**Return of Organization Exempt From Income Tax** 

der section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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I		-4:		

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public ► Go to www.irs gov/Form990 for instructions and the latest information.

<u>A</u>	For the 201	7 calendar year, or tax year beginning	, and ending											
В	Check if applicable	C Name of organization FARMERS	EDUCATIONAL & COOPER	RATIVE		D Employe	r identification number							
	Address change	UNION		_										
	Name change	Doing business as SOUTH DA	AKOTA FARMERS UNION			46-0	132880							
_	1	Number and street (or P O box if mail is not de			Room/suite	E Telephon								
느	Initial return Final return/	1410 DAKOTA AVENUE S  City or town, state or province, country, and ZIF				605-	352-6761							
L	terminated		• ,				1 051 405							
X	Amended return	HURON F Name and address of principal officer	SD 57350		<del></del>	G Gross receipts \$ 1,851,48								
Ē	Application pendii	· ·			H(a) is this a group	p return for s	ubordinates? Yes X No							
L	replication penal	· Dood Borming	m .c		D/b) Ass all subsu		uded? Yes No							
		1410 DAKOTA AVENU			H(b) Are all subor		(see instructions)							
_		HURON    501(c)(3)   X 501(c) ( 5 )	SD 57350		-l		(000 (110))							
<u> </u>	Tax-exempt stat	www.sdfu.org		527	┥									
<u>J</u>	Website >		- 04		H(c) Group exem	15								
<del></del>	Form of organizate Part I	on X Corporation Trust Association  Summary	n Other ►		ear of formation 19	12	M State of legal domicile SD							
	T'		net conficent activities											
ď	1 Briefly describe the organization's mission or most significant activities  TO SUPPORT PROGRAMS AND ADVANCE EFFORTS THAT FURTHER ECONOMIC PROSPERITY													
g Activities & Governance	AN	CULTURAL VITALITY IN R												
rna														
Š	2 Check	this box   if the organization discont	inued its operations or disposed of	more than 25	6% of its net asse	ts								
<u>ن</u> م	3 Number	er of voting members of the governing boo	· · · · · · · · · · · · · · · · · · ·			3	10							
Se	4 Number	er of independent voting members of the g	• •			4	8							
Ş	5 Total r	umber of individuals employed in calenda	_			5	15							
Ē.	6 Total r	umber of volunteers (estimate if necessa	•			6	0							
2013	7a Total u	nrelated business revenue from Part VIII,				7a	124,009							
	b Net un	related business taxable income from For	m 990-T, lineR4FCEIVED			7b	0							
4				70	Prior Year		Current Year							
Ter er	8 Contril	outions and grants (Part VIII, line 1h)	DEC 2 1 2018	IRS-OSC		,237	40,074							
MAR	9 Progra	m service revenue (Part VIII, line 2g)		છ <u>ે</u>		,630	196,587							
Se SE	10 Investr	nent income (Part VIII, column (A), lines 3		<b>ਦ</b> ੀ ਵਿੱ	1,246		1,183,411							
۵	11 Other	evenue (Part VIII, column (A), lines 5, 6d		<u> </u>		,552	137,909							
SCANNED	12 Total r	evenue – add lines 8 through 11 (must eg			1,687	,034	1,557,981							
Ź	13 Grants	and similar amounts paid (Part IX, column	• • •	-	<del></del>		0							
Α,,,	15 Salarie	s paid to or for members (Part IX, columr s, other compensation, employee benefit		F	640	,995	691,973							
Ses	16a Profes	s, other compensation, employee benefit sional fundraising fees (Part IX, column (A	•	-		7555	0,51,575							
e d	h Total fi	indraising expenses (Part IX, column (D),		o t	<del>_</del>									
Ĕ	17 Other	expenses (Part IX, column (A), lines 11a-		· ·	1,153	.627	889,210							
		xpenses Add lines 13–17 (must equal Pa		F	1,794		1,581,183							
		ue less expenses Subtract line 18 from lii		T	-107		-23,202							
ō					Beginning of Curre		End of Year							
Net Assets or	20 Total a	ssets (Part X, line 16)		L	<u> 17,057</u>		19,374,805							
t As	21 Total li	abilities (Part X, line 26)		L	4,111		3,910,545							
_		sets or fund balances. Subtract line 21 fro	m line 20		12,946	,016	15,464,260							
<u> </u>	art II	Signature Block												
Ų	nder penalties	of perjury, I declare that I have examined this re	eturn, including accompanying schedul	es and stateme	nts, and to the bes	t of my kn	owledge and belief, it is							
	ue, correct, and	complete Declaration of preparer (other than	officer) is based on all information of w	nich preparer h	as any knowledge									
•		signature of officer					2-14-18							
Si		0,		CECOE!	na naz /mn m	Date	ın.							
