DLN: 93493198000039 OMB No 1545-0047 **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 Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization THE FARMERS EDUCATIONAL AND COOPERATIVE D Employer identification number B Check if applicable □ Address change UNION OF AMERICA 84-0200555 ☐ Name change Doing business as NATIONAL FARMERS UNION ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 20 F STREET NW NO 300 ☐ Amended return ☐ Application pending (202) 554-1600 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20001 G Gross receipts \$ 5,870,982 Name and address of principal officer H(a) Is this a group return for ROGER JOHNSON □Yes ☑No subordinates? 20 F STREET NW NO 300 H(b) Are all subordinates WASHINGTON, DC 20001 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NFU ORG M State of legal domicile TX L Year of formation 1902 Summary 1 Briefly describe the organization's mission or most significant activities PROTECT & ENHANCE THE ECONOMIC WELL-BEING & QUALITY OF LIFE FOR FAMILY FARMERS AND RANCHERS Activities & Governance 2 Check this box  $\triangleright \square$  if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 22 20 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 27 75 6 Total number of volunteers (estimate if necessary) . . . . . 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 614,250 780,439 Ravenua 1,764,673 1,800,492 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 368,724 798,631 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,087,887 1,011,123 3,835,534 4,390,685 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 204,277 180,075 O **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) 2,100,885 2,051,391 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,353,306 1,802,094 4,033,560 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,658,468 177,066 357,125

Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 20,650,622 20 Total assets (Part X, line 16) . 23,327,636 21 Total liabilities (Part X, line 26) . 2,771,448 1,269,383 22 Net assets or fund balances Subtract line 21 from line 20 . 20,556,188 19,381,239 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

Signature of officer

2019-07-17

I BA-	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	PTIN				
Preparer	Firm's name FGELMAN ROSENE	BERG & FREEDMAN		Firm's EIN ► 52-1392008					
Jse Only	Firm's address ► 4550 MONTGOME	Firm's address ► 4550 MONTGOMERY AVE SUITE 650N							
	BETHESDA, MD	208142930							

✓ Yes 🗆 No

Date

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Pa	statement	of Program Service Ac	complishments		
	Check If Sche	dule O contains a response o	r note to any line in this Part III .		🗹
1	Briefly describe the o	organization's mission			
CONS	SUMERS AND THEIR C		BEING, AND QUALITY OF LIFE OF CATION, COOPERATION AND LEGI D FUEL		
2	Did the organization	undertake any significant pro	ogram services during the year wh	ıch were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0		
3	Did the organization	cease conducting, or make s	gnificant changes in how it conduc	cts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) an		nplishments for each of its three la e required to report the amount of service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				· · · · · · · · · · · · · · · · · · ·
4b	(Code See Additional Data	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		ces (Describe in Schedule O			
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program ser	vice expenses ►			
					Form <b>990</b> (2018)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 🕡 🕒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . 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 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο 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 Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 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<sup>7</sup> If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

No

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   31		Yes	No

1b

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"	respo	nse to l	ines
8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
ction A. Governing Body and Management			
		Yes	No
· · · · · · · · · · · · · · · · · ·			

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	onse to i			
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>		✓		
Se	ection A. Governing Body and Management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   22		res	NO		
	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 20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
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		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6	Yes			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes			
b	<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?					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes			
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?	10b	Yes			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes			
			V			

	members of the governing body	/ a	165	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►MARTHA VAN DALE 20 F STREET NW SUITE 300 WASHINGTON, DC 20001 (202) 554-1600

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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Part VII	Section A. Officers, D	Directors, Trustees	, Key Em	ploye	es, and I	High	nest Compensate	d Employees (cor	ntinued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than is individual true or director	box, uith an officer of the control	cer and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	न्यवा	Trustee	ė	pensated		
See Additional Data Table						
				·		

1b	Sub-Total						•								
С	Total from continuation sheets to Pa	art VII <b>, Section</b>	Α.				•								
d	Total (add lines 1b and 1c)						▶		1,	207,974			0		116,153
2	Total number of individuals (including of reportable compensation from the o			e list	ed al	oove	) who	rece	ived mo	ore than	\$100,0	000			
														Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ey er	nplo	yee,	or hig	hest co	mpensa	ted em	ployee on			
	line 1a? If "Yes," complete Schedule J	for such indivi	dual .		•	-		•				•	3		No
4	For any individual listed on line 1a, is organization and related organizations individual	greater than	\$150,00	0? <i>If</i>	"Yes,	," со	mple	te Sch	redule J	for suc	h				

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the or		pensatio	on
	(A) Name and business address	(B) Description of services	C	(C) Compensation

from the organization report compensation for the calculating with or within the organization's tax year									
(A)	(B)	(C)							
Name and business address	Description of services	Compensation							
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0									

