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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury

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 wave ire gov/form990

Open to Public

		P INIO MARION ADOLL 1 OTH 330 AND ILS INSTITUTIONS IS AL W				
<u> </u>		2015 calendar year, or tax year beginning October 1 , 2015, and		Septem		, 20 16
В		applicable C Name of organization Farmers Educational & Cooperative Union Grou	ıp Return		בי Employe	r identification number
Щ	Address		Room/suite			23-7024830
	Name ch	nange Number and street (or P O box if mail is not delivered to street address)	1	E Telephone	e number	
	initial ret					701-252-2340
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return Jamestown ND 58402-2136			Gross rec	
	Applicati	on pending F Name and address of principal officer Mark Watne		H(a) is this a grou	up return for su	bordinates? Ves No
		PO Box 2136 Jamestown ND 58402		H(b) Are all su	bordinates	included? 🗹 Yes 🗌 No
<u> </u>	Tax-exe	mpt status	527	lf "No.	," attach a i	st (see instructions)
J	Website	: >		H(c) Group e	xemption n	umber ▶
K	Form of o	organization	of formation	1927	M State o	f legal domicile ND
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:	Guided b	y the princi	ples for c	ooperation,
9	1	Legislation and education				
Activities & Governance	1					
, 1	2	Check this box ▶☐ if the organization discontinued its operations or disp	osed of	more than a	25% of it	s net assets.
é	3	Number of voting members of the governing body (Part VI, line 1a).			3	
~	4	Number of independent voting members of the governing body (Part VI, Iir	ne 1b) .		4	
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2	-		5	0
Ž	6	Total number of volunteers (estimate if necessary)	<i>.</i>		6	5120
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.20
	Ь	Net unrelated business taxable income from Form 990-T, line.34			7b	<u>~</u> _0
	† 		-	Prior Yea		Current Year
-	8	Contributions and grants (Part VIII, line 1h)			103,751	98,915
Ę	9	Program service revenue (Part VIII line 20\Q\ \tag{1}) -		408,022	348,699
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6.2017)		4,610	3,913
æ	11	Other revenue (Part VIII, column (A), lines;5, 6d, 8c, 9c, 10c, and 11e)	$I \vdash \vdash$		4,010	3,313
	12	Total revenue add lines 8 through 11 (must equal Part MIII, column (A); line	, ·		516,383	451,527
	13	Grants and similar amounts paid (Part IX, column (A), lines 143) []	1 -1		13,206	34,830
	14	Benefits paid to or for members (Part IX, column (A), line 4)	'		128,916	122,526
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1		0	122,320	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		
e d	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	· -		─	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			294,914	294,167
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·		437,036	451,523
	19	Revenue less expenses. Subtract line 18 from line 12	·	<u>-</u>	79,347	451,523
- 6	+	Treveride less experises. Outstract file to front line 12	Bec	jinning of Curr		End of Year
issets or Balances	20	Total assets (Part X, line 16)	1-0-			
Asse	21	Total habitation (Post V. Ivan 00)	·	1,6	589,422	1,589,112
25	21 22	Net assets or fund balances. Subtract line 21 from line 20	.		500 433	1 500 412
	art II	Signature Block		1,3	589,422	1,589,112
_		ities of penury, I declare that I have examined this return, including accompanying schedules an				. handada and halaf . A
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p				knowledge and belief, it is
		IN Maria h /The			2/10	10
Sig	าก	Signature of officer		Date	0/13	/1/
He				54.0	•	
		Type or print name and title March Water Provident				
		Print/Type preparer's name Preparer's signature Preparer's sign	Date			PTIN
Pa			1		Check) if {
	epare				self-emple	7960
Us	se Onl			EIN ▶		
NA -	v the IC	Firm's address S discuss this return with the preparer shown above? (see instructions) .		Phone	e no	[]V []11
				<u> </u>		Yes No
EΩ	Panani	vork Reduction Act Notice, see the separate instructions.	Cat No 1	11202V		horm 994 1/2015)