He	re	KARLA HOFHENKE Type or print name and title		SECRE.	TARY/TREA	ASURE	<u> </u>							
_	Print/I	ype preparer's name	Preparer's signature		Date	Chart	X if PTIN							
Pai	.					Check	_							
	narer	GUYER, CPA  CARLSONSV, LI	MATT GUYER, CPA		12/09/1		P00386499 41-1562398							
	Only	5801 DULUTH			Firm	i's EIN	41-1302330							
- •	•	COLDEN IN THE					763-542-9633							
Ma:		uss this return with the preparer shown at	<del></del>		J Pho	ne no	X Yes No							
		duction Act Notice, see the separate instru			<del></del>		Form <b>990</b> (2017)							

Part IV **Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			7,
2	complete Schedule A	1		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		ļ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	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	1	ŀ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		., l	
	complete Schedule D, Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	44.		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del></del> ∤	<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	x	
4	of its 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	11c	<del>^</del>	
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 11		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	Ì		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	J	•
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7-
	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			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4		v
	If "Yes," complete Schedule G, Part III	19		<u>x</u>

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	] 1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1		İ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		i	
	employees? If "Yes," complete Schedule J	23		X
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			l
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
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	1 1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	_		v
^-	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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	27		x
20	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 filing thresholds, conditions, and exceptions)	200		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<del>-23  </del>		
50	conservation contributions? If "Yes," complete Schedule M	30	ĺ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
•	Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
ь	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	х	
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,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>x</u>	
			~~~	

<b>P</b> :	art V ———	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Par	t V			<del></del>	
1a	Enter ti	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	27		Yes	No
b		ne number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the	organization comply with backup withholding rules for reportable payments to vendors and			1c		
2a		ole gaming (gambling) winnings to prize winners? The number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	10	-	<del>                                     </del>
20		ents, filed for the calendar year ending with or within the year covered by this return	2a	15			
ь		st one is reported on line 2a, did the organization file all required federal employment tax re			2b	x	ĺ
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a		organization have unrelated business gross income of \$1,000 or more during the year?	,		3a	X	
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedi	ıle O		3b	X	
4a		ime during the calendar year, did the organization have an interest in, or a signature or oth		rity			
		financial account in a foreign country (such as a bank account, securities account, or other					
	accoun	3)?			4a		X
b	If "Yes,	enter the name of the foreign country					
	See ins (FBAR)	tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Accou	ints			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a	↓	X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?		5b	<b>↓</b>	X
С		to line 5a or 5b, did the organization file Form 8886-T?			5c_	-	<b>├</b>
6a		e organization have annual gross receipts that are normally greater than \$100,000, and di	d the				.,
	-	ation solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	<b>├</b>	X
b		did the organization include with every solicitation an express statement that such contrib	utions or	•	64		
7	•	re not tax deductible?			_6b_		<del>                                     </del>