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Part	VII											
		Check if Schedul	e O contains :	a respo	onse or note to any l	(	nis Part VIII A) revenue	Rel e: fu	(B) ated or xempt nction	(C) Unrelate business revenue	ed s	(D) Revenue excluded from x under sections
(6	1	a Federated campaig	ns	1a				re	venue			512 - 514
ints unts		<b>b</b> Membership dues		<b>1</b> b								
Gra mo		<b>c</b> Fundraising events		1c								
ffs, ≧ <u>A</u>		d Related organizatio	ns	1d								
13 El		e Government grants (co	ontributions)	1e								
Sin		f All other contributions and similar amounts n										
Contributions, Gifts, Grants and Other Similar Amounts		above  9 Noncash contribution in lines 1a - 1f \$		1f	780,439							
Cong		h Total. Add lines 1a	-1f		>		700 400					
					Business	Code T	780,439	Т				
nue	2:	a MEMBERSHIP DUES				900099	1,7	743,943	1,743	3,943		
te Ve	ı	CONVENTION				900099		50,200	50	,200		
Ce H		NEWSLETTER SUBSCRI	PTIONS			900099		6,349	6	5,349		
ervi						300033						
n S		u -										
Program Service Revenue		f All other program se	rvice revenue									
Ĕ	g	J <b>Total.</b> Add lines 2a-2	2f		1,8	00,492						
	3	Investment Income (I	ncluding divid	ends, i	interest, and other		624.62					624 626
		similar amounts) . Income from investme			and proceeds		631,63	0				631,636
				•	ond proceeds	<u> </u>	903,59	8				903,598
		,	(ı) Rea		(II) Personal							
	6	a Gross rents		07 525								
		<b>b</b> Less rental expenses	1	.07,525 0		-						
		D		07.505								
		(loss)										
		d Net rental income or (loss)					107,52	5				107,525
	_	Cross amount	(ı) Securit	ies	(II) Other							
	7	from sales of assets other	1,€	47,292								
		than inventory										
		<b>b</b> Less cost or other basis and	1.4	80,297		-						
		sales expenses		.66,995								
		<b>c</b> Gain or (loss) <b>d</b> Net gain or (loss) <b>.</b>				] ]	166,99	5				166,995
		a Gross income from f			<b>•</b>	<u> </u>	<u> </u>					·
ne		(not including \$ contributions reporte		of								
.ve <del>l</del> ⊓		See Part IV, line 18		a								
Re		<b>b</b> Less direct expense		Ь								
Other Revenue		<b>c</b> Net income or (loss) <b>a</b> Gross income from g			ents •	1						
ō		See Part IV, line 19			J							
		<b>L</b>		a								
		<b>b</b> Less direct expense <b>c</b> Net income or (loss)		<b>b</b> activit	ies	]						
		aGross sales of invent	tory, less									
		returns and allowand	ces	a	}							
		<b>b</b> Less cost of goods s	sold	b								
		<b>c</b> Net income or (loss)				J						
		Miscellaneous			Business Code							
	1:	1a										
		b										
		c										
		<b>d</b> All other revenue .										
		e Total. Add lines 11a			▶			1				
		<b>2 Total revenue.</b> See										
				• •			4,390,68	5	1,800,492		0	1,809,754

For	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	_		plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	180,075			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,081,748			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	652,197			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	90,459			
9	Other employee benefits	115,098			
10	Payroll taxes	111,889			
11	Fees for services (non-employees)				
i	a Management				
I	b Legal	65,986			
•	c Accounting	60,941			
•	d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
	f Investment management fees	69,253			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,252			
12	Advertising and promotion	39,470			
	Office expenses	160,884			
	Information technology				
	Royalties	270.055			
	Occupancy	378,065 377,493			
	Travel	3//,493			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	186,733			
	Interest				
	Payments to affiliates	14 205			
	Depreciation, depletion, and amortization	11,305			
	Insurance	22,434			
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 DUES & SUBSCRIPTIONS	359,694			
	b EQUIPMENT	149,663			
	c TAXES & LICENSES	21,432			
	d SPECIAL PROJECTS	16,103			
	e All other expenses	-314,614			
25	Total functional expenses. Add lines 1 through 24e	4,033,560			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11** 

398,036

170,371

29

30

31

32

33

34

19,381,239

20,650,622

Form **990** (2018)

20,556,188

23,327,636

Form 990 (2018)

Net Assets or Fund

29

30

31

32

33

34

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . .

1 Cash-no	n-interest-bearing	203,447	1	380,171
2 Savings	and temporary cash investments		2	515,984
<b>3</b> Pledges a	and grants receivable, net		3	
4 Accounts	receivable, net	610,821	4	467,538
trustees,	d other receivables from current and former officers, directors, key employees, and highest compensated employees Complete Schedule L		5	
<b>6</b> Loans an section 4 contribut voluntary	d other receivables from other disqualified persons (as defined under 1958(f)(1)), persons described in section 4958(c)(3)(B), and sing employers and sponsoring organizations of section 501(c)(9) or employees' beneficiary organizations (see instructions) Complete		6	
Paπ II or	Schedule L			

s		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L.	itions o (see in	of section 501(c)(9) structions) Complete		6	
et	7	Notes and loans receivable, net			415,325	7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			85,721	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,487,464			
	ь	Less accumulated depreciation	<b>10</b> b	987,965	532,222	10c	
	11	Investments—publicly traded securities .			15,446,621	11	1
	12	Investments—other securities See Part IV, line	11 .		5,897,078	12	
	13	Investments—program-related See Part IV, line	11 .	•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			136,401	15	
	i						_

	basis Complete Part VI of Schedule D	10a	1,487,464			
b	Less accumulated depreciation	<b>10</b> b	987,965	532,222	<b>10</b> c	499,499
11	Investments—publicly traded securities .	Investments—publicly traded securities .				
12	Investments—other securities See Part IV, line	5,897,078	12	5,744,794		
13	Investments—program-related See Part IV, line		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11			136,401	15	174,047
16	Total assets.Add lines 1 through 15 (must equal line 34)		34)	23,327,636	16	20,650,622
17	Accounts payable and accrued expenses			212,923	17	386,305
18	Grants payable				18	