Form 99	90 (2015) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The county organizations are guided by the principals of cooperation, legislation and education. The counties are committed
•	to the prosperity of family farms, ranches and rural communities
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(Code) \((Typopooo \text{\$\text{\$}}\) \((Typopooo \text{\$\text{\$}}\)
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Education programs: These programs include the sponsoring of various seminars and youth education programs, including
	classes and educational camp programs
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Cooperative programs: The counties promote and develop their local cooperatives to increase the financial bargaining of
	agriculture and rural people.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Legislation- They work with elected officals to voice their opinions of rural people on agricultural issues.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total we grow against expanses

Form 99			F	Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	163	√
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	√	
6	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	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		√
	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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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		√
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		√
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		√
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		√
		بت		

Part	Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 employees? If "Yes," complete Schedule J	23		✓
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 25a	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		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," 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
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)? 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	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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	✓
		Forr	n 990	(2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>·</u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	!	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	i		1
-	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	j		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b)	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
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	}	}	ì
	account)?	4a	}	1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	}	/
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Ĺ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	, ,	* '	
а	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		1
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	(·)	ي م ا خون	, ,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 🦫 .	3 ⁴⁴ , ,	1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		/ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	23. 4	
10	Section 501(c)(7) organizations. Enter:	7 (%) 12 - 33 -		*** ·
a	Initiation fees and capital contributions included on Part VIII, line 12		4.1) '
ь 11	Section 501(c)(12) organizations. Enter:			,,,
''a	Gross income from members or shareholders	\$ 35		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			54 ·
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	W. W "	12
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	37790 . 46	7 A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			**
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	4.00 / 14	
	Note. See the instructions for additional information the organization must report on Schedule O.	公派	700.	5*
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans		3	E
С	Enter the amount of reserves on hand			\$ 35.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
Ь	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an evolunation in Schedule O	14h		Γ-

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Part		•			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				ions.
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>	<u>. D</u>
Secti	on A. Governing Body and Management			T	1
4.	Enter the number of voting members of the covering body at the and of the tax year	4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	-	[1
٠	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	1	į į	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	elationship with	2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 98		4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5	'	1
6	Did the organization have members or stockholders?		6	1	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			,
а	The governing body?		8a	1	·
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Co.) <u></u>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C	,	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	 -	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	og	2.2		7 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1 2%' 4	· / *
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done.	oolicy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13	1	
14			14	1	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	2 505.00	<u> </u>
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarity during the year?		16a	\$1695	✓_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	າ 501(c)(3)s	only)
	Own website Another's website Upon request Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	policy	, and
00	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords		
	Tania Falk, 701-252-2340, PO Box 2136, Jamestown, ND 58402-2136				

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Page	

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

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

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

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any curren	t officer, directo	r, or trustee.
				((C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	요글	3	Q	~	ुु	77	from the	related organizations	other compensation
	related	육성	1 2	Officer	y e	age efg	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	ğ	Γ.	Ja Li	st co	, ¥	(W-2/1099-MISC)		organization
	below dotted	Individual trustee or director	altr		Key employee	ğ	ļ	<u> </u>		and related organizations
		stee	Institutional trustee		100	ens.				o gameanono
]		8			Highest compensated employee]		
							1	<u> </u>		<u> </u>
(1) Mark Watne, President			i				ļ			
			<u> </u>							
(2) Bob Kuylen, Vice-President										
PO Box 271, South Heart, ND 58655-0273										
(3)					1			1		
The above two officers are elected at large by								ļ		
(4) members representing the whole membership									,	
organization for Farmers Educational &	ļ. —						ļ			
(5) Cooperative Union of AM ND Division and	<u> </u>							[
are officers for that parent company from	ļ						L			
(6) which the president receives a salary and the									, 	
vice-president works part-time on a per diem			_				<u> </u>		·	
(7) basis. They are not compensated by any				'			1		'	
of the county sub-divisions for which this filing	ļ						<u> </u>	ļ	! 	
(8) is done					ı		1			
							<u> </u>		<u> </u>	
(9)									ļ	
400			<u> </u>	_			-	ļ		
(10)								[
(44)	ļ	<u> </u>					<u> </u>			
(11)							}	1		
(10)	}							 	_ 	
(12)								1		
(13)	 		-				├-			
(19)	ļ						1	}		
(14)	ļ			-			├	 		
(14)	†							ļ		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (conti	nued)		
A	(A) Name and title	(B) Average hours per	box, i	unles	Pos eck s pe	rson	than out the thick the thi	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
-		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr orga	orner pensation om the anization related nizations	1
(15)					,								
(16)													
(17)													
(18)												-	
(19)													
(20)			-										
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Sectio		•		· .	•	> >					
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed	above	e) w	ho received m	ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							emp	bloyee, or high	est compensat	ed 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											,	
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or individ	F F	,	1
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization Repyear.												ax
	(A) Name and business add	ress	_					_	(B) Description of s	ervices	(C Comper		
							<u>.</u>						
					_	_		-					
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who	**	, , ,	

