Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 20**17** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.lrs.gov/Form990 for Instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 2017, and ending 20 R D Employer identification number Check if applicable C Name of organization Ralph K. Morris Foundation Address change Doing business as 41-1981038 Number and street for P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return clo Jayne Wilgus, 50 South Sixth Street 1500 (612) 343-8272 City or town, state or province, country, and ZIP or foreign postal code Final return/terminal Amended return Minneapolis, MN 55402-1498 G Gross receipts \$ Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo No William J. Nelson, H(b) Are all subordinates included? Tyes No 1204 Hawthorne Avenue East, St. Paul, MN 55106 If "No." attach a list (see instructions) Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or www.ralphkmorrisfoundation.org H(c) Group exemption number ▶ L Year of formation. 2000 M State of legal domicile. Part I Summary Briefly describe the organization's mission or most significant activities: The Ralph K. Morris Foundation provides develop-Governance development and leadership opportunities for emerging leaders expressing an interest in applying and advancing the principles of cooperation and in promoting farmland preservation, land stewardship and sustainability Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Activities & Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 14 Total unrelated business revenue from Part-VIII, column (C); 11ne 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34-7b 0 Prior Year **Current Year** O 8 Contributions and grants (Part VIII, line 1h) 60,619 35,691 Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3,4,-and-7d) 10 12,328 53,297 Other revenue (Part VIII, column (A), lines 5,6d, 80, 96, 10c, and 11e 11 12 Total revenue - add lines 8 through 11 (must equal-Part VIII, column (A), line 12) 72.947 88,988 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 78,628 <u>58,439</u> 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 沙湖南河 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,013 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83.641 64.900 19 Revenue less expenses. Subtract line 18 from line 12 (10,694)24,088 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 404,791 431,654 21 Total liabilities (Part X, line 26) . . . 108 22 Net assets or fund balances. Subtract line 21 from line 20 404,683 431,654 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Signature of officer reasures wander Here Type or print name and title Print/Type preparer's name Preparer's signature Check [] if Paid self-employed Preparer



Yes No

Form 990 (2017)

Firm's EIN ▶

Phone no

Cat. No. 11282Y

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the regnantation's mission: The Ralphi K. Morra Soundation provides development and leadership opportunities for emerging leaders expressing an interest in apphring and advancing the principles of cooperation, and in promotina familiand preservation, land steamedable and sustain Part III and the organization undertake any significant program services during the year which were not listed on the princip form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Do the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization program service accomplishments for each of list three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. 4a (Code.) (Expenses \$ 4.5,339 including grants of \$ 4.5,339) (Revenue \$ The Foundation's principal activity has been, through its Ralph K, Morris Foundation Cooperative Leadership Fund, to provide, financial support, in the form of schelarships, to help cover costs associated with variating, professional development and educe programs for emerging cooperative leaders expressing an interest in applying and advancing the principles of cooperatives, scholarships are generally not made to individuals who do not have substantial expensence in working for coop cooperatives, scholarships are generally not made to individuals who do not have substantial expensence in working for coop cooperatives, scholarships are generally not made to individuals who do not have substantial expensence in working for coop cooperatives, scholarships are generally not made to individuals who do not have substantial expensence in working for coop cooperatives, scholarships are generally not made to individuals		JO (2017)	Page
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(Expenses \$ including grants of \$) (Revenue \$)	4d	Other program services (Describe In Schedule O.)	
4e Total program service expenses ► \$59,958		(Expenses \$ Including grants of \$) (Revenue \$)	
	4e	Total program service expenses ► \$59,958	



en r	Checklist of Required Schedules			
4	Is the prognization described in section 501/a)(2) or 4047/a)(1) (athor these a private foundation)? If "Ver"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campalgn 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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		✓
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		✓
	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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
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		√
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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		✓
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		<u>✓</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		/
			990	_

Part	Checklist of Required Schedules (continued)			
20 -	Did the expenientian analysis are as years benefits facilities 0.15 ((Vec.)) as well to Cahadida II	<u> </u>	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		-
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	-
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	V	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	\ <u> ~</u>	\ <u> </u>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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		
	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		1
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		1
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? 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		✓
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	√	✓
		Form	990	(2017)

