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# Form **990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	For the	2013 cale	ndar year, or tax year be	eginning October i	, 2013, and end	ing Septer	nber 30	, 20 14		
В	Check if	applicable	C Name of organization Far	mers Educational & Cooperative	e Union Group Re	turn	D Employe	er identification nu	ımber	
	Address	change	Doing Business As			23-7024830				
	Name ch	ange	Number and street (or P O	box if mail is not delivered to street a	ddress) Room/s	suite	E Telephor	ne number		
	Initial reti	urn	PO box 2136					701-252-2340		
	Terminat	ed	City or town, state or prov	ince, country, and ZIP or foreign postal	code					
$\overline{\Box}$	Amended	d return	Jamestown ND 5840	02-2136			G Gross re	eceipts \$		
$\overline{\sqcap}$		on pending	F Name and address of princ			H(a) is this a or		subordinates?  Yes	No	
_		p	PO Box 2136 Jamesto			1	Il subordinates included?  Yes No			
	Tay-eyer	npt status			947(a)(1) or 527			list (see instruction		
$\dot{T}$	Website	_		3 50 (C) ( 3 ) 1 (most 10 ) 13 43	247(d)(1) OI 327	H(c) Group		-	•	
K			Corporation Trust	Association ☐ Other ►	L Year of form		<del></del>	of legal domicile	ND	
_	art I	Summ			E rear or loss	1321	I M State	or regar dorniche	ND	
	1		<del></del>	n's mission or most significant	activities: Guid	od by the princ	inals of o	congration		
Ф	1			13 mission of most significant	activities. Guid	ed by the print	ipais oi c	ooperation,		
Governance		iegisiatio	n and education							
E .		Oh I - Ah					050/ -4			
Ş	1			nization discontinued its operat			1 . 1	its net assets.		
Ğ	3		_	he governing body (Part VI, line			1			
ος.				members of the governing bod	• •	-	4			
Activities &	5		-	oloyed in calendar year 2013 (F	Part V, line 2a)		5		0_	
	6		nber of volunteers (esti				6		5140	
Š	7a			ıe from Part VIII, column (C), lır			7a		0	
	b	Net unre	lated business taxable	income from Form 990-T, line	34	<u></u>	7b		0	
Revenue						Prior Ye	ar	Current Ye	ar	
	8			/III, line 1h)			92,650		96,780	
	9	Program	service revenue (Part \	/III, line 2g)			486,505		520,554	
	10	Investme	ent income (Part VIII, co	olumn (A), lines 3, 4, and 7d) .			3,085		2,557	
Œ	11	Other rev	venue (Part VIII, column	n (A), lines 5, 6d, 8c, 9c, 10c, ai	nd 11e)					
	12	Total rev	enue-add lines 8 throu	gh 11 (must equal Part VIII, colu	umn (A), line 12)		582,240		619,891	
	13	Grants a	nd sımılar amounts pai	d (Part IX, column (A), lines 1-3	3)	CEMIED	10,845		11,585	
	14	Benefits	paid to or for members	(Part IX, column (A), line 4)			105,362		95,991	
s	15			ployee benefits (Part IX, column	n (A), lines 5-10)				0	
Expenses	16a			art IX, column (A), line 11e) .		\$ 1 2 2UI	) 0			
bei	ь			t IX, column (D), line 25)	4 #		- 21			
Щ	17			n (A), lines 11a-11d, 11f-24e)		73.11	284,705		281,762	
	18			7 (must equal Part IX, column (	(A) line 25)		400,912		389,338	
	19		less expenses. Subtra				181,329		230,553	
_ «		110101100	TOGO OMPONICOO! CUBITU	<u> </u>	<del></del>	Beginning of Cu		End of Yea		
Assets or	20	Total ass	sets (Part X, line 16)			1	,272,769		,497,113	
Asse	21		pilities (Part X, line 26)				,212,103	<u> </u>	,437,113	
₩ 5	22			ubtract line 21 from line 20 .		-	272.700		407.442	
	art II		ture Block	Bottact line 21 from line 20 .	<del></del>	<u> </u>	,272,769		<u>,497,113</u>	
				and the control of th					h -1 -6 -4 -	
				imed this return, including accompanyii other than officer) is based on all inform				ny knowledge and	beller, it is	
			W A To	To the state of th			3/1/	3/12		
Sig	n.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nature of officer			l Da	0/19	// 3		
	ere	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	No. 1 1 1 1	- 6		<i>D</i> a				
пе	ei <del>C</del>	1 1 1 Turn	Jark Wati	<u> </u>						
		1 / /	e or print name and title	Proportie construe	1	Data		lowy		
Pa	aid	Printly	pe preparer s name	Preparer's signature	1	Date	Check [			
Pr	epare					<del></del>	self-emp	pioyed	<u> </u>	
	se Onl	1	name 🕨		<del></del>	Firm	n's EIN ▶			
		Firm's a	address >		<del> </del>	Pho	ne no			
Ma	ly the IF	15 discus	s this return with the pr	reparer shown above? (see ins	tructions)			Yes	No	