Form **990** (2015)

	990 (201							Page 9
Palr	t VIII			nonco or noto to	any lina in thi	Dort VIII		
-		Check if Schedule (D contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaign	s 1a					
Gifts, Grants Ilar Amounts	b	Membership dues	1b	98,915				
ts,	C	Fundraising events .						
ള	d	Related organizations Government grants (cor		 				
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, g						
buti		and similar amounts not inc						
d df	g	Noncash contributions inclu	L	1				
S E	h	Total. Add lines 1a-1	lf	▶	98,915			
nue	_			Business Code				
eve	2a	Educational programs	<u> </u>		249,111		<u> </u>	
Program Service Revenue	b				99,588			
	d						-	
S	e						 	
ogra	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2			348,699			
	3	Investment income and other similar amo						•
	4	Income from investmen	·	ond proceeds	3,913		- 	
	5		· · · · ·	ond proceeds			-	
		,	(i) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses				22		,
	C	Rental income or (loss)		<u> </u>	:			الْمُ لَكُ اللهِ
	d 7a	Net rental income or Gross amount from sales of	(IOSS)	(ii) Other				
	'4	assets other than inventory	(// 5555111155	(,,, Garier		*		
	ь	Less cost or other basis			٨	5	•	
		and sales expenses .			`	. ,		
	С	Gain or (loss)				. **		*,_ ^ }
	d	Net gain or (loss) .		▶				
e	8a	Gross income from fu	undraisuna					
Ģ	Ua	events (not including \$	undraising			* % & .		
æ		of contributions report	ed on line 1c).			. 4		
Other Revenu		See Part IV, line 18 .	· · · · a			*		
₹	b	Less: direct expenses		L	1		1 100	
	C	Net income or (loss) f		events . >		<u> </u>	1,,	
	94	Gross income from gasee Part IV, line 19 .	· · · · a		Ì			
	b	Less: direct expenses	-	··			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	С	Net income or (loss) f			<u>ش ۲۰۰</u>			
	10a	Gross sales of ir						
	_	returns and allowance	_					
	b	Less: cost of goods s Net income or (loss) f					7.8.2.	
	<u>c</u> _	Miscellaneous F		Business Code	**************************************	van a	30,000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	11a				\$ *** **** ***	renewa William	1 1 1 2 1 2 1 2 1 2 1 4	
	b							
	С							
	d	All other revenue .		L	<u></u> .	+ y 15 v +200 %	As accept to	
	12	Total. Add lines 11a- Total revenue. See in				St. Kriting r.	.263	
	14	I OLDI I EVELLUE, OCC II	กอแนบแบบอี	1	451.527		1	

