2949304600313

Form 990 **Return of Organization Exempt From Income Tax** 

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.

OMB No 1545-0047 2016

Open to Public Inspection

Dep	artment o	of the Treasury mue Service	-		ner social security 1 about Form 990 a					).		Inspection
A	_		dar year, or tax	year begir	ning Oct 1		, 2016,	and end	ng Sep	30		2017
В	Check if	epplicable	C Name of organiz	ation Rul	cal Coalit	ion				D Employ	er identi	fication number
	Ad	dress change	Doing business	as				-		52-1	203	399
	Na	me change	Number and stre	et (or PO bo	x il mail is not delivere	d to street a	ddress)	Roon	v/sunte	E Telepho	пе пить	er
	Inn	iei retum	1029 Vermo	ont Ave	•			601	L	(202	2) 6:	28-7160
	⊢	ai return/bermanated			country, and ZIP or fo	reign postal	code			1	7	
	H	nended return	Washingtor	,			DC	20005		G Gross re	ceints :	\$ 479,240.
	Н	plication pending	F Name and addre		officer			20003		a group return		
	<b>Ш~</b>					Tookir	aton Do	<b>É</b> 0005				
_				501(c) (	ont Ave, STE 601 1		4947(a)(1) or	1 527	If No.	l subordinates l ' ettach a list (a	ee Instru	ctions)
÷		exempt status	X 501(c)(3)	<del></del>	) (mser	tho) [	4947(8)(1) UI	1 321	7			
<u>J</u>			w.ruralco.	· · · · · · · · · · · · · · · · · · ·					<u> </u>	exemption num		
K		of organization	X Corporation	Trust	Association	Other >	\ <u>  [,</u>	rear of torma	lon 197	9 M S	ate of le	gal domicile DC
Pε	rt I	Summar					\					
					or most signific					impler	nent.	ing
g				ich wi	ll benefit	disa	dvantage	<u>d_rura</u>	l peop	le_and_		
듄		their co	<u>munities.</u>				<del>-</del> -				. <b>_</b>	
Governance				. <b></b>						<b></b>		
<u></u>		Check this box			discontinued its							
∘ಶ	1		•	-	ing body (Part Vi					L	3	17
Activities &			•		of the governing		•				4	16
鼍	!				alendar year 20	•	•			L	5	4
੶ਜ਼ੑ			•		cessary)					<u>_</u>	6	17
⋖					art VIII, column (	•				<b>}</b>	7a	0.
_	D	Net unrelated	business taxable	income tro	om Form 990-T,	line 34	<del></del>	• • • • •			7b	0.
	_								<u> </u>	rior Year		Current Year
Φ	8 Contributions and grants (Part VIII, line 1h)										12.	479,223.
9 Program service revenue (Part VIII, line 2g)												
ě			•			•					19.	17.
Œ			•		5, 6d, 8c, 9c, 1t						[	
					nust equal Part \					575,9	31.	479,240.
	13 (	Grants and sin	nilar amounts pai	ld (Part IX,	column (A), line	s 1-3) .		· · · · ·	·	69,1	77.	112,725.
	14	Benefits paid t	o or for members	s (Part IX, e	column (A), line	4)			٠ ـــــــ			
	15	Salaries, other	compensation, e	employee l	enefits (Part IX,	column (	A), lines 5-10)	)		190,5	19.	156,765.
8	16a	Professional fu	ındraisina fees (F	Part IX. col	umn (A), line 11e	a)		<u></u>				
Expenses			•	•	nn (D), line 25) •				77-		$\neg$	,
죄							RECEB	A GAY	<u> </u>			
	17 (	Other expense	s (Part IX, colum	ın (A), line:	s 11a-11d, 11f-2	48). [		• • • •	181-	261,0		267,497.
	18	Total expense:	s Add lines 13-1	7 (must eq	ual Part IX, colu from line 12	m[π <b>5(</b> Α), III	ne 25) n a	. 2020 .	181-	520,7		536,987.
	19	Revenue less	expenses Subtra	act line 18	from line 12		<u>. ተደወ . ዓ. ች</u>	. 2020		55,2		-57,747 <b>.</b>
8 8						T <sup>2</sup> 1			_ Beginnii	ng of Current	Year	End of Year
	20	Total assets (F	Part X, line 16)				OGDEN	4 · 1 1 T		136,3	10.	29,844.
200	21	Total liabilities	(Part X, line 26)		<b></b> .	1	OGULI	<u>4, 0 i</u>		274,38		225,665.
Net As Fund B	22	Net assets or f	und balances. Si	ubtract line	21 from line 20					-138,0		-195,821.
$\overline{}$	<del>1</del>	Signature	_		2					-130,0		13370221
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COUNT	ete Dec	laration of prepare	r (gener than officer) is	pased on ally	including accompanyl highmation of which pr	eparer has	arjy knowledge	Aud to ma ne	ISLOT HIS KINN	terña sur nate	1, 11 15 8 8	a, consci, and
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\$		Signatur	a by officer	<del>""</del>	· ~ ~ ~ ~		<del></del>			ate	<u></u>	
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	pare	r Firm's name	► Ijaz &	Assoc	iates LLC	$\bigcup$	·//	-				
	e Onl				Blvd 5th F	loor				Firm's EiN ►	26-	1470335
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	_				own above? (see				<u> </u>		• • • •	<u> </u>
RV/	· For	raperwork Re	equetion Act No	uce, see t	he separate ins	tructions	3.	TE	EA0101 11/1	8/16		Form 990 (2016)