7	_	rations that may receive deductible contributions under section 170(c).  organization receive a payment in excess of \$75 made partly as a contribution and partly f	or anode				
а		vices provided to the payor?	oi goods	•	7a		ĺ
b		did the organization notify the donor of the value of the goods or services provided?			7b	┢	<b>-</b>
c		organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			<u> </u>	
_		to file Form 8282?			7c		[
d		indicate the number of Forms 8282 filed during the year	7d	ĺ			
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contrac	ct?	7e		
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?		7f		
9	If the or	ganization received a contribution of qualified intellectual property, did the organization file	Form 88	399 as required?	7g		<u> </u>
h		ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			C? 7h	ļ	ļ
8	Sponso	ring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined by t	the			
	sponsor	ing organization have excess business holdings at any time during the year?			8	ļ	ļ
9	•	ring organizations maintaining donor advised funds.			_		
a		sponsoring organization make any taxable distributions under section 4966?			9a		<del> </del>
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<b></b>	}
10		501(c)(7) organizations. Enter	10a	1			
a b		i fees and capital contributions included on Part VIII, line 12 eccipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	<del>                                     </del>			
11		501(c)(12) organizations. Enter	100				
a		come from members or shareholders	11a	1			
b		come from other sources (Do not net amounts due or paid to other sources	1.0	<del></del>			
_		amounts due or received from them )	116				
12a	•	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b				$\Box$
13		501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the or	ganization licensed to issue qualified health plans in more than one state?			13a		
	Note. S	ee the instructions for additional information the organization must report on Schedule O					
b	Enter th	e amount of reserves the organization is required to maintain by the states in which					
	the orga	nization is licensed to issue qualified health plans	13b				
C	Enter th	e amount of reserves on hand	13c				L
14a		organization receive any payments for indoor tanning services during the tax year?			14a	$oxed{oxed}$	X
<u>b</u>	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheen	dule O		14b	ليا	Щ.
DAA					For	m 990	<b>(</b> 2017)

Form 990 (2017) FARMERS EDUCATIONAL & COOPERATIVE 46-0132880 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X Section A. Governing Body and Management

	Non A. Coverning Dody and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		100	<u> </u>
	If there are material differences in voting rights among members of the governing body, or	7		
	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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a		10a	_X_	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990	122	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
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	x	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
_	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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	OUTH DAKOTA FARMERS UNION PO BOX 1388	- 0-		<b>-</b> - 1
HU	RON SD 57350 60!	<u> </u>	2 - 6	<u> 761</u>

Form 990 (20	17) FARMERS EDUCATIONAL & COOPERATIVE	46-0132880_	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated	Employees, and
	Independent Contractors  Check if Schedule O contains a response or note to any line	e in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compens	sated 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

(A) Name and Title	(B) Average hours per week . (list any hours for	bo	x, unle ficer a	Pos check ess pe nd a c	rson ı	than on s both a r/trustee	an e)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21033-MI3C)	organization and related organizations
(1) DALLIS BASEL										
	1.00							_	_	_
DIRECTOR	0.00	X		<u> </u>	<u> </u>	$\sqcup$	_	0	0	0
(2) LYNN FREY										
	1.00									
DIRECTOR	0.00	X		<u> </u>	_			0	0	0
(3) KARLA HOFHENKE	40.00									
CECDEMA DV /MDEA CUDED		ᢏ		x				· 69,428	o	24 521
SECRETARY/TREASURER (4) CHAD JOHNSON	0.00	X	_	┝	<del>                                     </del>	<del>                                     </del>		09,420		24,521
(4) CHAD COMISON	1.00									
DIRECTOR	0.00	x						0	0	0
(5) JOEL KEIERLEBER	0.00	1		$\vdash$						
(0,000	1.00					1 1				
DIRECTOR	0.00	X				1 1		0	0	0