Part			
	Check if Schedule O contains a response or note to any line in this Part V		🗆
4.		Y Same	'es No ভাষাম বৈজ্ঞান
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a c		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	450	
·	reportable gaming (gambling) winnings to prize winners?	1c v	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	5343 (24634.91)
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓ ×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	1.
	account)?	4a	/
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).	THE REPORT OF	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 	- `-
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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?	7a	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_	
	required to file Form 8282?	7c	V
d e	If "Yes," Indicate the number of Forms 8282 filed during the year	7e	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	-\ <u>v</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	- * - -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11 11	
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		置此为
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	1
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
_ b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
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	ARTICLES.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	北絕區	
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	
_	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which	BAL	
_	the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	14a	./
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
	ii 105, nas it med a form 120 to report those paymentor ii 110, provide an explanation ii denedule o		90 (2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below.	and		Page (
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				. 🗸
Sect	on A. Governing Body and Management				
		l .		Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,	1a 10		-	
	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 10			. 5
2	Did any officer, director, trustee, or key employee have a family relationship or a business				
	any other officer, director, trustee, or key employee?		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 9		4		/
5 6	Did the organization become aware during the year of a significant diversion of the organization bid the organization have members or stockholders?		6	ļ	1
7a	Did the organization have members of stockholders, or other persons who had the power to		10	 -	-
	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	dertaken during			3
	the year by the following:				·
a	The governing body?		8a 8b	V	
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	of be reached at	60	V	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policles (This Section B requests information about policies not required by the	e Internal Rever	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
þ	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.		404		ĺ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b	./	├
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"			
	describe in Schedule O how this was done		12c	✓	<u> </u>
13	Did the organization have a written whistleblower policy?		13	/	<u> </u>
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a	ond approval by	14	/	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	Y		
а	The organization's CEO, Executive Director, or top management official		15a		7
b	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		lar arrangement			
	with a taxable entity during the year?		16a	-	\checkmark
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 t	o safeguard the	- 7		
	organization's exempt status with respect to such arrangements?	· · · · ·	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Minnesota				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.				

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

Own website

Another's website

✓ Upon request ☐ Other (explain in Schedule O)

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Page 7

Form 990 (2017)

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

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

1a Complete this table for all persons required to be listed. 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 nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos neck	rson	than one is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) William J Nelson, Chairman & Director		1		1				0	0	0
(2) Joel Nilsestuen , Vice Chairman & Director		1		/				o	0	0
(3) David Swanson, Treasurer & Director		1		1				0	0	0
(4) Bill Berry, Director		1						0	0	0
(5) Brent D. Bostrom, Director		>						0	0	0
(6) Terri Dallas, Director		√						0	0	0
(7) Curt Elschens, Director		1						0	0	0
(8) Daryn McBeth, Director		1						0	0	0
(9) Christopher Morris, Director		1						0	o	0
(10) Michelle Schry, Director		√						0	0	0
(11) Connie Cihak, Director (2017)		1						0	o	
(12) Martin Hillert, Director (2017)		/						0	0	0
(13) Anne Reynolds, Director (2018)		✓						0	o	0
(14) Shari Wormwood, Director (2018)		1						0	0	0

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					•	C)						
	(A)	(B)	Position (do not check more that					one	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportab		Estimated
		hours per week (list any			_		or/trust	~	compensation from	compensation related		amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	휼호	Former	the	organizatio		compensation
		related organizations	re di		ğ	3	Se st	ğ	organization (W-2/1099-MISC)	(W-2/1099-N	/IISC)	from the organization
		below dotted	약불	nal		ğ	l a g		[[ĺ	and related
		line)	ıste	เกร		#	Per				1	organizations
			•	ã			Highest compensated employee		ł		- 1	
(15)	Louis Milario Constant P. Administrator	-			\vdash		- -					
J.:	Jayne Wilgus, Secretary & Administrator	†			1				١		o	•
(16)	Thomas D. Vander Molen, Asst. Secretary			\vdash	+						4	
3.1.97	monas D. vander Molen, Asst. Secretary				/				١ ,		o	,
(17)	-	<u> </u>			-	-						· · · · · · · · · · · · · · · · · · ·
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(18)									<u> </u>			
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1b	Sub-total						•					
C	Total from continuation sheets to Part	•							ļ			
d								<u> </u>	0		<u> </u>	04
~	Total number of individuals (including but reportable compensation from the organi		to in	ose	ıısı	9 0 8	above) W	no received m	ore man pr	00,00	0 01
	reportable compensation from the organi	Zalion										Yes No
3	Did the organization list any former of	ficer, direct	or. o	r tri	uste	e. :	kev e	mp	lovee, or high	est compe	nsate	
•	employee on line 1a? If "Yes," complete s											3 /
4	For any individual listed on line 1a, is the							n ai	nd other comp	ensation from	om th	
·	organization and related organizations	greater tha	in \$1	50,0	000	? 11	"Yes	s, "	complete Sch	edule J fo	r suc	h de la
	Individual								·			4
5	Did any person listed on line 1a receive o									ation or ind	lividua	
	for services rendered to the organization?	? If "Yes," c	omple	əte (Sch	edu	ile J f	or s	uch person			5 1
Section	on B. Independent Contractors											
1	Complete this table for your five highest of	compensate	d ind	epe	ende	ent o	contra	acto	ors that receive	d more tha	n \$10	0,000 of
	compensation from the organization. Rep	ort comper	nsatio	n fo	or th	e ca	alenda	ar y	ear ending wit	h or within t	the or	ganization's tax
	year.											·
	(A)								(B)			(C)
	Name and business add	ress						i	Description of s	ervices		Compensation
None											-	
					-							
	Total number of independent contracto	re linelude	a but		at le	mi+	ed to	the	nse listed sho	ve) who		
2	received more than \$100,000 of compensi							2111	oss nated aut	7.5, WIIO		
	reserved more man a region of compense	AUDIT IT OFFI II	.5 51	,							TO I	THE RESERVE AND THE PARTY OF TH