	n 990 (2	016)	Rur	al	Coalit	tion	_										52-	-120	389	9	F	age 2
Pai	rtilli.	Stat	emen	t of	Progra	m Ser	vice A	ccom	plish	ments												
		Chec	k if Sch	edul	e O conta	ıns a res	sponse o	r note t	o any li	ne in this	s Part I	III										<u>. Ц</u>
1	•			_	nization's																	
	Deve	lop	ing a	<u>ınd</u>	imple	menti	ing		. <del>.</del>					<b>-</b>								
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	thei	r co	ommun	i <u>i</u> t	ies.																	<b>_</b> _
_																						
2	Did the	organ	nization	und	lertake an	y signific	cant prog	gram se	rvices o	during th	e year	which v	were	not lis	ted o	n the	prior		_		_	
	Form 9	990 or	990-EZ	?			<i>.</i>												Ш	Yes	X	No
	If 'Yes,	' desc	ribe the	se n	ew servic	es on S	chedule	0					•						_		_	
3	Did the	orgar	nızatıon	cea	se conduc	cting, or	make si	gnifican	t chang	es in ho	w it co	nducts,	any	progra	am se	rvices	?		Ш	Yes	X	No
	If 'Yes,	' desc	ribe the	se c	hanges or	n Sched	ule O															
4	Descri	be the	organiz	zatio	n's progra	m servi	ce accor	nplishm	ents for	each of	its thr	ee large	est p	rogran	n serv	ices,	as mea	sured	by ex	pense	es	
	and re	venue,	if any,	for e	01(c)(4) or each progr	ganızatı ram sen	vice repo	required	лю гер	on the a	mount	or gran	its ar	iu alio	Catton	SIOO	iriers, ii	ie ioia	ai exp	enses	•	
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4 0			servic	e ex	nenses	<b>&gt;</b>			807													

Page 2

52-1203899

ADO

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, 'complete Schedule C, Part II	4		x
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If Yes,' complete Schedule D, Part V</i>	10		х
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ĺ	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	11 b		х
(	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	11 c		х
(	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	11 d	х	,_
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e	х	
1	P Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes, complete Schedule D, Part X	11f		x
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		х
1	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		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13		_ <u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\rightarrow$	Х
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes, 'complete Schedule F, Parts I and IV	14b		х
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		х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
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		х
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		х
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		х