(6) TERRY SESTAK										
,	1.00					<b> </b>	- 1			
DIRECTOR	0.00	X						0	0	0
(7) DOUG SOMBKE										
	40.00						1			
PRESIDENT	0.00	X		X				93,161	0	9,185
(8) WAYNE SOREN										
	1.00									,
VICE PRESIDENT	0.00	X		X			$\dashv$	0	0	0
(9) GAIL TEMPLE										
	1.00	,						٨	•	^
DIRECTOR	0.00	X				<del>   </del>	-	0	0	0
(10) JAMES WAHLE	1.00									
DIRECTOR	0.00	$\mathbf{x}$						o	0	0
(11)				_		$\vdash$	$\dashv$	<del>-</del>		
(11)										
		لــــــــــــــــــــــــــــــــــــــ								

Form 990 (2017)

DAA

P	art VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe	rson	than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	comp	(F) stimated nount of other pensation om the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anization d related inizations	
	-												
1b	Sub-total							<b>•</b>	162,589			33,	706
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	١.				162,589			33	706
2	Total number of individuals (in				thos	e lıs	ted a	bov		\$100,000 of			700
	reportable compensation from	the organization	<u> </u>	0_	_							Yes	No
3	Did the organization list any fo								oyee, or highest compensa	ted			
4	employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum	of re	porta	ble	com	pens	atıo			3	+	X
	organization and related organ individual	izations greater	than	<b>\$</b> 15	0,00	0? li	f "Ye	s," c	complete Schedule J for suc	ch	4		x
5	Did any person listed on line 1 for services rendered to the or									ındıvıdual	5		х
Sect	ion B. Independent Contracto												
1	Complete this table for your five compensation from the organization										ar		
		(A) business address								(B) ion of services		(C) Compens	ation
					<u>.</u>					<del></del>	-+		
		·											
			_			_							
	Total number of independent of	ontractors (inclin	dina	but	not l	mite	ed to	thos	se listed above) who		$-\!\!\!\!+$		
DAA	received more than \$100,000 c	of compensation	fron	the	orga	anıza	ation	<b>▶</b>				orm <b>99</b>	0 (2017)
												VIIII <b>V</b>	<b>-</b> √2∪1/}

Form 990 (2017) FARMERS EDUCATIONAL & COOPERATIVE 46-0132880 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue (A) Total revenue Unrelated exempt function business revenue excluded from tax under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 40,074 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 40,074 h Total. Add lines 1a-1f Program Service Revenue Busn Code 96,999 96,999 EDUCATIONAL CAMPS/CONFERENCES 2a 65,510 65,510 STATE FAIR/SHOWS/CONVENTION b 15,910 15,910 CONVENTION SPONSORSHIPS C 12,000 12,000 NEWSLETTER ADVERTISING 6,168 6,168 RURAL DEVELOPMENT PROGRAMS f All other program service revenue 196,587 g Total. Add lines 2a-2f Investment income (including dividends, interest, 1,178,354 1,178,354 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶

b	Less rental exps	86,875				
c	Rental inc or (loss)	-50,875				
d	Net rental incon	ne or (loss)	<b>•</b>	-50,875	-50,875	
7a	Gross amount from sales of assets	(i) Securities	(II) Other			
	other than inventory	211,686				
b	Less cost or other					
	basis & sales exps	206,629				
c	Gain or (loss)	5,057				
d	Net gain or (los	s)	<b>•</b>	5,057		5,057
8a	Gross income from	m fundraising events				
	(not including \$					
	of contributions re	ported on line 1c)				
	See Part IV, line 1	8 a				
b	Less direct exp	penses <b>b</b>				

75,000

67,912

31,972

13,900

188,784

1,557,981

13,900

194,577

1,199,321 Form 990 (2017)

75,000

67,912

31,972

124,009

11a

b

C

Other Revenue

Royalties

6a Gross rents

(ı) Real

c Net income or (loss) from fundraising events

c Net income or (loss) from gaming activities

Net income or (loss) from sales of inventory Miscellaneous Revenue

9a Gross income from gaming activities

10a Gross sales of inventory, less returns and allowances

MANAGEMENT FEES

Total. Add lines 11a-11d

All other revenue

STATE SERVICE FEES

MIDWEST AGENCY LLP

Total revenue. See instructions

b Less cost of goods sold

See Part IV, line 19

b Less direct expenses

36,000

b

b

(II) Personal

▶

▶

Busn Code

541800

524298

524298

▶

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns

<u></u> _	Check if Schedule O contains a respon	(A)	(B)	(C)	(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,589			
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	321,477			<del>-</del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	173,527			
10	Payroll taxes	34,380			
11	Fees for services (non-employees)				
а	Management				<u> </u>
b	Legal	1,319			
C	Accounting	11,824			
d	Lobbying	51,244			. <u></u> .