	90 (2015)				Page 10
	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e ın this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21	34,830			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	122,526			
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			<u></u>	
9	Other employee benefits				
10	Payroll taxes			•	
11	Fees for services (non-employees):				
a b	Management				
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.)				
12	Advertising and promotion [26,276			
13	Office expenses	5,214			
14	Information technology				
15	Royalties				
16 17	Occupancy	2,890			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	100,776			
19	Conferences, conventions, and meetings	107,613			
20	Interest				
21	Payments to affiliates	16,242			
22	Depreciation, depletion, and amortization .				
23	Insurance	6,410		No. aft	Width, Mark of No. V
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.)	12.X2.57			
а	Misc.	7,445	7. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	~ 42 2 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Contracted Staff	21,301		······································	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	451,523		<u></u>	
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)		:		

		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	581,200	1	510,988
İ	2	Savings and temporary cash investments	1,008,222	2	1,078,124
	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	-
S	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		6	
Assets	7	Notes and loans receivable, net		7	
As	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	,		
1	ь	Less accumulated depreciation 10b	, * <u>,</u>	10c	1
1	11		 	11	
1	12	Investments—publicly traded securities Investments—other securities See Part IV, line 11		12	
i	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
	15	Other assets. See Part IV, line 11	 	15	
ļ	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,589,422		1 500 112
_	17	Accounts payable and accrued expenses	1,569,422	17	1,589,112
-	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	
- 1	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	
≝	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
1	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		25	
}	26	Total liabilities. Add lines 17 through 25		26	
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		12	
ğ	27		KINDSTERN STEEL	· (* .)	
<u>a</u>	27 28	Unrestricted net assets		27 28	
<u> </u>	28 29	Temporarily restricted net assets		28	
ğ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		<u>∠</u> y	
Net Assets or Fund Balances	•	complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ÄΪ	32	Retained earnings, endowment, accumulated income, or other funds .	1,589,422	32	1,589,112
	33	Total net assets or fund balances	1,589,422		1,589,112
- 1	34	Total liabilities and net assets/fund balances	1,589,422	34	1,589,112

Form 9	90 (2015)			Pa	age 12
Par	t 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		45	51,527
2	Total expenses (must equal Part IX, column (A), line 25)	2			51,523
3	Revenue less expenses. Subtract line 2 from line 1	3			4
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		1,58	39,422
5	Net unrealized gains (losses) on investments	5			(310)
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		1,58	39,112
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			1
	Schedule O		1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			<u> </u>
	reviewed on a separate basis, consolidated basis, or both:		1 1		Į
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
b	· · · · · · · · · · · · · · · · · · ·		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:		1	į	l
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		· ,		l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		1 1		l
	of the audit, review, or compilation of its financial statements and selection of an independent account	itant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in		,	
	Schedule O.		1.1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	1 1	į	,
	the Single Audit Act and OMB Circular A-133?		3a	ļ	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2015)

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

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

fax) (s	see separate instructions), tl	hen			
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer idea	ntification number
arme	rs Educational & Cooperativ				23-7024830
Part		e organization is exempt und			organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV	
2	Political expenditures .				·)
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organiza			,
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 . ► \$)
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2.			
				· ·	
4		n file Form 1120-POL for this year			Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
	the amount of political co	ontributions received that were proj	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)			 		
(5)			 		
(6)					

Daa	_	つ

Pa	rt II-A Complete if the organization section 501(h)).	n is exempt ι	inder section !	501(c)(3) and filed	Form 5768 (ele	ection under	
	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							
		ying Expendit			(a) Filing	(b) Affiliated	
	(The term "expenditures" m				organization's totals	group totals	
٠	 Total lobbying expenditures to influence 	public opinion	(grass roots lobb	oying)		·	
	b Total lobbying expenditures to influence	~	ıdy (dırect lobbyı	ng)			
	c Total lobbying expenditures (add lines 1	a and 1b)				·····	
	d Other exempt purpose expenditures .						
	e Total exempt purpose expenditures (add						
	f Lobbying nontaxable amount Enter columns.	the amount fr	om the followin	ng table in both			
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amou	nt is:			
	Not over \$500,000	20% of the an	nount on line 1e		1		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	s over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	s 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.					
	g Grassroots nontaxable amount (enter 25% of line 1f)						
	h Subtract line 1g from line 1a If zero or le	ess, enter -0-					
	i Subtract line 1f from line 1c. If zero or le	,					
	j If there is an amount other than zero			id the organization	file Form 4720	☐ Yes ☐ No	
	reporting section 4911 tax for this year'			• • • • •	 	☐ res ☐ No	
	(Some organizations that made a se	ction 501(h) ele			of the five colum	ns below.	
	Lobbying	Expenditures	During 4-Year	Averaging Period	<u></u>		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
	2a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))	` `,					
	c Total lobbying expenditures			<u> </u>			
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount	,					
_	(150% of line 2d, column (e))				· 2.000		