Form 990 (2016) Rural Coalition 52-1203899 Page 4 Partiiva Checklist of Required Schedules (continued) No Yes 20a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H . . . 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . 20b 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 X 22 X 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 23 X X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . . . . . . 24d 25a Х 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 25b Х Х 26 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 X 27 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) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . 28a 28b Х X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M . . . . . . 29 x 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I... 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 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	х
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	х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х organization? If Yes, complete Schedule R, Part V, line 2 ................ 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 

Form 990 (2016)

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Form 990 (2016) Rural Coalition 52-12038	<del>9</del> 9	Р	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			$\cdot \square$
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ı		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
(gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
1.10.110, 1.10.11	4	x	-
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3 a	<u> </u>	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b		<del></del>
	30		<del>                                     </del>
4 a 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)?	4 a		x
<b>b</b> If 'Yes,' enter the name of the foreign country		<u> </u>	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	7		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	<del></del>		<u> </u>
	7 a	_	<u> </u>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			1
as required?	7 g		<del></del>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		1
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			Ш
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		ĺ <u>.</u>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			1
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)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	1		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in	1		
which the organization is licensed to issue qualified health plans	4		
c Enter the amount of reserves on hand	4		ليــا
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000 /	2016
BAA TEEA0105 11/16/16	LOU	990 (	2010)

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	w, an	d for	
	Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year · · · · · · 1 a 17  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>b</b> Enter the number of voting members included in line 1a, above, who are independent 1b			
	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		Х
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		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a 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?	7 a		х
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	X	<u> </u>
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		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	<u> </u>
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
1	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		х
13		13		X
14		14		X
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a	Х	
- 1	b Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
1	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?	16b		
	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. Indicate how you made these available. Check all that apply  Other (explain in Schedule O)	vailab	le	
19	Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	IJAZ & ASSOCIATES LLC 1775 Tysons Blvd 5th Floor Tysons VA 22102 (70	3) 9	72-9	110

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

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

- 1 a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Comparison   Com		]	T		(C)	)					
Comparison   Com		Average hours	thar	one s both dire	do no box, u an of ector/	ot che unless flicer truste	perso and a e)	n	Reportable compensation from	Reportable compensation from	Estimated amount of other
Chairman		week (list any hours for related organiza- tions below dotted	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
(2) Georgia Good       1.00       X       X         Vice Chairman       1.00       X       X         (3) Dorathy Barker       1.00       X       X         Treasurer       X       X       X         (4) Tirso Moreno       1.00       X       X         Secretary       X       X       X         (5) Mily Trevino-Sauceda       1.00       X       X         Assistant Secretary       X       X       X         (6) Sayi Horne       1.00       X       Director       X         (7) Darnella Burkett       1.00       X       Director       X         (8) Lorena Andrade       1.00       X       Director       X         (9) Rudy Arredondo       1.00       X       X         Director       X       X       X         (10) Lisa Bellanger       1.00       X         Director       X       X       X		1.00	х		х						
Treasurer	(2) Georgia Good	_1.00	х		х						
Secretary			х		х						
Assistant Secretary		_1.00	x		х		:				
Director		_1.00	х		х						
Director			х								
Director		1.00	х								
Director X	<del></del>	_1.00	х								
Director X		_1.00	х								
Director		1.00	х								
(12) Starry Krueger 1.00		_1.00	х								
Director	(12) Starry Krueger Director	1.00	х								
(13) Maria Moreira 1.00 X		1.00	х								
(14) Gary Redding 1.00 x		_1.00	x								