	15	Other assets See Part IV, line 11	136,401	15	174,047
	16	Total assets.Add lines 1 through 15 (must equal line 34)	23,327,636	16	20,650,622
	17	Accounts payable and accrued expenses	212,923	17	386,305
	18	Grants payable		18	
	19	Deferred revenue	19,006	19	21,758
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	641,190	21	645,459
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	

	18	Grants payable		18	
	19	Deferred revenue	19,006	19	21,758
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	641,190	21	645,459
iabilitie.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
gej		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties,	1,898,329	25	215,861

		and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	2,771,448	26	1,269,383
sea		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	20,422,688	27	19,381,239
Bal	28	Temporarily restricted net assets	133,500	28	0

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

No

Form 990 (2018)

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### Additional Data

Software ID:

Software Version: **EIN:** 84-0200555

Name: THE FARMERS EDUCATIONAL AND COOPERATIVE UNION OF AMERICA

Form 990 (2018)

Form 990, Part III, Line 4a: GOVERNMENT RELATIONS THE NATIONAL FARMERS UNION (NFU) GOVERNMENT RELATIONS OFFICE SERVES AS THEIR MEMBER'S DIRECT LINK TO CONGRESS, THE U.S. DEPARTMENT OF AGRICULTURE, AND OTHER KEY ADMINISTRATION AGENCIES THE OFFICE ADVOCATES POLICY POSITIONS, PROMOTES LEGISLATION, RESPONDS TO PROPOSED RULES AND REGULATIONS THROUGH MEETINGS, LETTERS, ISSUE BRIEFINGS AND OTHER MEANS

#### Form 990, Part III, Line 4b:

OF NATIONAL FARMERS UNION STATE DIVISIONS GROWING IN 2018

MEMBER SERVICES NATIONAL FARMERS UNION GREW BY OVER 4,000 MEMBERS IN 2018 EXCEEDING 50,000 MEMBERS FOR THE FIRST TIME, NORTH DAKOTA FARMERS UNION LEAD ORGANIZATIONAL GROWTH, FOLLOWED BY ROCKY MOUNTAIN AND HAWAII SEVEN OF NFU'S STATE DIVISIONS GREW BY OVER 10%, RESULTING IN 75%

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	ecto	r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROGER JOHNSON	39 00	l		,,				240 745	0	24 520
PRESIDENT	1 00	×		×				348,715	0	24,528
PATTY EDELBURG	20 00	х		х				30,521	0	9,859
VICE PRESIDENT	2 00									
DOUG SOMBKE	5 00	×		×				0	0	0
TREASURER	2 00									
DAVID COKER	5 00	x						0	0	0
DIRECTOR	0 00									
	F 00	i	i	I	ı	ı I	ı	ı		I

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DOUG SOMBKE	5 00	×	x		٥	
TREASURER	2 00	''	ζ		S	
DAVID COKER	5 00	×			0	
DIRECTOR	0 00	l ''			, and the second	
JOAQUIN CONTENTE	5 00					

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JIM BENHAM

AARON LEHMAN

**BOB THOMPSON** 

VINCENT MINA

NORBERT BRAUER

(A) (D) (E) (B) (C) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

JOE LOGAN

DIRECTOR

DIRECTOR

DIRECTOR

WES SIMS

DIRECTOR

DALE MCCALL

TERRY DETRICK

MARK WATNE

	£						1 11 2 11 000	(14, 2/4,000	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GARY WERTISH DIRECTOR	5 00 2 00	×					0	0	0
TOM COUDRON DIRECTOR	5 00 0 00	x					0	0	0
ALAN MERRILL DIRECTOR	5 00 2 00	X					0	0	0

0

0

0

BIKEET OK	0 00					
ALAN MERRILL	5 00					
		Х			0	
DIRECTOR	2 00					
JOHN HANSEN	5 00					
		X			o	
DIRECTOR	2 00	·				
ROGER NOONAN	5 00					
NOGEN NOOMM		x			l o	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

230,078

175,010

158,682

105,635

21,805

10,505

17,543

14,353

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

ROB LAREW

DAVE VELDE

GENERAL COUNSEL

ETHAN WHITMORE

VP OPERATIONS

TOM DRISCOLL

SVP PUBLIC POLICY & COMMUNICATIONS

DIR, NFU FDN & CONSERV POLICY

	for related organizations below dotted line)	0 =	Institutional Trustee	Offic	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARK GIBBONS	5 00	l								
DIRECTOR	0 00	×						0	0	0
DARIN VON RUDEN	5 00									
		Ιv	I	1	I	i l	i I	٥	0	۸ .