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Forn	5768		
For 6	each "	Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b)	
		of the lobbying activity.	Yes	No	А	moun	it
1	legisla	g the year, did the filing organization attempt to influence foreign, national, state or local ition, including any attempt to influence public opinion on a legislative matter or indum, through the use of					
а		teers?		}			
b		taff or management (include compensation in expenses reported on lines 1c through 1i)?					
c		advertisements?			1		
ď		gs to members, legislators, or the public?					
е		ations, or published or broadcast statements?					
f		s to other organizations for lobbying purposes?					
g	Direct	contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>			
i		activities?		<u> </u>			
j		Add lines 1c through 1i			L		
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			
b		s," enter the amount of any tax incurred under section 4912		ĺ	l		
d		s," enter the amount of any tax incurred by organization managers under section 4912 filling 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), (or se	ction		
						Yes	No
1	Were	substantially all (90% or more) dues received nondeductible by members?			1	1	
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
_3	Did th	e organization agree to carry over lobbying and political expenditures from the prior year? .			3		1
	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."		Part		line	3, is
1 2	Section	assessments and similar amounts from members	of	1 ,			
а	Curre	nt year . ,		2a	ĺ		
b	Carry	over from last year		2b			
С	Total			2c			
3	Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4		ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobby		*			
		olitical expenditure next year?		4			
5		le amount of lobbying and political expenditures (see instructions)		5	<u>. </u>		
Provid		Supplemental Information lescriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groutions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, I	ines '	1 and

SCHEDULE (Form 990)

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

OMB No. 1545-0047

% □

✓ Yes

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

		dies to Birth	מחבות וומלס	
1	-			

Employer identification number 23-7024830 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. Farmers Educational & cooperative Union Group Return
Part I General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance?

2 De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring 1	the use of grant fur	nds in the United	States.		! !
Part II	Grants and Other As 990, Part IV, line 21, f	ssistance to Do	mestic Organiz	ations and Domore than \$5,000.	estic Governm Part II can be d	ients. Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	red "Yes" on Form
1 (a) Nan	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
Đ								
(Z)								
(3)								
<u>4</u>								
(2)								
(9)								
E								
(8)								
(6)								
(10)								
(11)								
(12)								
2 c	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	501(c)(3) and gov	ernment organizat	tions listed in the lii	ne 1 table			A A

Schedule I (Form 990) (2015)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2015)
Part III Grants ar

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance The grants are presented to the board members before they are paid. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Ŋ ဖ N ന 4

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.

20**15**

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 Union Group Return	23-7024830
Form 990, Part VI, Section B, Line 11A: After the form is prepared a copy is distributed to all board mer	mbers for their review.
A reasonable amount of time is allowed for board members to raise any questions or concerns regard	ng the Form (() prior to filing
the return	
Form 990, Part VI, Section C, Line 19: The organization makes it's governing documents, conflict of in	terested policy as well as financial
data available to the public upon request.	
	al a aa
Form 990, Part VI, Section A, Line 6: The counties have members who pay annual dues and are entitle	o to attend the annual convention
and elect the board of directors and approve changes to policy. They are also able to have their children	en attend educational camps
Form 990, Part VI, Section A, Line 7a: The board is selected at the annual convention by members	
runi 330, Part VI, Section A, Line 7a. The board is selected at the annual convention by members	
Form 990, Part XI, Line 5: Net unrealized loss on investments was (310 00)	•
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