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,665		<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25, column		•		
	(A) amount, list line 11g expenses on Schedule O )	100 100			<del></del>
12	Advertising and promotion	103,426			
13	Office expenses	115,302			
14	Information technology	22,633			-
15	Royalties	20.560			
16	Occupancy	30,760			
17	Travel	53,938	<del></del>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24 710			
19	Conferences, conventions, and meetings	34,710			<del></del>
20	Interest	31,732	<del></del>		<del></del>
21	Payments to affiliates	135 546			<del>-</del>
22	Depreciation, depletion, and amortization	135,546 38,742			<del></del>
23	Insurance	30,742			7
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		1		
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O )  CAMP & EDUCATION EXP	83,581			
a		75,878			
b	OTHER EXPENSES	52,227			
C	RURAL DEVELOPMENT	41,941			
d	ORGANIZATION EXP	-1,258	<del></del>	<del></del>	<del></del>
	All other expenses	1,581,183	0	0	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,561,163			0
	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)	1			

F	art :	X Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
_	1				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		_		1	
	2	Savings and temporary cash investments			206,728		211,097
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			166,582	4	15,281
	5	Loans and other receivables from current and former of	officers, o	directors,			
		trustees, key employees, and highest compensated er	nployees	s			
	ł	Complete Part II of Schedule L		ŀ		5	
	6	Loans and other receivables from other disqualified pe		IV			
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
	i	sponsoring organizations of section 501(c)(9) voluntary					
ets	l _	organizations (see instructions) Complete Part II of So	chedule I			6	
Assets	7	Notes and loans receivable, net	}		7		
•	8	Inventories for sale or use		<u> </u>	100 (10	8	114 525
	9	Prepaid expenses and deferred charges	1	ı 🕂	102,610	9	114,535
	10a	Land, buildings, and equipment cost or	1.0	2 620 622			
	1 .	other basis Complete Part VI of Schedule D	10a 10b	2,639,623	2 010 114	40.	2 000 751
		Less accumulated depreciation	030,012	2,019,114 426,639		2,000,751 450,553	
	11	Investments—publicly traded securities	<u> </u>	420,039		430,333	
	12	Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11		-	14,135,336	1 <u>2</u>	16,523,473
	14.	Intangible assets	-	14,133,330	14	10,323,413	
	15	Other assets See Part IV, line 11		}	7.	15	59,115
	16	Total assets. Add lines 1 through 15 (must equal line)	34)		17,057,016		19,374,805
_	17	Accounts payable and accrued expenses	<del>54)</del>		194,981	17	132,337
	18	Grants payable	<u> </u>		18	2027037	
	19	Deferred revenue		. •	267,008	19	291,874
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Schee	dule D		21	·
ý	22	Loans and other payables to current and former officer		<u></u>			···········
Liabilities		trustees, key employees, highest compensated employ		į.			