For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

Part	Checklist of Required Schedules		1	<del></del>
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	No /
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	2		<u>√</u> ✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	·	
6	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		<b>√</b>
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	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		✓
	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		✓_
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		<b>√</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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		<b>√</b>
13 14 a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  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	13 14a		<u>√</u> <u>√</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>▼</u>
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		<u> </u>
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		<b>✓</b>
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		<u>√</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b For	n <b>990</b>	(2013)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or 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		1
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			
24a	employees? If "Yes," complete Schedule J	23 24a		✓ ✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
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		1
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):	*		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√ √
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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,			_
38	Part VI	37	1	✓
	<del></del>		- 000	(0010

Form **990** (2013)

orm 99	0 (2013)		F	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
J	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .	20		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	/
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	'		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for 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	_	~ ·
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		✓ .
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).			ž¥ú
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ئىر. ئىرىد	ÚŠ.Š
	and services provided to the payor?	7a		✓_
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 ⊸	2%. 34	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-	-W. 3	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		<del>-</del>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 11 3 2 3 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	) x, *, .	^	
	organization, have excess business holdings at any time during the year?	R		?1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		lii:
а	Did the organization make any taxable distributions under section 4966?	9a	-	4.22.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	å	; : v. E	; 3
а	Initiation fees and capital contributions included on Part VIII, line 12	高海.		ŽĮ.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	33.×	* ,	Ţ,
11	Section 501(c)(12) organizations. Enter:	XX I		131
a	Gross income from members or shareholders		4	
b	Gross income from other sources (Do not net amounts due or paid to other sources	* *		
	against amounts due or received from them.)			لتــــــــــــــــــــــــــــــــــــ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. 1000	à .d
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	. Williams	» š(
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		اھ يى
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		12 (A. 1)	
	the organization is licensed to issue qualified health plans	, j	1 1 1	
С	Enter the amount of reserves on hand		]	g ( , ; & ( , !
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		400 A 2 1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		. 🗸
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>/</b>	ــــــ
b	Each committee with authority to act on behalf of the governing body?	8b	<b>/</b>	├─
9	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	9	<u> </u>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Did the agreement on house level shorters, hypnobia, or officiation?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>-</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del>
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		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	
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?	~~	, 3+ 1	- 1
а	The organization's CEO, Executive Director, or top management official	15a	L	
b	Other officers or key employees of the organization	15b	<u> </u>	<u> </u>
16a	, , , , , , , , , , , , , , , , , , , ,	~: 	; .	
_	with a taxable entity during the year?	16a	<u> </u>	<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Secti	on C. Disclosure	16b	Щ.	Ц
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20		of the		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Sue Corwin, 701-252-2340, PO Box 2136, Jamestown, ND 58402-2136	or the	;	

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Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
Indepe	ndent Contractors
Check if	f Schedule O contains a response or note to any line in this Part VII
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this tal	ble for all persons required to be listed. Report compensation for the calendar year ending with or within the
organization's tax yes	ar.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