Partivity Section A. Officers, Directors, 110	ustees,	<u>ney</u>		рк	oye	es,	an	u nignesi con	ipensated Emp	Toyees (continued)
	(B)				<b>;</b> )					
(A)	Average hours	(do	not d	heck	ition more	than o	one	(D)	(E)	(F)
Name and title	per week	off	cer an	nd a c	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from	Estimated amount of other compensation
	(list any hours	or d	죭	Officer	<b>€</b>		3	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	for related	or director	ttor.	졒	3	byee	룓			and related organizations
•	organiza - tions below	individual trustee or director	팔		Key employee	) ag				
	dotted line)	stee	nstitutional trustee		"	employee				
	"""					6	4			
(15) Chukou Thao	1.00		П		<u> </u>		T			
Director		x								
(16) Willard Tillman	1.00									
Director		X	Ш							
(17) Lorette Picciano	40.00				١	١			_	
Executive Director	ļ	-	Н		Х	X	┡	74,102.	0.	0.
<u>(18)</u>	<del> </del>									
(19)		<del> </del>	$\vdash$		┢	-	╁╌			
	┨−−−−									
(20)		T	П				$I^-$			
	1									
(21)										
		<u> </u>					<u> </u>			
(22)	<b> </b>									
(23)		┼	$\vdash$		⊢	$\vdash$	⊢			
	<del> </del>									
(24)			H			<del>                                     </del>	<del>                                     </del>			
<del></del>	1						l			
(25)										
						<u></u>	Ļ			
1 b Sub-total								74,102.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	74 102	0.	
Total number of individuals (including but not limited								74,102.		noensation
from the organization > 0	3 10 111036	113166	1 400	,,,,	***	,,,,,		amore man proof	oo or repertable oor	inperioditori
										Yes No
3 Did the organization list any former officer, director	. or trustee	e. kev	emi	plov	ee.	or hi	ahes	st compensated em	nployee	
on line 1a? If 'Yes,' complete Schedule J for such in										. 3 X
4 For any individual listed on line 1a, is the sum of re	portable co	mpe	nsati	ion i	and	othe	r 🔯	mpensation from		
the organization and related organizations greater to such individual	han \$150, • • • • •	0007	If 'Y	es,'	con	nplet	e Sc 	chedule J for • • • • • • • • • • • • • • • • • • •		. 4 X
5 Did any person listed on line 1a receive or accrue of	ompensat	on fr	om a	any i	unre	elated	dord	ganization or individ	dual	
for services rendered to the organization? If 'Yes,' or										.  5   X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed indene	ndon	t con	itrac	tors	that	100	ewed more than \$1	IOO DOO of	<del></del>
compensation from the organization. Report compe	nsation fo	r the	caler	nda	yea	ar en	ding	with or within the	organization's tax ye	ar
(A)								(B)		(C)
Name and business addre	ess							Description o	i services	Compensation
									-	<del>-</del>
2 Total number of independent contractors (including	but not lin	nited	to the	ose	liste	ed ab	ove	) who received mo	re than	
\$100,000 of compensation from the organization	<b>►</b> 0									
BAA		TEEAC	108	11/16	5/16				-	Form <b>990</b> (2016)

Forn	990(2016) Rural Coalition			52-1203899	Page
	t VIII Statement of Revenue				-
	Check if Schedule O contains a response or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants   levenue and Other Similar Amounts	the first part of the first pa	479,223.			
ervice R	b				
Program Service Revenue	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	17.	17.	0.	0
	6a Gross rents				
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including: \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
돌	c Net income or (loss) from fundraising events				· ····
Ū	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b  c Net income or (loss) from gaming activities			·	
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory ▶				<del></del> .

479,240.

17.

٥.

d All other revenue . . . .

## Form 990 (2016) Rural Coalition Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a re-	·			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
2	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	112,725.	112,725.	0	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1			
4 5 6	Benefits paid to or for members	74,102.	41,477.	28,812.	3,813.
_	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,453.	45,453.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,573.	2,598.	861.	114.
9	Other employee benefits	21,474.	15,614.	5,175.	685.
10	Payroll taxes	12,163.	8,844.	2,931.	388.
	Fees for services (non-employees)				
	Management	76,497.	42,043.	9,396.	25,058.
	b Legal	0.	0.	0.	0.
	Accounting	57,756.	0.	57,756.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17 .		,		
	Investment management fees		-		
Ī	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				<u></u>
13	Office expenses	29,264.	5,031.	24,233.	0.
14	Information technology		•		
15	Royalties				
16	Occupancy	54,733.	54,733.	0.	0.
17	Travel	69,610.	61,941.	7,669.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,202.	16,910.	7,292.	0.
20	Interest	5,005.	5,005.	0.	0.
21	Payments to affiliates			<del></del>	
22		2 242	2 242	<del></del>	0.
23 24	Other expenses litemize 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)	2,949.	2,949.	. 0.	0.
	Miscellaneous	-52.519.	0.	-52,519,	_0.
	PIndirect_Cost	0.	74.484.	-76,853.	2,369.
•	1				
	,				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	536,987.	489,807.	14,753.	32,427.
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 Infollowing SOP 98-2 (ASC 958-720)	;			
BAA		TEEA0110 11/	16/16		Form <b>990</b> (2016)