abi	ł	disqualified persons Complete Part II of Schedule L			•	22	
ï	23	Secured mortgages and notes payable to unrelated this	rd partie:	s	1,437,472	23	1,364,673
	24	Unsecured notes and loans payable to unrelated third i	parties			24	
	25	Other liabilities (including federal income tax, payables	to relate	ed third			
		parties, and other liabilities not included on lines 17-24	) Compl	ete Part X			
		of Schedule D			2,211,539		2,121,661
	26	Total liabilities. Add lines 17 through 25			4,111,000	26	3,910,545
		Organizations that follow SFAS 117 (ASC 958), check	ck here	▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			12,946,016	27	15,464,260
8	28	Temporarily restricted net assets		]_		28	
en l	29	Permanently restricted net assets			_	29	
Щ. У		Organizations that do not follow SFAS 117 (ASC 95	8), chec	k here ▶			
Net Assets or Fund Balances		complete lines 30 through 34.		1			
se	30	Capital stock or trust principal, or current funds	-		30		
t As	31	Paid-in or capital surplus, or land, building, or equipmen				31	
Ne	32	Retained earnings, endowment, accumulated income,	or other	funds	12 046 036	32	15 464 565
	33	Total net assets or fund balances			12,946,016	33	15,464,260
	34_	Total liabilities and net assets/fund balances			17,057,016	34	19,374,805

Form **990** (2017)

orr	n 990 (2017) FARMERS EDUCATIONAL & COOPERATIVE 46-0132880				Pa	ige <b>12</b>
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	, 5	57,	981
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 5	81,	183
3	Revenue less expenses Subtract line 2 from line 1	3		- ;	23,	202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	, 9	46,	016
5	Net unrealized gains (losses) on investments	5			8,	382
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	, 5	33,	064
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> 15</u>	,4	54,	<u> 260</u>
Pa	art XII Financial Statements and Reporting		_			
_	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis X 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 oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			- 1		
3а	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?		L	3a		_X_
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			3b		

Form **990** (2017)

## SCHEDULE:D (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	ARMERS EDUCATIONAL & COOPERATIVE		
_	NION		46-0132880
Pa	Organizations Maintaining Donor Advised Function Complete if the organization answered "Yes" on		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	_	
٠	only for charitable purposes and not for the benefit of the donor or dor	· · · · · · · · · · · · · · · · · · ·	
	conferring impermissible private benefit?	to advisor, or for any other purpose	☐ Yes ☐ No
Pź	art II Conservation Easements.		163 110
	Complete if the organization answered "Yes" on	<del></del>	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization	ition during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	, ,
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	olations, and enforcing conservation easer	nents during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(	
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	lescribes the
Dr	organization's accounting for conservation easements art III Organizations Maintaining Collections of Art,	Historical Trassures or Other	Similar Assots
1 2	Complete if the organization answered "Yes" on		Jilliai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), i	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		
	works of art, historical treasures, or other similar assets held for public	•	
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, pro	ovide the
-	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue included on Form 990, Part VIII, line 1	, 3	▶ \$
	Assets included in Form 990, Part X		<b>\$</b>

Using the organization's acquisition, accessical collection items (check all that apply)  Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's consists to be sold to raise funds rather than to the trivial of the organization graphs and Custodial Arr Complete if the organization graphs and provided in the organization and agent, trustee, custodincluded on Form 990, Part X?	d de	s, check any of the Loan or exchang Other I how they further of art, historical tr	ne following that ar e programs r the organization's easures, or other s	e a significant use of its exempt purpose in Part	ets (continued)
collection items (check all that apply)  Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's concentrations and the organization solicit of assets to be sold to raise funds rather than to the complete if the organization apply. Part X, line 21.  Is the organization an agent, trustee, custodial and the organization and th	d e limited as particular and explain of the maintained as particular angements.	Loan or exchang Other how they further	e programs r the organization's easures, or other s	exempt purpose in Part similar	
Scholarly research Preservation for future generations Provide a description of the organization's concentration of the organization solicit of assets to be sold to raise funds rather than the secretary of the organization an agent, trustee, custodictions of the organization and of the organization of the	e lilections and explain r receive donations of the maintained as particular and angements.	Other  how they further of art, historical tr	r the organization's easures, or other s	sımılar	
Preservation for future generations Provide a description of the organization's co XIII  During the year, did the organization solicit o assets to be sold to raise funds rather than to rt IV Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodial	e lilections and explain r receive donations of the maintained as particular and angements.	Other  how they further of art, historical tr	r the organization's easures, or other s	sımılar	
Preservation for future generations Provide a description of the organization's co XIII  During the year, did the organization solicit o assets to be sold to raise funds rather than to rt IV Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodial	r receive donations of the maintained as parts.	n how they further	easures, or other s	sımılar	
Provide a description of the organization's concentration of the organization's concentration of the organization of the organization solicit of assets to be sold to raise funds rather than to the concentration of the organization of the organiza	r receive donations of the maintained as parts.	of art, historical tr	easures, or other s	sımılar	
During the year, did the organization solicit of assets to be sold to raise funds rather than to the solicit of the complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodial.	r receive donations of the maintained as parts.	of art, historical tr	easures, or other s	sımılar	
During the year, did the organization solicit of assets to be sold to raise funds rather than to the solicit of the solicit of assets to be sold to raise funds rather than to the solicit of the solicit of the organization and solicit of assets to be sold to raise funds rather than to the solicit of the solicit of the organization and agent, trustee, custodial than the solicit of	be maintained as pangements.				