		ΙX	I		l	l n	0	
DIRECTOR	0 00					Ů	,	
DARIN VON RUDEN	5 00	×				0	0	
SECRETARY	2 00	''					J	
MARTHA VAN DALE	40 00			v		159.333	0	
DIRECTOR, FINANCE	0.00			^		159,555	0	

DIRECTOR	0 00						
DARIN VON RUDEN	5 00						
		X			0	0	
SECRETARY	2 00						
MARTHA VAN DALE	40 00						
			Х		159,333	0	
DIRECTOR, FINANCE	0 00						

39 00

1 00 39 00

1 00 39 00

> 1 00 0 00

DARIN VON RUDEN	5 00	×			0	0	0
SECRETARY	2 00					J	
MARTHA VAN DALE	40 00		<		159.333	0	17,560
DIRECTOR, FINANCE	0.00		^		159,555	0	17,360

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493198000039

OMB No 1545-0047

# **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.

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

Open to Public Inspection

	ME OT THE OFGANIZATION  FFARMERS EDUCATIONAL AND COOPERATIVE		Employer identification number		
	ON OF AMERICA		84-0200555		
Pa	Organizations Maintaining Donor Ad Complete if the organization answered "	lvised Funds or Other Similar Funds of Yes" on Form 990, Part IV, line 6.	or Accounts.		
		(a) Donor advised funds	(b)Funds and other accounts		
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviorganization's property, subject to the organization's		dvised funds are the		
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor private benefit?		be used only for		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" on Fori	n 990, Part IV, line 7.		
L	Purpose(s) of conservation easements held by the org	ganızatıon (check all that apply)			
	Preservation of land for public use (e g , recreat	tion or education) $\qed$ Preservation of an	historically important land area		
	Protection of natural habitat	Preservation of a	certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	d a qualified conservation contribution in the fo	rm of a conservation  Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С					
d	Number of conservation easements included in (c) acc structure listed in the National Register	quired after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transfe tax year ▶	rred, released, extinguished, or terminated by	the organization during the		
1	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it ho		of violations,  Yes No		
5	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing o	onservation easements during the year		
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing conser	vation easements during the year		
3	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(H)^{2}$	(d) above satisfy the requirements of section 1	70(h)(4)(B)(ı)		
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	the footnote to the organization's financial state			
ar	Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, or Oth Yes" on Form 990, Part IV, line 8.	er Similar Assets.		
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIII, the text of the footnote to its fin	for public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for profollowing amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
(i	ii)Assets included in Form 990, Part X		<b>▶</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		incial gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1	, , ,	<b>▶</b> \$		
h	Assets included in Form 990. Part X		<u></u>		

Cat No 52283D

Schedule D (Form 990) 2018

Par	1111	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal Tı	reasu	ires, oi	Other	Similar A	ssets (c	ontınued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessior	n, and other	records, o	check a	any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange prog	rams			
b		Scholarly research				е		Other	r					
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		ring the year, did the orga ets to be sold to raise fur									ular	☐ Yes	s 🗆 No	<b>)</b>
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Forn	n 990,	, Part	IV, lı	ne 9, oı	reporte	ed an amo	unt on F	orm 990,	Part
1a		he organization an agent uded on Form 990, Part )		an or other	ıntermedia	ary for	contril	bution:	s or othe	er assets	not	☐ Yes	5 <b>V</b> No	<b>)</b>
ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	ete the foll	lowina	table		[			Amount		-
c		inning balance								1c				-
d	_	litions during the year							l	1d				-
е	Dist	cributions during the year	-							1e				_
f	End	ing balance								1f				_
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							-						
		Yes," explain the arrange												•
	rt V													
				(a)Currer			or yea				(d)Three ye		(e)Four year	s back
1a	Begır	nning of year balance .												
b	Cont	ributions												
С	Net i	nvestment earnings, gair	ns, and losses											
d	Gran	ts or scholarships												
е		r expenditures for facilitie programs	es											
f	Admı	nistrative expenses .												
g	End o	of year balance												
2	Pro	vide the estimated percei	ntage of the curre	ent year end	balance (	(line 1g	g, colu	mn (a)	)) held a	s				
а	Boa	rd designated or quasi-e	ndowment 🟲											
b	Per	manent endowment 🕨												
c	Ten	nporarily restricted endov	wment 🟲											
		percentages on lines 2a		•										
3a		there endowment funds anization by	not in the posses	sion of the	organizatio	on that	are h	eld an	d admını	stered fo	r the		Yes	No
	_	unrelated organizations										За		NO
	٠,	related organizations .											(ii)	
b	Ĭf "	Yes" on 3a(II), are the rel	lated organization	s listed as i	equired or	n Sche	dule R	? .				. 3	b	<del></del>
4	Des	cribe in Part XIII the inte	ended uses of the	organızatıo	n's endow	ment f	unds							
Pai	rt VI							<b>T.</b> .					1.0	
	Doce	Complete if the ord	ganization answ (a) Cost or oth		" on Forn (b) Cost o						m 990, Pa lepreciation		e 10. d) Book value	
	Desc	cription of property	(investme		(b) cost o	, ouiel	DU 315 (	ouiei)	(C) ACC	amunated t	icpi eciation	"	a, book value	
12	Land						33	35,377						335,377
		ings						37,936			429,760			58,176
		ehold improvements						18,704			258,614			90,090
		oment						15,447			299,591			15,856
					1				i			1		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