		Check if Schedule O contains a response or note to any line in this Part X	<u>.</u>		
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash – non-interest-bearing	7,983.	1	17,634.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	116,117.	4	
	5	Loans and other receivables from current and former officers, directors,		Π	
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	_	Loans and other receivables from other disqualified persons (as defined under		5	
	6	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	
ISS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	···	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
			7 404	100	7 404
		Less accumulated depreciation	7,494.	10c	7,494.
	11	Investments — other securities See Part IV, line 11		12	
	12 13	Investments – program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV. line 11	4,716.	15	4,716.
				16	29,844.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	136,310. 274,384.	17	225,665.
	18	Grants payable	2/4/304.	18	223,003.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	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			
Ë		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u>.</u>	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		25	
$\dashv$	26	Total liabilities. Add lines 17 through 25	274,384.	26	225,665.
ø		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	120 074	<del></del>  -	105 001
alances	27		-138,074.	27	-195,821.
	28	Temporarily restricted net assets		28	
립	29	· · · · · · · · · · · · · · · · · · ·		29	
Net Assets or Fund B		Organizations that do not follow SFAS 117 (ASC 958), check here ►  and complete lines 30 through 34.		,	
2	30	Capital stock or trust principal, or current funds	· ·-	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ē</u>	33	Total net assets or fund balances		33	-195,821.
	34	Total liabilities and net assets/fund balances	136,310.	34	29,844.

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FOIL	1990 (2016) Rural Coalition 52-	<u> 1203699</u>		ra	ige iz
Pa	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	4	79,2	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	36,9	87.
3	Revenue less expenses Subtract line 2 from line 1	3		57,7	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1	38,0	74.
5	Net unrealized gains (losses) on investments	5			
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	<u>95,8</u>	21.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>			·Ш
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	ın Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	ļ			
	separate basis, consolidated basis, or both		i		$oxed{oxed}$
	Separate basis Consolidated basis Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
		1.+			
•	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	III., • • • • • •	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	ın Schedule O		<u> </u>		
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt			!
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
RΔA			Form	990 (2	2016)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name o	ame of the organization Employer identification number							
		Coalition					52-120389	
Part	<u> </u>	Reason for Public Cha	arity Status (All or	rganizations must co	omplete	this p	oart) See instruction	<u> </u>
The o	rgai	nization is not a private foundat		•	•	•		
1	$\perp$	A church, convention of church	•				A)(i).	
2		A school described in <b>section</b>					-/	)
3	Ц	A hospital or a cooperative hos					•	
4		A medical research organization	on operated in conjunc	ction with a hospital desc	ribed in s	ection	170(b)(1)(A)(iii) Entect	he hospital's
	_	name, city, and state		. <b></b>			. <b></b>	
5		An organization operated for the section 170(b)(1)(A)(iv). (Co		or university owned or o	perated t	oy a gov	rernmental unit described	d in
6		A federal, state, or local gover	nment or governmenta	al unit described in <b>sectio</b>	on 170(b	)(1)(A)(	v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)							
8		A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)				
9	F	An agricultural research organ	ization described in se	ection 170(b)(1)(A)(ix) o	perated i	n conjui	nction with a land-grant of	∞llege
-	ш	or university or a non-land-gra	nt college of agricultur	e (see instructions) Ente	r the nar	ne, city,	and state of the college	or
		university		<b></b>			<b></b>	
10		An organization that normally from activities related to its exinvestment income and unrela June 30, 1975 See section 5	empt functions—subject ted business taxable in	ct to certain exceptions, a noome (less section 511	and (2) no	o more t	than 33-1/3% of its supp	ort from gross
11	Г	An organization organized and	d operated exclusively	to test for public safety	See <b>sect</b>	ion 509	(a)(4).	
12		An organization organized and or more publicly supported org lines 12a through 12d that des	anizations described i	n section 509(a)(1) or s	ection 50	09(a)(2)	. See <b>section 509(a)(3)</b> .	urposes of one Check the box in
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	tion operated, supervisegularly appoint or elec	sed, or controlled by its s	upported	organiz	ation(s), typically by givi	
b	Ц	Type II. A supporting organiza management of the supporting must complete Part IV, Section	organization vested in	trolled in connection with n the same persons that	n its supp control o	orted or r manaç	ganization(s), by having ge the supported organiz	control or ation(s) <b>You</b>
C	Ц	Type III functionally integrat organization(s) (see instruction	ed. A supporting organes) You must comple	nization operated in connete Part IV, Sections A,	nection w <b>D, and E</b>	ith, and	functionally integrated w	rith, its supported
d		Type III non-functionally inte functionally integrated. The organistructions) You must comp	ganization generally m	ust satisfy a distribution	connecti requirem	on with ent and	its supported organization attentiveness require	on(s) that is not ement (see
е		Check this box if the organizat			RS that it	ıs a Ty	oe I, Type II, Type III fund	ctionally
		integrated, or Type III non-fund	, , ,					
_ T		ter the number of supported or ovide the following information a	•					
9		ame of supported organization	(ii) EIN	(III) Type of organization	9.31-		(v) Amount of monetary	(vi) Amount of other
,	,,,,,,,	ane of supported organization	(ii) CiiV	(described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed everning	support (see instructions)	support (see instructions)
			h		Yes	No		
<b>A</b> )							···	
<b>B</b> )								
	_							
(C)	c)						_	
D)					$oxed{oxed}$			
E)					ļ			