compensated employees; and former such pers		s or	aire	ectc	ors;	insti	tutic	onal trustees;	oπicers; key e	employees; highes
☐ Check this box if neither the organization no	r any related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Mark Watne - President										
(2) Bob Kuylen - Vice President										
PO Box 271, South Heart, ND 58655-0273							<u> </u>			
(3)							1			
The above two officers are elected at large by										
(4) members representing the whole membership							ł			
organization for Farmers Educational &										
(5) Cooperative Union of AM ND Division and							ļ	1		
are officers for that parent company from										
(6) which the president receives a salary and the										
vice-president works part-time on a per diem										
(7) basis. They are not compensated by any										
of the county sub-divisions for which this filing										
(8) is done.										
(9)										
(10)										
(11)		-				·				
(12)				-						
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	contini	ued)		
	(A) Name and title	(B) Average hours per	Average hours per officer and a director/trustee)					(D) (E)  Reportable Reportation compensation relate		able Estimate		mated		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		comp fro orga and	ensation the nization related	คก d
(15)					-									
(16)														<u> </u>
(17)				-										
(18)						-								
(19)														
(20)														
(21)												· <del>-</del> · ··-		
(22)													·	
(23)						,··								
(24)														
(25)									-			·		
1b c d	Sub-total			•	•			► ► ►						
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited					above	e) w	ho received m	ore than \$10	00,000	0 of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compe	nsate	d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (	con	nper	nsatio					e 🐺 🗧		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind		-	<u>*}`</u>	Š,
Section	on B. Independent Contractors				-								<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress		•					(B) Description of s	ervices	•	(C) Compens	sation	
-				_										
2	Total number of independent contractor received more than \$100,000 of compensations.							th	lose listed abo	ove) who	ž			

Part	VIII	Statement of Revenue					
<del>•</del> <u>-</u>		Check if Schedule O contains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	T				
E Ž	ь	Membership dues 1b	96,780				
G É	c	Fundraising events 1c					
ar /	d	Related organizations 1d					
S, G	e	Government grants (contributions) 1e					
ig is	f	All other contributions, gifts, grants,					
E E		and similar amounts not included above   1f					
Öğ	g	Noncash contributions included in lines 1a-1f <sup>-</sup> \$	<i>'</i>				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	>	96,780			
			Business Code				
Ven	2a	Educational programs		453,124			
æ	b	Misc Income		67,430			
je Je	C						
Sen	d						
E	е						
Program Service Revenue	f	All other program service revenue.					
<u> </u>	g	Total. Add lines 2a-2f		520,554			
	3	Investment income (including divid					
		,		2,557	· - · · · · · · · · · · · · · · · · · ·		
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties	(ii) Personal				
	6.	<del></del>	(ii) i ersonai	* *			, , , ,
	6a b	Gross rents Less: rental expenses	<del> </del>	* *		42	` .è., `*
	C	Rental income or (loss)	<del> </del>	<i>p</i> ×			
	d	Net rental income or (loss)	•	d		114.54	
	7a	Gross amount from sales of (i) Securities	(ii) Other	\$ ·		728 9	1,81
		assets other than inventory		,	,		Í
	b	Less cost or other basis			• • • • • • • • • • • • • • • • • • • •		
	,	and sales expenses .				J. W. R. W. S. S. S. S. S.	
	С	Gain or (loss) .				, , , , , , , , , , , , , , , , , , ,	
	d	Net gain or (loss)	<b>&gt;</b>				
/enne	8a	Gross income from fundraising events (not including \$		> v			
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a		* *** ** ** **	•	, ,	
¥	ь	Less: direct expenses b					
_	С	Net income or (loss) from fundraising	events . >		******* *****		
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a		,			
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming act	ivities ▶				
	10a	Gross sales of inventory, less returns and allowances a					
	١.		`		the state of the		
	b	Less: cost of goods sold b					<u> `                                    </u>
	<b>├</b> <del>C</del>	Net income or (loss) from sales of inv  Miscellaneous Revenue	Business Code	3			<u> </u>
	11a	commicods movering	245.11655 0048		~		
	b						-
	C				<del></del>		<del> </del>
	d	All other revenue					<del></del>
	e			<del> </del>	*	· *	***
	12	Total revenue. See instructions.	•	610 901		*	

Form 99	0 (2013)  IX Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must com	nolete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , 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	11,585			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 5	Benefits paid to or for members	95,991			
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 8	Other salaries and wages				
9 10	Other employee benefits			•	
11	Fees for services (non-employees):				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	11,606			
13	Office expenses	5,892			
14	Information technology				
15	Royalties				
16	Occupancy	2,360			
17 18	Travel	103,778	•		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	95.222		<u></u>	
20	Interest				
21	Payments to affiliates	15,662			
22	Depreciation, depletion, and amortization .				
23	Insurance	6,290		W Y2	1 100 20 00 20 00
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.)	^ .1			
_		24.470		<u>,,                                   </u>	A sea discount.
a b	Misc Contracted staff	24,479 16,473			
, C		10,4/3	<del></del>	<del></del>	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	389,338			
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 following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	397,775	1	558,477
	2	Savings and temporary cash investments	874,994	-	938,630
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	and and a second	6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	the Participation of Care of the Care of t	10c	r í
	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)	1,272,769	16	1,497,113
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26	the state of the s		25	
	26	Total liabilities. Add lines 17 through 25	* **:	26	, , , , , , , , , , , , , , , , , , , ,
seou		complete lines 27 through 29, and lines 33 and 34.		, ;	
<u>a</u>	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
밑	29	Permanently restricted net assets		29	
et Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ot A	32	Retained earnings, endowment, accumulated income, or other funds .	1,272,769	32	1,497,113
	33	Total net assets or fund balances	1 272 760	22	4 407 440