See Form 990, Part X, line 12.			90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
1) Financial derivatives			·
2) Closely-held equity interests 3) Other A) NATIONAL FARMERS UNION SERVICE ASSOCIATION, INC	5,744,794		С
B)	5,/44,/94		C
E)			
0)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	5,744,794		
<b>Part VIII</b> Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	l1c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value		od of valuation f-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Description		/, line 11d See Form	(b) Book value
1)			
2)			
3)			
4)			
4) 5)			
4) 5) 6)			
4) 5) 6) 7)			
4) 5) 6) 7)			
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)		990 Part IV line 1	. • 11f
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	enswered 'Yes' on Form	990, Part IV, line 1	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 1	
4) 5) 6) 7) 8) 9) 6otal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2)	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3)	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3) 4)	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3) 4)	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3) 4) 5)	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3) 4) 5) 6)	enswered 'Yes' on Form	990, Part IV, line 1	
See Form 990, Part X, line 25.	enswered 'Yes' on Form	990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes DEFERRED RENT ABATEMENT 2) 3) 4) 5) 6) 7)	enswered 'Yes' on Form	990, Part IV, line 1	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c d 2d 2.185.354

2a

2a 2b

2c

2d

4a

4b

Explanation

-1,612,847

2,122,576

69,253

4c

5

2e

3

4c

5

Page 4

4,893,939

572,507

69,253

4,390,685

6,086,883

2,122,576

3,964,307

69,253

4.033.560

Schedule D (Form 990) 2018

4,321,432

2e e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 69,253

4b b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Add lines **4a** and **4b** . . . . . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

c

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2018

Part XI

а

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	nation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0200555

Name: THE FARMERS EDUCATIONAL AND COOPERATIVE

UNION OF AMERICA

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	A STATE ORGANIZATION IN THE FEDERATION WHICH SELLS A LIFE MEMBERSHIP IS REQUIRED TO REMIT THE FULL AMOUNT RECEIVED TO THE ORGANIZATION EFFECTIVE MARCH 15, 2013, THE MINIMUM LIFE M EMBERSHIP FEE IS \$2,000 UPON REMITTANCE OF THE LIFE MEMBERSHIP FEE TO THE ORGANIZATION, T HE ORGANIZATION WILL DEPOSIT THE FULL AMOUNT OF THE FEE INTO THE LIFE MEMBERSHIP TRUST (AN INVESTMENT PORTFOLIO) UPON TERMINATION OF THE LIFE MEMBERSHIP BY DEATH OF THE LIFE MEMBE R AND HIS OR HER SPOUSE, \$1,000 OF THE LIFE MEMBERSHIP FEE, IF RECEIVED AFTER MARCH 15, 20 13 (\$150 OR \$100 FOR THOSE RECEIVED PRIOR), WILL BE PAID TO THE GENERAL FUND OF THE ORGANI ZATION WITH THE EXCESS RECEIVED OVER THE \$1,000 FEE (\$100 PRIOR TO MARCH 15, 1995 AND \$150 FROM 1995 TO 2016) RETURNED TO THE RESPECTIVE STATE DIVISION

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, THE ORGANIZATION HAS DOCUMENTED ITS CONSID ERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR E ITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

Constant and a second Profession at last

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE OF NFUSA, CONSOLIDATED IN THE COMBINED AUDIT 111,893 REPORT AND BACKED OUT FOR NF U FORM 990 REPORTING REVENUE OF NFUF, CONSOLIDATED IN THE COMBINED AUDIT 2,051,719 REPOR T AND BACKED OUT FOR NEU FORM 990 REPORTING REVENUE OF NATEARMPAC, CONSOLIDATED IN THE CO

Supplemental Information

MBINED AUDIT 21,742 REPORT AND BACKED OUT FOR NFU FORM 990 REPORTING

Duppiemental Imeriation	
Return Reference	Explanation
ADJUSTMENTS	EXPENSES OF NFUSA, CONSOLIDATED IN THE COMBINED AUDIT 264,177 REPORT AND BACKED OUT FOR N FU FORM 990 REPORTING EXPENSES OF NFUF, CONSOLIDATED IN THE COMBINED AUDIT 1,814,399 REP ORT AND BACKED OUT FOR NEU FORM 990 REPORTING EXPENSES OF NATEARMPAC, CONSOLIDATED IN THE

Supplemental Information

COMBINED AUDIT 44,000 REPORT AND BACKED OUT FOR NFU FORM 990 REPORTING

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLN: 934931980	000039
Note: To capture the full	content of this do	ocument, please se	lect landscape mode	(11" x 8.5") whe	n printing.		OMB No 1545-00	47
Schedule I (Form 990)  Department of the		2018 Open to Public Inspection						
Treasury Internal Revenue Service		► Go to <u>ww</u> ı	v.irs.gov/Form990 for	the latest information	on.		Inspection	
Name of the organization THE FARMERS EDUCATIONAL AI UNION OF AMERICA	ND COOPERATIVE	and Assistance				<b>Employ</b> 84-020	er identification number 0555	
the selection criteria used  Describe in Part IV the or	to award the grants ganization's procedure	or assistance? es for monitoring the use	e of grant funds in the Un	ited States			☑ Yes	□ No
		estic Organizations ar can be duplicated if add		nts. Complete if the or	ganization answered "Yes"	on Form 990, Pa	art IV, line 21, for any recip	oient
(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) Descript noncash assi		f grant
(1) INDIANA FARMERS UNION 6828 S BENHAM ROAD VERSAILLES, IN 47042	51-0178952	N/A	10,000				MEMBERSHIP DEVELOPMENT	
(2) IOWA FARMERS UNION 521 E LOCUST ST 220 DES MOINES, IA 50309	42-0815497	501(C)(5)	20,000				MEMBERSHIP DEVELOPMENT	
2 Enter total number of sec	. , , ,	-					<u> </u>	0
3 Enter total number of oth For Paperwork Reduction Act Not				Cat No 50055			Schedule I (Form 990	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Schedule I (Form 990) 2018	}					Page <b>2</b>
		Domestic Individua onal space is needed	als. Complete if the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22	-
(a) Type of grant or	•	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	ddıtıonal ınformatıon.
Return Reference	Explanati	on				
PART I, LINE 2				MEMBERS TOTALING FE		AY ALSO APPROVE GRANTS REQUESTED BY SMALLER