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,122,732.	723,668.	756,619.	575,912.	479,240.	3,658,171.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		. = 0, 0 0 0				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,122,732.	723,668.	756,619.	575,912.	479,240.	3,658,171.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				•		
6	<b>Public support.</b> Subtract line 5 from line 4						3,658,171.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	1,122,732.	723,668.	756,619.	575,912.	479,240.	3,658,171.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47.	16.	0.	19.	17.	99.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. Add lines 7 through 10						3,658,270.
12	Gross receipts from related activiti	es, etc (see instrui	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		nird, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 2010						100.00%
	Public support percentage from 20						100.00%
16a	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization of						
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did r qualifies as a public	not check a box on Bly supported organ	line 13 or 16a, and including the second sec	d line 15 is 33-1/39	% or more, check tl	nis box ▶
17a	10%-facts-and-circumstances te or more, and if the organization methologanization meets the 'facts-a	est—2016. If the orgets the 'facts-and- ind-circumstances'	ganization did not di circumstances' tes test. The organizat	theck a box on line t, check this box a tion qualifies as a p	: 13, 16a, or 16b, a nd <b>stop here.</b> Exp publicly supported	Ind line 14 is 10% lain in Part VI how organization	▶ 🗍
b	10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-	eets the facts and	circumstances' tes	<ul> <li>t. check this box a</li> </ul>	nd <b>stop here.</b> Exp	lain in Part VI how	the 🗀
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns <b>⊳</b> ∐

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')..... Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge. . . Total. Add lines 1 through 5 . . Amounts included on lines 1. 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . . . . . . c Add lines 7a and 7b . . . . . . Public support. (Subtract line Section B. Total Support (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) **9** Amounts from line 6 . . . . . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . . . . Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . Total support. (Add lines 9, 10c. 11, and 12) . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here......... Section C. Computation of Public Support Percentage 15 Public support pércentage for 2016 (line 8, column (f) divided by line 13, column (f)) Q. 16 Public support percentage from 2015 Schedule A, Part III, line 15...... 용 16 Section D. Computation of Investment Income Percentage 용 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . . . . . . . . . . . . . . . 윰 19a 33-1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . b 33,1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . .

Part IV Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations										

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated If designated by class or purpose, describe			
	the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If Yes, 'explain in Part VI how the organization determined that the supported organization was			
described in section 5	described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	<u> </u>		
	and (c) below	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		•
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the			
	anization's organizing document authonzing such action; and (iv) how the action was accomplished (such as by endment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
_	· · · · · · · · · · · · · · · · · · ·	_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in Part VI	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		J ,
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		i

Sche	dule A	(Form 990 or 990-EZ) 2016 Rural Coalition	52-1203899	F	age
Par	t IV	Supporting Organizations (continued)			
11	Has th	he organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) to ring body of a supported organization?	pelow, the		
ь	•	nily member of a person described in (a) above?	116		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Pai	rt VI.		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	or ele Part \ If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regulate at least a majority of the organization's directors or trustees at all times during the tax year? If 'No, WI how the supported organization's effectively operated, supervised, or controlled the organization' organization had more than one supported organization, describe how the powers to appoint and/or to rustees were allocated among the supported organizations and what conditions or restrictions and to such powers during the tax year	,' describe in 's activities remove		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organi perated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how provided to the supported organization(s) that operated, supervised, or controlled to	ding such		
		orting organization	2		
Sect	ion (	C. Type II Supporting Organizations			
			<del></del>	Yes	No
1	Were of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directoch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manage	rs or trustees	ļ	ļ
	suppo	orting organization was vested in the same persons that controlled or managed the supported organi	zation(s) 1	<u> </u>	
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
_	D -1-15	and the second of the second o			
1	organ	ie organization provide to each of its supported organizations, by the last day of the fifth month of the iization's tax year, (i) a written notice describing the type and amount of support provided during the j	prior tax	1	
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	of the	1	╁
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provid	ed/	1	$\vdash$
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organ	iization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part V</b>i</i> Iganization maintained a close and continuous working relationship with the supported organization(s	how s)2	\ <del></del>	<b></b>
		ga <u></u>	<i>"</i>	†	
3	vóice	ason of the relationship described in (2), did the organization's supported organizations have a signif in the organization's investment policies and in directing the use of the organization's income or asso	ets at		
		ies during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organization is regard	ns piayed 3		
Sect		E. Type III Functionally Integrated Supporting Organizations		•	•
1	$\overline{}$	k the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see instructions).		
а	=	he organization satisfied the Activities Test Complete line 2 below			
b	Ц	he organization is the parent of each of its supported organizations. Complete line 3 below			
C	∐ T	he organization supported a governmental entity. Describe in Part VI how you supported a governmental	ent entity (see instructions)		
2	Activit	ties Test Answer (a) and (b) below.		Yes	No
а	suppo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those organization was responsive.	se supported		
		<b>nizations and explain</b> how these activities directly furthered their exempt purposes, how the organiz Insive to those supported organizations, and how the organization determined that these activities co		\ <del></del>	
		antially all of its activities	2a	<u> </u>	<u> </u>
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more	ore of		
	the or	ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI the i</b> ganization's position that its supported organization(s) would have engaged in these activities but foi	reasons for r the	-	

2b

3a

organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Sch	edule A (Form 990 or 990-EZ) 2016 Rural Coalition		52-12	203899	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ons		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 20, must com	1970 (explain in Part \ plete Sections A throu	VI) <b>See</b> igh E	_
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curren (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current (options	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
ε	Average monthly value of securities	1 a			
ı	Average monthly cash balances	1 b			
(	Fair market value of other non-exempt-use assets	1 c			
(	Total (add lines 1a, 1b, and 1c)	1 d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7	_		
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount		········	Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>	
2	Enter 85% of line 1	2	<u>.</u>	<u> </u>	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-	
4	Enter greater of line 2 or line 3	4		4	
_	Income toy imposed in prior year	15 !		II .	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2016

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,		
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organiza in <b>Part VI</b> ) See instructions	tion is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	j		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u></u>		
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			0
b	Applied to 2016 distributable amount	ĺ		
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7	-	۰	
а				
ь	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer Identification numbe