1,272,769 34

**1,497,113** Form **990** (2013)

Total liabilities and net assets/fund balances

	90 (2013)			Р	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19,892
2	Total expenses (must equal Part IX, column (A), line 25)	2			89,338
3	Revenue less expenses. Subtract line 2 from line 1	3		2	30,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,2	72,769
5	Net unrealized gains (losses) on investments	5			(6,210)
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		1,4	97,113
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other		_		!
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	olaın	ın		
_				İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				1
	If "Yes," check a box below to indicate whether the financial statements for the year were compressed on a congrete basis, consolidated basis, or both.	oiled	or	'	<u> </u> `
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			١,	
b	Were the organization's financial statements audited by an independent accountant?	• • •	. 2b	٠, ـــ	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on	a	<b>'</b>	
			,	ŀ	, .
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		.	ł	\$20 × 3
С	of the audit, review, or compilation of its financial statements and selection of an independent account	ersigi etent	_ [	ļ	
				-	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain	ın		ľ. "
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	مانسة		'.	\ \.
Jä	the Single Audit Act and OMB Circular A-133?	iortn			,
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· ·	· 3a	+	<b>✓</b>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ie sh		

Form **990** (2013)

#### **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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

- 00		that have NOT filed Form 5769 (election		•	•
		that have NOT filed Form 5768 (electio		• "	•
	-	s," to Form 990, Part IV, line 5 (Proxy	iax) or Form 990-E	:2, Part V, line 35c (Proxy 1	axj, then
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Employer ider	ntification number
Farmo	rs Educational & cooperativ	ve Group Peturn			23-7024830
Part		e organization is exempt und	er section 501/	c) or is a section 527	
1		the organization's direct and indire			organization.
2	· ·		•	•	) 
3	· ·				
	volumeer means :				
Part	I-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	<del></del>
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	)
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	,
3	If the organization incurre	ed a section 4955 tax, did it file Fo	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part	IV.			
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities		· · · · · ·	· · · · · <b>&gt;</b> \$	
2		filing organization's funds contrib			
•		vities			
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	Tana or a pointed action committee	C (1 AO). II addition	l ar apace is needed, prov	lde information in Fart IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
			=	<u> </u>	
(1)					
<b></b>	<del></del>				-
(2)					
(2)	-		· · · · · · · · · · · · · · · · · · ·		
(3)					
(4)					
(4)					
(5)					
(U)					
(6)					
ν-,					

_	^
Pane	

Pa	rt II-A Complete if the organization section 501(h)).	is exempt ι	inder section 5	01(c)(3) and file	d Form 5768 (ele	ction under
	Check ► ☐ if the filing organization beloname, address, EIN, expense	ses, and sha	re of excess lob	bying expenditui	res).	oup member's
В	Check ► ☐ if the filing organization che			trol" provisions	apply.	
	Limits on Lobby (The term "expenditures" me			)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influence		<u> </u>	<del></del>	<u> </u>	
	b Total lobbying expenditures to influence					
	c Total lobbying expenditures (add lines 1a			9/ · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·
	d Other exempt purpose expenditures	,				
	e Total exempt purpose expenditures (add					<del></del>
	f Lobbying nontaxable amount. Enter the columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	ount 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 of	ver \$1,500,000.	į į	
	Over \$17,000,000	\$1,000,000			-) (	
	g Grassroots nontaxable amount (enter 259)	% of line 1f)				
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0-				
,	<ul> <li>Subtract line 1f from line 1c. If zero or les</li> </ul>					
	j If there is an amount other than zero or reporting section 4911 tax for this year?			the organization		Yes No
	(Some organizations that mad columns below. S	le a section 5 ee the instruc	tions for lines 2a	not have to com through 2f on pa		,
	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))	,	`			
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount	*	. 1		3 74.38	
	(150% of line 2d, column (e))		43			