rt IV Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodi	be maintained as pangements.				
rt IV Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodi	angements.				Yes No
Complete if the organization 990, Part X, line 21.  Is the organization an agent, trustee, custodi	•			<del></del>	
990, Part X, line 21.  Is the organization an agent, trustee, custodi		on Form 990	. Part IV. line 9	, or reported an amou	unt on Form
Is the organization an agent, trustee, custodi			, ,	,	
	an or other intermed	ary for contributi	ons or other assets	s not	
morado en como oco, care o		,			☐ Yes ☐ No
If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table		•	
, , , o, p, c, , , , , , , , , , , , , , , , ,	u				Amount
Beginning balance				1c	
Additions during the year				1d	<del></del>
Distributions during the year				1e	<del></del>
• ,				<del></del>	
•	orm 990 Part Y line	21 for escrow o	r custodial account		Yes No
•		-		•	
	CHOOK HEID II THE OX	planation nac be	p		
	answered "Yes"	on Form 990	. Part IV. line 1	0	
Sompleto II also ol garinadas.					ack (e) Four years back
Reginging of year halance		<u></u>			
			<del>-  </del>		<del></del>
·					
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, , , , , , , , , , , , , , , , , , ,			<u> </u>		<del></del>
·		<del></del>	<del></del>		<del>-  </del>
· —					
		(line 1g, columi	(a)) neid as		
•	70				
	0/			•	
-		ton that are hold	and administered	for the	
	ssion of the organizat	uon that are neio	and administered	ior the	Yes No
•					
·· •					3a(i)
	l	ad an Cabadula	D2		3a(ii) .
- · · · · · · · · · · · · · · · · · · ·	•		K'		3b
		wment tunas			
		on Form 000	Part IV June 1	1a Soo Form 000 Pr	art Y. Juno 10
резсприол от ргорелу	1 ' '	asis ( <b>D</b> ) CC			(d) Book value
Lond	/mvestment)	<del></del>	<del> </del>	Soprediation/	96 603
		<del>-                                     </del>		307 052	86,693
Bullaings	-	<del></del>	,035,435	331,332	1,641,543
la calabalah sasasas serengah	1	ı			
Leasehold improvements Equipment			513,435	240,920	272,515
	Ending balance Did the organization include an amount on Form of the program of the organization of the or	Ending balance Did the organization include an amount on Form 990, Part X, line If "Yes," explain the arrangement in Part XIII Check here if the exit V Endowment Funds.  Complete If the organization answered "Yes"  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance Board designated or quasi-endowment  % Temporarily restricted endowment  % Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as requir Describe in Part XIII the intended uses of the organization's endownent V Land, Buildings, and Equipment. Complete If the organization answered "Yes"  Description of property  (a) Cost or other be (investment)  Complete If the organization answered "Yes"	Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow of if "Yes," explain the arrangement in Part XIII Check here if the explanation has be int V Endowment Funds.  Complete if the organization answered "Yes" on Form 990  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column Board designated or quasi-endowment  %  Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule Describe in Part XIII the intended uses of the organization's endowment funds  Text VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990  Description of property  (a) Cost or other basis (investment)  (b) Complete If the organization answered "Yes" on Form 990	Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment \( \bar{\textit{W}} \) % Temporarily restricted endowment \( \bar{\textit{W}} \) % Temporarily restricted endowment \( \bar{\textit{W}} \) % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 1  Description of property  (a) Cost or other basis (other) (in) restricted in the possession of the passis (other)	Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII int V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment  % Permanent endowment  % Temporarily restricted endowment  % Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds  (a) Current year (b) Prorr year (c) Two years back (d) Three years back (e) Accumulated depreciation funds (iii) related organizations (iv) related organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See

2,000,751

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

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	on Form 990, Bart IV, line	11h Soo Form 000	Dort V. line 12
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)	(b) book value	Cost or end-of-ye	
(1) Financial				
	eld equity interests			
(3) Other	ora oquity intoresid			<del></del> -
(A)	•		<del></del>	
(B)				
(C)				
(D)			<del></del>	
(E)				
(F)			<del></del>	
(G)			·	
(H)				
	ın (b) must èqual Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
_	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ear market value
(1) INVES	STMENT IN FUE	12,469,156		
(2) INVE	STMENT IN FUSA	4,053,739		
(3) INVE	STMENTS IN COOPS	578	COST	
(4)				
_(5)				
(5) (6) (7).				