	n 990 (201		- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·		Page (
Pa	rt VIII					5		_
7		Check if Schedule C) contains a res	ponse or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
fts, Grants	1a b c	Federated campaigns Membership dues . Fundraising events .	1b					
Contributions, Gifts, Grants	d e f	Related organizations Government grants (cor All other contributions, g and similar amounts not inc	ntributions) 1e	35,691				
Contr	g h	Noncash contributions inclui Total. Add lines 1a-1		Business Code	35,691			
Program Service Revenue	2a b c			Business Code	CARS ST		1.75.46	
Program S	_ -	All other program ser Total. Add lines 2a-2	vice revenue .			表表示	NI DELETE	
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts) It of tax-exempt b	▶ ond proceeds ▶	16,083			16,083
	6a	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
	d 7a	Rental income or (loss) Net rental income or gross amount from sales of assets other than inventory	(loss) (i) Securities 94,612	(ii) Other				
	b	Less: cost or other basis and sales expenses . Gain or (loss)	57,397 37,214					
evenue	8a	Net gain or (loss) . Gross income from fuevents (not including \$			37,214			37,214
Other Rev		of contributions reported See Part IV, line 18	· · · · a					
ō	C	Less direct expenses Net income or (loss) f Gross Income from ga See Part IV, line 19	rom fundralsing aming activities.	events . ►				
	С	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming acti	vities ▶				
	b c	Less: cost of goods s Net income or (loss) f Miscellaneous R	old b rom sales of Inve					
	11a b c	All the						
	d e 12	All other revenue . Total. Add lines 11a- Total revenue. See in	11d		88,988		Falling Page	53.297 Form 990 (2017)

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a respor		ne in this Part IX		<u>.</u> 🗆
	ot 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	26,500	26,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,439	24.420		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	24,435	24,439		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) \dots				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a b	Other employee benefits				
d e f g	Lobbying	3,002		3,002	
12 13 14 15 16 17 18	Advertising and promotion				
19 20 21 22 23	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance	9,423	9,019	404	
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.)				
a b c	State Charitable Registration Fees Print Annual Report	187 1,349		187 1,349	
д е	All other expenses				
<u>25</u> 26	Total functional expenses, Add lines 1 through 24e 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)	64,900	59,958	4,942	

Check if Schedule O contains a response or note to any line in this Part X Cash—non-interest-bearing Cash—no	P	art X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Pa	art X		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(I)), persons described in section 4958(I)(I)(II), and contributing employers and sponsoring organizations (or section 501(c)(I)) voluntary employers and sponsoring organizations (or section 501(c)(II)), woluntary employers and sponsoring organizations (or section 501(c)(II)), woluntary employers and sponsoring organizations (or section 501(c)(III)), woluntary employers and sponsoring organizations (or section), considering employers and sponsoring organizations (or section), considering employers and sponsoring organizations (or section), considering employers and sponsoring organizations (or section), considered to the section of the						
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27 Unrestricted net assets	ces		complete lines 27 through 29, and lines 33 and 34.	SECURITY OF THE PROPERTY OF THE PARTY OF THE		
28 Temporarily restricted net assets	<u>la</u>					
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	B			<u></u>		
30 Capital stock or trust principal, or current funds	or Fund	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
31 Paid-in or capital surplus, or land, building, or equipment fund	S.	30		404,683		431,654
32 Retained earnings, endowment, accumulated income, or other funds . 32 33 Total net assets or fund balances	SSe	31				<u></u>
2 33 Total net assets or fund balances	Ę	32	<u> </u>			
34 Total liabilities and net assets/fund balances	Š					
Form 990 (2017)		34	Total liabilities and net assets/fund balances	404,683	34	