Schedule I (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93493							934931	3198000039			
	edule	. J	С	ompensa	ıtic	on Information	OMB No	1545-	0047		
(For	n 990)		For certain Offic			ustees, Key Employees, and Highest					
			Complete if the or	Compens canization ans	sat	red Employees ered "Yes" on Form 990, Part IV, line 23.	20	)18	}		
ς.		-		► Attac	ch 1	to Form 990. nstructions and the latest information.		to Pu			
	ment of the <sup>-</sup> I Revenue S		► Go to <u>www.irs.go</u>	<u>ov/                                    </u>	ог і	nstructions and the latest information.		pectio			
	ne of the		ation ONAL AND COOPERATIVE			Employer identif	ication n	umber			
	ON OF AM		ONAL AND COOPERATIVE			84-0200555					
Pa	rt I	Questic	ons Regarding Compensa	ation							
								Yes	No		
1a	Check t 990, Pa	the appro irt VII, Se	opiate box(es) if the organization ection A, line 1a Complete Par	on provided any t III to provide a	of t any	the following to or for a person listed on Form relevant information regarding these items					
	_		or charter travel		•	Housing allowance or residence for personal use					
			companions	. 님	٠.	Payments for business use of personal residence					
			nification and gross-up paymen	ts ⊔	•	Health or social club dues or initiation fees					
		riscretion	ary spending account		J	Personal services (e g , maid, chauffeur, chef)					
b			xes in line 1a are checked, did t all of the expenses described ab			low a written policy regarding payment or reimbursem lete Part III to explain	nent <b>1b</b>				
2						allowing expenses incurred by all	2				
	airector	s, truste	es, officers, including the CEO/	Executive Direct	tor,	regarding the items checked in line 1a?					
3						to establish the compensation of the					
						ot check any boxes for methods EO/Executive Director, but explain in Part III					
	<b>✓</b> c				1	Months and a second assessment and the second assessment assessmen					
		•	ation committee ent compensation consultant	✓	-	Written employment contract Compensation survey or study					
		•	of other organizations	<u> </u>	3	Approval by the board or compensation committee					
			-								
4		the year, organiza		990, Part VII, S	Sec	tion A, line 1a, with respect to the filing organization o	ra				
а	Receive	a severa	ance payment or change-of-cor	ntrol payment?			4a		No		
b			r receive payment from, a supp		ıalıf	ied retirement plan?	4b		No		
С	Particip	ate in, or	r receive payment from, an equ	ııty-based comp	ens	sation arrangement?	4c		No		
	If "Yes"	to any o	of lines 4a-c, list the persons ar	nd provide the ap	ppli	cable amounts for each item in Part III					
	Only E	01/5)/2	), 501(c)(4), and 501(c)(29	\ organization		aust complete lines E 0					
5	_					ne organization pay or accrue any					
			ontingent on the revenues of								
а	The org	anızatıor	٦٦				5a				
b	•	-	anization?				5b				
	If "Yes,	" on line	5a or 5b, describe in Part III								
6			ed on Form 990, Part VII, Section on tingent on the net earnings of the net earnings o		d th	ne organization pay or accrue any					
а	The org	anızatıor	٦٦				6a				
b	,	_	anization?				6b				
	If "Yes,	" on line	6a or 6b, describe in Part III								
7			ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye			ne organization provide any nonfixed : III	7				
8		to the in				ed pursuant to a contract that was ection 53 4958-4(a)(3)? If "Yes," describe					
9	If "Yes" 53 4958		8, did the organization also follo	ow the rebuttabl	le p	resumption procedure described in Regulations section	9				
For F	Paperwo	rk Redu	iction Act Notice, see the In	structions for I	For	m 990. Cat No 50053T Schedu	le J (Fori	n 990)	2018		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

			, Employees, and Hi					
			ted on Schedule J, report are not listed on Form 9		organization on row (i) an	d from related organizati	ons, described in the	
Note. The sum of colur	nns (B)	)(ı)-(ııı) for each listed in	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line :	la, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(i) Base	of W-2 and/or 1099-MIS	(iii) Other	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
1 ROGER JOHNSON PRESIDENT	(i)	318,715	30,000	0	16,500	8,028	373,243	0
	(ii)	0	0	0	0	0	0	0
2 MARTHA VAN DALE DIRECTOR, FINANCE	(i)	158,833	500	0	9,560	8,000	176,893	0
DIRECTOR, THANCE	(ii)	0	0	0	0	0	0	0
3 ROB LAREW SVP PUBLIC POLICY &	(i)	229,578	500	0	13,805	8,000	251,883	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
4 DAVE VELDE GENERAL COUNSEL	(i)	174,510	500	0	10,505	0	185,515	0
	(ii)	0	0	0	0	0	0	0
5 ETHAN WHITMORE VP OPERATIONS	(i)	158,182	500	0	9,543	8,000	176,225	0
VI OFERATIONS	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Inform	ation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule 1 (Form 990) 2018