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Rural Coalition 52-1203899 Partil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissible private benefit? Nο Partill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Partilli Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, or	r Other Similar Ass	sets (contir	าued)	
Using the organization's acquisition items (check all that apply)	n, accession, and oth	er records, check	any of the following that	are a significant use of it	s collection		
a Public exhibition		d Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
line 9, or reported an a	ni Arrangements mount on Form 9	. Complete if the 1990, Part X, line	ne organization ansv e 21	wered Yes' on Forn	n 990, Part	IV,	
1 a Is the organization an agent, truste on Form 990, Part X? b If 'Yes,' explain the arrangement in				ets not included	Yes	No	
bit res, explain the arrangement if	ran Am and Comple	te the following ta	DIE		Amount		
c Beginning balance				. 1c	7 ti Hourit		
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance				——————————————————————————————————————			
2a Did the organization include an an	nount on Form 990, P	art X, line 21, for e	scrow or custodial accou	ınt liability?	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Check here	e if the explanation	n has been provided on P	art XIII			
PartiV <b>■</b> Endowment Funds. C	complete if the or	ganızatıon ans	wered 'Yes' on Form	n 990, Part IV, line	10		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back	
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	of the current year er	id balance (line 1g	, column (a)) held as				
a Board designated or quasi-endowr		<del></del> &					
<b>b</b> Permanent endowment	<del></del> %						
c Temporarily restricted endowment	-	<sup>%</sup>					
The percentages on lines 2a, 2b, a	ind 2c should equal 1	00%					
3 a Are there endowment funds not in	the possession of the	organization that	are held and administere	ed for the		1	
organization by					Yes	No	
(i) unrelated organizations					3a(i)		
(ii) related organizations					· 3a(ii)	<del></del>	
<b>b</b> If 'Yes' on line 3a(ii), are the relate	_	· · · · · · · · · · · · · · · · · · ·			. 3b		
4 Describe in Part XIII the intended i		on's endowment to	inds				
PartiVIII Land, Buildings, and	• •	Vaalaa Faraa (	200 Davill Ivan 444	. C F		0	
Complete if the organiz	ation answered	res on Forms	990, Partiv, line i la	3ee Form 990, P			
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value 	
<b>1 a</b> Land					<del>.                                    </del>		
<b>b</b> Buildings	<del>-</del>						
c Leasehold improvements							
<b>d</b> Equipment	<b>——</b>	75,613.		68,119.		7,494.	
e Other							
Total. Add lines 1a through 1e (Column	(d) must equal Form	990, Part X, colur	nn (B), line 10c.)	<u></u> . ▶	-	7,494.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-y	vear market value
) Financial derivatives			
?) Closely-held equity interests			
B) Other			
()			
)			
<u>)</u>			
<u>:) </u>			
<del>-</del> )			
6) <b> </b>	***		
<del>1</del> )		<u> </u>	
<u>)</u>		**************************************	
otal. (Column (b) must equal Form 990, Parl X, column (B) line 12) >		<u>'</u>	
artiviiii Investments – Program Related. Complete if the organization answered "	es' on Form 990. I	Part IV. line 11c See Form 990. Pa	art X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	187-118		
(9)		<u>.</u>	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) >	res' on Form 990, l	Part IV, line 11d See Form 990, Part IV, line 11d See Form 990	art X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered (a) Descrity Deposit	Yes' on Form 990, I scription	Part IV, line 11d See Form 990, Part IV, line 11d See Form 990	art X, line 15 (b) Book value 4,716
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Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered Yes' on Form 990, Part IV, line 12a	
Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	3.0
1 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	4.5
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
PartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	return.
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
<b>b</b> Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
C Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part\XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

► 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.

Copen to Pull Inspection

2016

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Rural Coalition 52-1203899

Form 990 was prepared by the contract accounting firm and was reviewed Pt VI, Line 11b by the Executive Director prior to filing.

Pt VI, Line 15a Compensation for the Executive Director is determined by the board.