572
1 (a) Description of liability	(b) Book value		
	(B) Book value		
Federal income taxes			
DUE TO AFFILIATES	52,479		
	 		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 52,479		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the orga	nization's financial stater	nents that reports the

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
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 . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

DLN: 93493176004224 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CENTER FOR RURAL AFFAIRS Employer identification number

47-0553823

·	<u> </u>	ires for monitoring the use					
		o Governments and receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LEGAL AID OF NEBRASKA 1904 FARNAM ST 5TH FLOOR OMAHA,NE 68102	47-0483506	501(c)(3)	34,514		FMV		ROSP SUBCONTRACT
(2) UNIVERSITY OF NEBRASKA 312 N 12TH ST ALEXANDAR W LINCOLN,NE 68588	47-0049123		102,196		FMV		ROSP SUBCONTRACT
(3) KANSAS FARMERS UNION PO BOX 1064 MCPHERSON,KS 67460	48-0806620		12,295		FMV		ROSP SUBCONTRACT
(4) NEBRASKA SUSTAINABLE AGRICULTURE SOCIETY PO BOX 736 HARTINGTON,NE 68739	36-3521903		17,802		FMV		ROSP SUBCONTRACT
(5) CLEAN UP THE RIVER ENVIRONMENT 117 SOUTH 1ST ST MONTEVIDEO,MN 56265	31-1693392		6,250		FMV		ROOP SUBCONTRACT

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc			

Part IV Supplemental Informatio	Part IV	Supplemental	Information
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Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Identifier	Return Reference	Explanation
Pt I Line 2		

Schedule I (Form 990) 2012

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DLN: 93493176004224

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990 or 990-EZ.

Name of the organization CENTER FOR RURAL AFFAIRS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

47-0553823

ldentifier	Return Reference	Explanation
Pt VI, Line 12c		CONFLICT OF INTEREST IS MONITORED BY THE EXECUTIVE DIRECTOR,
		BOARD OF DIRECTORS, AND THE PROGRAM COUNCIL IF IT INCLUDES A
		BOARD MEMBER THAN IT GOES TO THE BOARD FOR A VOTE AND IS
		RECORDED IN THE MINUTES
Pt VI, Line 19		AVAILABLE UPON REQUEST
Pt XII, Line 2c		THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT
Pt VI, Line 11b		THE FORM 990 IS AVAILABLE UPON REQUEST
Form 990, Part III, Line 4d		RURAL RESEARCH AND ANALYSIS PROGRAM - CONDUCTS RESEARCH 89979 0 0 RURAL OPPORTUNITIES A ND STEWARDSHIP PROGRAM - SUPPORTS 640332 181979 2415 MARKETPLACE - ENTREPRENEURSHIP CON FERENCE ENERGIZES AND 75738 0 57281 RURAL POLICY PROGRAM - ADVOCATES FOR STATE AND FEDE RAL 371632 0 3000 NATIONAL RURAL ACTION NETWORK - WORKS TO BUILD A 82011 0 77371
Form 990, Part IX, Line 24f		MISCELLANEOUS 67611 60978 5515 1118

DLN: 93493176004224

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

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

Related Organizations and Unrelated Partnerships

Internal Revenue Service Name of the organization CENTER FOR RURAL AFFAIRS

Employer identification number 47-0553823

Part I Identification of Disregarded Entities (Comp								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	Direct of	(f) controlling ntity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during		the organization ar	nswered "Yes" to	o Form 990, Pa	ırt IV, lıne	34 because r	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity s (if section 501(Section (13) co ent	ontrolle tity?
(1) THE GRANARY FOUNDATION	TO SOLICIT AND HOLD	NE	501(c)(3)	PF-TYPE I	NA NA		Yes	No
PO BOX 136	ENDOWMENT FUNDS, USED TO SUPPORT PROGRAMS FOR THE CENTER FOR							
LYONS, NE 68038 47-0804412	RURAL AFFAIRS							
(2) RURAL INVESTMENT CORPORATION PO BOX 136	PROVIDES FINANCING AND TECHNICAL ASSISTANCE IN SUPPORT OF SMALL	NE	501(c)(3)	PF-TYPE I	PF-TYPE I NA			
LYONS, NE 68038 47-0796719	BUSINESSES AND COMMUNITY DEVELOPMENT							
			1					+-

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh		
					514)			Yes	No		Yes	No			
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,		
(a) Name, address, and EIN of related organization	(a) (b) ame, address, and EIN of Primary activity related organization		(c) Legal domicile (state or foreign country)		pal Direct icile e foreign		(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gift, grant, or capital contribution to related organization(s)				1b		No		
c	Gift, grant, or capital contribution from related organization(s)				1 c	Yes			
d	Loans or loan guarantees to or for related organization(s)				1d		No		
e	Loans or loan guarantees by related organization(s)				1e	Yes			
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
ı	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	Yes			
р	Reimbursement paid to related organization(s) for expenses				1р		No		
q	Reimbursement paid by related organization(s) for expenses				1q	Yes			
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	· · · · · · · · · · · · · · · · · · ·							
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount i	nvolved			
ee A	ditional Data Table								
		1							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: 12000225

Software Version:

Return Reference

EIN: 47-0553823

Name: CENTER FOR RURAL AFFAIRS

Schedule R (Form 990) 2012

Identifier

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

> Form 990, Schedule R, Part V - Transactions With Related Organizations									
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved						
THE GRANARY FOUNDATION	е	289,103	FMV						
THE GRANARY FOUNDATION	J	2,961	FMV						
THE GRANARY FOUNDATION	0	74,235	FMV						
THE GRANARY FOUNDATION	q	63,265	FMV						
THE GRANARY FOUNDATION	С	172,971	FMV						
RURAL INVESTMENT CORPORATION	J	28							
RURAL INVESTMENT CORPORATION	0	13,651							
RURAL INVESTMENT CORPORATION	q	67							

Explanation