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493198000039
SCHEDUL (Form 990 or 990) Department of the Treatnernal Revenue Serv	0 or 990-EZ fic questions on formation.	2018 Open to Public Inspection	
JNION OF AMERIC	CATIONAL AND COOPERATIVE	<b>Employer ident</b> 84-0200555	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO CLASSES OF MEMBERS HONORARY MEMBERSHIP - ANY PERSON ELIGIBLE TO BECOME A MEMBER OF THE FAE UNION OF AMERICA MAY BECOME AN HONORARY MEMBER BY ACTION ORS HONORARY MEMBERS SHALL NOT BE REQUIRED TO PAY DUES FUNY PERSON WHO IS ELIGIBLE FOR MEMBERSHIP UNDER THE APPROPR N MAY APPLY AND MAY BE ADMITTED AS A MEMBER BY PAYING THE RE	RMERS EDUCATION AND NOF THE NATIONAL BOAF JLL MEMBERSHIP - ANY N IATE DIVISION OF THE OR	COOPERATIV RD OF DIRECT IEMBER OR A IGANIZATIO

Return Explanation
Reference

FORM 990,	NATIONAL FARMERS UNION BOARD IS COMPRISED OF STATE/REGIONAL ORGANIZATION PRESIDENTS WHO AR
PART VI,	E ELECTED BY THEIR MEMBERSHIPS THE MEMBERS OF THE STATE/REGIONAL ORGANIZATION ARE ALSO ME
SECTION A,	MBERS OF THE NATIONAL ORGANIZATION THE PRESIDENT AND VICE PRESIDENT ARE ELECTED BY THE DE
LINE 7A	LEGATES

Return Explanation
Reference

LINE 7B

FORM 990, DELEGATES REPRESENTING THE MEMBERSHIP MUST APPROVE THE BYLAWS AT THE ANNUAL CONVENTION PART VI, SECTION A,

Return Explanation

FORM 990,	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY NFU SENIOR MANAGEMENT
PART VI,	A COPY OF THE FORM 990 WAS SHARED ELECTRONICALLY WITH THE BOARD IN ADVANCE OF FILING A
SECTION B,	PAPER COPY IS ALSO AVAILABLE FOR REVIEW AT THE SUMMER BOARD MEETING BOARD MEMBERS ARE FRE
LINE 11B	F TO ASK QUESTIONS OF STAFF OR PREPARERS AT ANY TIME

Return Reference Explanation

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS, EMPLOYEES AND OTHER RE

PART VI,
SPRESENTING THE ORGANIZATION AND REQUIRES THE DISCLOSURE OF COMPETING OR POTENTIALLY COMPE
TING INTERESTS WITH THE ORGANIZATION BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY DIS
CLOSURE STATEMENT ANNUALLY THE DETERMINATION OF A CONFLICT IS MADE AT THE BOARD AND EXECU
TIVE MANAGEMENT LEVEL WITH THE AFFECTED INDIVIDUAL BEING PROHIBITED FROM PARTICIPATING IN
DELIBERATIONS ON THE ISSUE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ENTIRE BOARD REVIEWS PERFORMANCE AND DETERMINES THE COMPENSATION OF PRESIDENT THE PRO CESS FOR DETERMINING THE COMPENSATION OF THE OTHER OFFICERS OF THE ORGANIZATION WAS THROUG H ANNUAL PERFORMANCE REVIEWS AND DELIBERATIONS BY THE PRESIDENT AND VICE PRESIDENT THE DE TERMINATION OF THE COMPENSATION INCLUDE THE USE OF DATA SUCH AS COMPENSATION COMPARISON FO R SIMILARLY QUALIFIED PERSONS AND AT SIMILARLY SITUATED ORGANIZATIONS, CONTEMPORANEOUS DOC UMENTATION AND RECORDKEEPING OF THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THIS PROCESS WAS MOST RECENTLY COMPLETED IN MARCH 2018

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C, LINE 19

Return Explanation
Reference

LINE 9

FORM 990, CHANGE IN EQUITY IN NFUSA -152,284 PENSION LIABILITY ADJUSTMENT 233,057
PART XI.