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
desci	ription of the lobbying activity.	Yes	No	A	moun	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:	,				
a	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
ď	Mailings to members, legislators, or the public?		<u> </u>			
е	Publications, or published or broadcast statements?		ļ			
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?	<u> </u>	ļ			
i :	Other activities?	<u> </u>				
j 2a	Total. Add lines 1c through 1:	-	1			
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?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	/	ļ <u>.</u>
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	1
	Did the organization agree to carry over lobbying and political expenditures from the prior year? .  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	<b>✓</b>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	٠. ا	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	OT				
а	Current year		2a			
b	Carryover from last year		2b			
С	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		1.28			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	/ing	K.			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Par			5	_		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Par	t II-A, I	ne 2:	and
Part II	-B, line 1. Also, complete this part for any additional information.	•	,,		,	
				·		
					· <b></b> -	
					·- <b></b>	
		*****				

	m 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
	······································	
		**
· <b></b>		
		•••••
	······································	
		<del>-</del>

# SCHEDULE (Form 990)

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

OMB No 1545-0047

Open to Public Inspection 2013

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

Farmers	ᇍ	ion Group Return	Agio					23-7024830
7 alt	Does the organization maintain records to substantiate	n records to subs	Assistance stantiate the amou	nt of the grants or	assistance, the d	rantees' eligibility f	e the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
•	the selection criteria used to award the grants or assistance?	ward the grants	or assistance?	· ·				· · · · Yes □ No
N	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedur	es for monitoring t	he use of grant fu	nds in the United	States.		
Part		sistance to Go	vernments and received more th	Organizations Ian \$5,000. Part	in the United St Il can be duplica	tates. Complete i ated if additional	f the organization answ space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(£)								
2								
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0 m	Enter total number of section 501(c)(3) and governmer Enter total number of other organizations listed in the	501(c)(3) and gov ganizations listed		it organizations listed in the line 1 table line 1 table	ine 1 table			<b>A A</b>
For Pag	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction:	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

tion required in Part I, line 2, Part III, column	(a) Type of grant or assistance	(a) Type of grant or assistance (b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
Information. Provide the information required in Part 1, line 2, Part III, column (b), and any other additional information.  Ebourd members for approval before they are paid.		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. e board members for approval before they are paid.						
Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  e board members for approval before they are paid.						
Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  board members for approval before they are paid.				•		
Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information.						
Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  e board members for approval before they are paid.						
Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information.  E board members for approval before they are paid.						
	he board members for appr	oval before they are	paid.			
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Farmers Educational & Cooperative Group Return	23-7024830
Form 990, Part VI, Section B, Line 11A: After the form 990 is prepared a copy is distributed to all board	I members for their review.
A reasonable amount of time is allowed for board members to raise any questions or concerns regards	ng the Form 990 prior to filing the
return.	
Form 990, Part VI, Section C, Line 19: The organization makes it's governing documents, conflict of in	terest policy as well as financial
data available to the public upon request.	
Form 990, Part VI, Section A, Line 6: The counties have members who pay annual dues and are entitle	d to attend the annual convention
and elect the board of directors and approve changes to policy. The are also able to have their children	n attend educational camp.s
Form 990, Part VI, Section A, Line 7a: The board is elected at the annual convention by the members	
Form 200 Part VI Line F. Note and Find Inc. on Francisco Action (C. 240)	
Form 990, Part XI, Line 5: Net unrealized loss on investments (6,210).	·
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# Farmers Educational and Cooperative Union of America North Dakota Division Jamestown, North Dakota 58402 Group Information Return for Counties Group Return - 23-7024830

9-30-14

Dues Interest Educational Funds Lunches & Meals Plane and bus trips Local Assistance Miscellaneous	Receipts 96,780 49 2,557 10 406,001 33 2,479.62 44,642.90 31,092.00 36,338.41	
	•	619,891.85
	Disbursements	
Donations and Budget Fund		11,585.32
Youth Activities	68,833.65	,
Picnics, lunches, meals	27,157.04	95,990.69
Officer/directors travel expense	<del></del>	36,877.90
Salaries for contracted individuals		16,472 50
Postage, office supplies, phone		5,891 93
Utilities		2,360.00
Conventions and conferences		95,222.46
Advertising	11,605.80	·
Educational programs-travel	66,900.21	
Insurance	6,290.42	
Local Assistance	15,661.64	
Miscellaneous	24,479.27	124,937.34
		389,338.14
Receipts over Disbursements		230,553.71