orm 9	90 (2017)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u>.</u> .	V
1		1		8	8,988
2		2		6	4,900
3		3		2	4,088
4	The desire of the second of th	4		40	4,683
5	The an example game (1999) of the control of the co	5		4	9,989
6		6			
7	Investment expenses	7			
8		8		(37	7,554)
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(9	9,552)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0		43	1,654
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_ 	<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in			
	Schedule O.			7	
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 compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		13.	2.3	
b	The state of the s		2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		113	
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		1. !		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	DANK S	-0'H. 18 34 U
	If the organization changed either its oversight process or selection process during the tax year, explain	in in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	1 1		
	the Single Audit Act and OMB Circular A-133?	• •	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the		ŀ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi	IS.	3b		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2018 - 7417

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ralph	K. Mo	erris Foundation					41-19	81038
Pai	tl	Reason for Public Cha	rity Status (All	organizations must	comple	ete this p		
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		church, convention of churc						17
2		school described in section		·				() (
3		hospital or a cooperative ho						0
4		medical research organizati		onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(III). Enter the
_		spital's name, city, and stat		****				•••
5		n organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	or operati	ed by a government	al unit described in
6	□ A	federal, state, or local gover	nment or govern	mental unit described	l In secti	on 170(b)(1)(A)(v).	
7								
		scribed in section 170(b)(1)		· ·				
8		community trust described i						
9	or	n agricultural research organ university or a non-land-gra iiversity.						
10		organization that normally	receives: (1) mor	e than 331/2% of its si	upport fro	om contri	butions, membershi	o tees, and gross
	red	ceipts from activities related	to its exempt fu	nctions—sublect to c	ertain ex	ceptions.	and (2) no more tha	n 331/3% of its
	Su	pport from gross investmen quired by the organization a	t income and un	related business taxa	ble incon	1e (less s molete P	ection 511 tax) from	businesses
11		organization organized and		· ·				
12	_	organization organized and	•	•	-			rry out the nurnoses
		one or more publicly suppo	•	•	. ,		•	•
		eck the box in lines 12a thro						
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s).	typically by giving
		the supported organization						
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B			
b		Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of				persons	that control or man	age the supported
		organization(s). You must	·=	·				
C		Type III functionally integ	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and function	ally integrated with,
	-	its supported organization		•				
d		Type III non-functionally						
		that is not functionally inter requirement (see instruction						d an attentiveness
_			•	•				. II. T
е	ш	Check this box if the organ functionally integrated, or						ii, rype iii
f	Ente	r the number of supported of		• •	oporting '	or garnza.		Γ
g g		lde the following information	•					• •
		e of supported organization	(ii) EIN	(iii) Type of organization	Г —	organization	(v) Amount of monetary	(vi) Amount of
	17	o or copperior or garman and	(1) -111	(described on lines 1-10	listed in you	ur governing ment?	support (see	other support (see
			•	above (see instructions))	0000	mentr	instructions)	instructions)
					Yes	No		
(A)								
·~·								
(B)						ł		
·- <i>/</i>								
(C)						j		
(D)								
							 	