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(Form 990)

Department of the Treasury

THE FARMERS EDUCATIONAL AND COOPERATIVE

Internal Revenue Service

Name of the organization

UNION OF AMERICA

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**Employer identification number** 

84-0200555

**DLN: 93493198000039**OMB No 1545-0047

Open to Public Inspection

Part I Identification of Disregarded Entities Complete of	the organi	zation answere	ed "Yes	" on Form 9	90, Part I	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary activ	ıty	(c) Legal domici or foreign c	le (state	(d) Total inco	ome	<b>(e)</b> End-of-year as	sets	<b>(f</b> ) Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Comple		ization				Part I\		cause			
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ary activity		(c) omicile (state ign country)	Exempt Co	d) ode section	Public (if sect	(e) charity status ion 501(c)(3))	Di	<b>(f)</b> irect controlling entity	Section (13) cor enti	512(b) ntrolled
(1)NATIONAL FARMERS UNION FOUNDATION 20 F STREET NW SUITE 300	EDUCATION	N		СО	501(C)(3)		LINE 7		NFU		Yes	NO
WASHINGTON, DC 20001 31-1582315												
(2)NATIONAL FARMERS UNION POLITICAL ACTION COMMITTEE 20 F STREET NW SUITE 300	POLITICAL O	RGANIZATION		СО	527		N/A		NFU		Yes	
WASHINGTON, DC 20001 84-0904412											<u> </u>	
or Panerwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 50135	/				Sch	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predoming income (reunrelative excluded tax und sections 514)	lated, total ind ed, from der 512-	of Share of	Disprop alloca	tions? a	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or ging ner?	(k) Percent owners
								Yes	No		Yes	No	
												+	
IV Identification of Related Organiza because it had one or more related o	rganizations treated as	a corporati	on or trus	t during th	e tax yea	ar.						34	
(a) Name, address, and EIN of	(b) Primary activity		(c)		(d)	(e)		1	/-\	/L	1)		(1)
related organization		dor (state d	egal micile or foreign intry)	Direct of	ontrolling	Type of entity C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of- year ssets	- Percer owne	ntage	(1:	3) con entit
	INSURANCE	dor (state o cou	micile	Direct of	ontrolling	Type of entity C corp, S corp,	Share of total	Share a	of end-of- year	- Percer owne	ntage rship	(1:	<ol> <li>con</li> </ol>
TIONAL FARMERS UNION SERVICE ASSOCIATION INC REET NW SUITE 300 NGTON, DC 20001		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	3) con entit Yes
TIONAL FARMERS UNION SERVICE ASSOCIATION INC REET NW SUITE 300 NGTON, DC 20001		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	3) con entit Yes
TIONAL FARMERS UNION SERVICE ASSOCIATION INC REET NW SUITE 300 NGTON, DC 20001		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	3) con entit Yes
IONAL FARMERS UNION SERVICE ASSOCIATION INC REET NW SUITE 300 NGTON, DC 20001		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	3) con entif Yes
IONAL FARMERS UNION SERVICE ASSOCIATION INC REET NW SUITE 300 NGTON, DC 20001		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	3) con entif Yes
FIGURAL FARMERS UNION SERVICE ASSOCIATION INC FIREET NW SUITE 300 NGTON, DC 20001 2516		dor (state o cou	micile or foreign intry)	Direct o	ontrolling	Type of entity C corp, S corp,	Share of total income	Share a	of end-of- year ssets	- Percer owne	ntage rship	(1:	-

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	

i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
·	-		

1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds See Additional Data Table (a) Name of related organization (d) Method of determining amount involved (b) (c) Transaction Amount involved type (a-s)

Page 3

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		<del></del>											
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990	)) 2018



#### **Additional Data**

NATIONAL FARMERS UNION FOUNDATION

NATIONAL FARMERS UNION SERVICE ASSOCIATION INC

NATIONAL FARMERS UNION SERVICE ASSOCIATION INC.

(5)

(6)

(7)

# **Software Version: EIN:** 84-0200555 Name: THE FARMERS EDUCATIONAL AND COOPERATIVE

UNION OF AMERICA	

Form 9	Form 990, Schedule R, Part V - Transactions With Related Organizations						
	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved			
(1)	NATIONAL FARMERS UNION FOUNDATION	D	50,324	ACTUAL EXPENSES			

		type(a-s)	
(1)	NATIONAL FARMERS UNION FOUNDATION	D	50,324
(1)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	D	123,722
<u> </u>	NATIONAL FARMERS LINION FOLINDATION		1 755 104

Software ID:

(1)	NATIONAL FARMERS UNION FOUNDATION	D	50,324	ACTUAL EXPENSES
			,	
(1)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	D	123,722	ACTUAL EXPENSES
1			·	
(2)	NATIONAL FARMERS UNION FOUNDATION	_	1 755 104	ACTUAL EVDENCES

(1)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	D	123,722	ACTUAL EXPENSES
(2)	NATIONAL FARMERS UNION FOUNDATION	Q	1,755,184	ACTUAL EXPENSES

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(1)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	D	123,722	ACTUAL EXPENSES
(2)	NATIONAL FARMERS UNION FOUNDATION	Q	1,755,184	ACTUAL EXPENSES

(1)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	D	123,722	ACTUAL EXPENSES
(2)	NATIONAL FARMERS UNION FOUNDATION	Q	1,755,184	ACTUAL EXPENSES

(2)	NATIONAL FARMERS UNION FOUNDATION	Q	1,755,184	ACTUAL EXPENSES
(3)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	Q	285,021	ACTUAL EXPENSES

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25,015

494,641

166,027

**ACTUAL EXPENSES** 

**ACTUAL EXPENSES** 

**ACTUAL EXPENSES** 

(2)	NATIONAL FARMERS UNION FOUNDATION	Q	1,/55,184	ACTUAL EXPENSES
(3)	NATIONAL FARMERS UNION SERVICE ASSOCIATION INC	Q	285,021	ACTUAL EXPENSES
(4)	NATIONAL FARMERS UNION FOUNDATION	N	74,528	ACTUAL EXPENSES