(E)								
Fotal			100 A 2015		Section 1			
· • · u I							·	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 75,306 50,475 49,137 60,619 35,691 271,228 levied for the revenues 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 3. . . . 50,475 49.137 60,619 271,228 75.306 35,691 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 203,535 Public support. Subtract line 5 from line 4 67,693 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 60,619 75,306 50,475 49,137 35,691 271,228 Gross income from interest, dividends, payments received on securities loans, rents, royaltles, and income from similar sources 22,392 8,260 14,722 10,249 12,779 68,402 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see Instructions) 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 19.93 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test -2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Scriedule A (i	Page 1
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.)
Part !!, Line	17a. Facts and Circumstances Test
The Interna	l Revenue Service issued a determination letter dated August 22, 2006, stating that the Foundation was a public charity under
section 170	(b)(1)(A)(vi) of the Internal Revenue Code based on support information for the five years ending in 2005. The Foundation has
maintained	Its public charity status throughout its history. Treas. Reg. § 1 170A-9(e)(4)(ii) provides that under the facts and circumstances
test, it is ap	propriate to take into account years prior to the years being tested. The Foundation's public support percentages for 2010,
2011, 2012,	2013, 2014, and 2015 were 49.95, 59.91, 59.64, 53.16, 46.51, and 39.15, respectively. The Foundation's Board of Directors includes
well-known	leaders of the cooperative field, all of whom serve without compensation. The Foundations activities include lectures that are
open to the	public without charge and have had hundreds of attendees. The Foundation also has made educational grants to hundreds of
ındividuals	In 2016 the Foundation received contributions from 27 donors, only 5 of which gave more than 2% of tested support, and
ın 2017 the	Foundation received contributions from 16 donors, only 3 of which gave more than 2% of tested support. In each of 2016 and
2017, only 2	donors were required to be listed on Schedule B. The Foundation's activities are designed to serve the public and to attract
public supp	ort. The Foundation's public support in 2016 is approximately double the 10% threshold

SCHEDULE I	
(Form 990)	

J () 1.

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

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

2018
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990
► Go to www irs gov/Form990 for the latest information.

Employer identification number

Ralph K Morris Foundation		• • •					41-1981038
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants	or assistance?				r the grants or as	Ssistance, and Yes No
Part II Grants and Other Ass Part IV, line 21, for any							n answered "Yes" on Form 990,
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 noncash assistar	
(1) See Schedule O							
(2)					,		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)						<u> </u>	
(10)							
(11)							
(12)							
2 Enter total number of section 3 Enter total number of other or				ine 1 table	1		4
For Paperwork Reduction Act Notice s					at No 50055P		Schedule I (Form 990) (2018)

Part III can be duplicated if addition	pomestic individua onal space is needed	ils. Complete if the	organization answ	vered "Yes" on Form 990,	Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships for educational programs	66	\$19,439			
Webster Scholarships	2	\$5,000			
			-		
IV Supplemental Information. Provi					
oundation asks individual grant recipients to su	ibmit forms reporting on	the educational event	s The Secretary revi	ews these reports	

Schedule I (Form 990) (2018)

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.

2018

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Ralph K Morris Foundation	41-1981038
Part VI, line 11 b The Foundation's Treasurer and Secretary review the completed return before it is s	igned
Part VI, line 12c The Foundation's directors and officers do not engage in transactions with the Foundation	dation, and neither they nor relatives
are eligible for scholarships	
Part VI, line 19 The Foundation's Articles of Incorporation are on file with the Minnesota Secretary of	State, and its Forms 990 are filed
with the Minnesota Attorney General, Charities Division	

Part XI, line 9 Adjustment for uncleared checks	
Schedule I, Part II, line 1(1)	
(a) Cooperative Development Foundation, 1775 Eye Street NW, 9th Floor, Washington, DC 20006	
(a) Cooperative Development Foundation, 1775 Eye Street NW, 8th Floor, Washington, DC 20006	
(b) 23-7044533	•••••
() ===()(=)	
(c) 501(c)(3)	
(d) \$13,000	
(h) Sponsorship of Coop Issues Forum and Coop Impact Conference	
Schedule I, Part II, line 1(2)	
(a) Soil and Conservation Society, 954 SW Ankeny Road, Ankeny, IA 50023	
(b) 42-0716340	
(c) 501(c)(3)	
16/ 301(6)(6)	
(d) \$5,000	
(h) Support annual conference	
(h) Support annual conference	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Ralph K Morris Foundation	41-1981038
Schedule I, Part II, line 1(3)	
(a) Minnesota Cooperative Education Foundation, 145 University Ave. W , Suite 450 St. Paul, MN 55103-20	44
(b) 36-3490526	
(c) 501(c)(3)	
(d) \$5,000	
(h) Grant to fund scholarships to advance agricultural education	
Schedule I, Part II, line 1(4)	
(a) Wisconsin Farmers Union, 117 West Spring Street, Chippewa Falls, WI 54729	
(b) 39-0808571	
(c) 501(c)(5)	
(d) \$1,000	
(h) Fund scholarships to attend 2017 ACE Institute	
Schedule I, Part II, line 1(5)	
(a) North American Students of Cooperation, 1100 W Cerkmak Rd 514, Chicago, IL 60608	
(b) 38-2219436	
(c) 501(c)(3)	
(d) \$2,500	
(h) Fund scholarships to attend NASCO Cooperative Education and Training Institute	