<u>(7).</u>				
_(8)				
<u>(</u> 9)		16 500 450	·	
	n (b) must equal Form 990, Part X, col (B) line 13 )	16,523,473		
Part IX	Other Assets.	Farm 000 Dart IV III.	444 0 5 000 5	Deat Village 45
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990, F	
	(a) Description		<del></del>	(b) Book value
(1)				
(2)				
(3)				
(5)		<del></del>	<del></del>	<del></del>
(6)				
(7)				
(8)				
(9)		<del></del>	<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			· · <u> </u>
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) ACCRU	JED PENSION LIABILITY	2,121,661		
(3)				
(4)				
(5)				
(6)	·			
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	2,121,661		
Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's fin	nancial statements that reno	rts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

DAA

**4**a

4b

89,878

Part XIII Supplemental Information.

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

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

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

### PART X - FIN 48 FOOTNOTE

### INCOME TAX STATUS

b Other (Describe in Part XIII )

c Add lines 4a and 4b

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(5)

OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS. HOWEVER, INCOME

FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX
EXEMPT PURPOSE WOULD BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION

DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN

ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

THE ORGANIZATION'S ACCOUNTING POLICY IS TO PRESENT INTEREST AND PENALTIES AS A COMPONENT OF THE PROVISION FOR INCOME TAXES.

<u>89,878</u> 1,581,183

<sup>2,</sup> Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 5

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY TAXING AUTHORITIES. WITH FEW EXCEPTIONS, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS	- OT	HER
DIRECT RENTAL EXPENSES	\$	86,875
FUE BOOK INCOME	\$	2,970,307
FUSA BOOK INCOME	\$	642,996
MIDWEST AGENCY PARTNERSHIP INCOME	\$	35,673
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OT	HER	
FUE CASH DIVIDEND	\$	1,000,000
FUSA TAX INCOME	\$	225,000
MIDWEST AGENCY K-1	\$	-19,210
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS	- 0	THER
DIRECT RENTAL EXPENSES	\$	86,875
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - O	THER	
DEPRECIATION DIFFERENCE	\$	-49,042
PENSION EXP ADJUSTMENT	\$	89,878
BOOK / TAX DEPRECIATION DIFFERENCE	\$	49,042

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization

FARMERS EDUCATIONAL & COOPERATIVE

UNION

Employer identification number 46-0132880

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year

under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

	\$			
•	¢			

(ı) Written

agreement?

Yes No

### Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to (e) Onginal (f) Balance due (g) In default? (h) Approved with organization or from the principal amount by board or org ? committee? To From Yes No Yes No (2)

(3) (5) (6)

(8) (9) (10)

Total ▶ \$ Part III **Grants or Assistance Benefiting Interested Persons.** 

	Complete if the organization answered "	Yes" on Form 990, Part IV, lin	e 27		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)			- [		

(7)

## **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.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization

FARMERS EDUCATIONAL & COOPERATIVE UNION

Employer identification number

46-0132880

DOING BUSINESS AS - ADDITIONAL NAMES

FOUNDATION

AMENDED RETURN EXPLANATION

AN AMENDED RETURN IS REQUIRED BECAUSE THE ORGANIZATION RECEIVED A REVISED SCHEDULE K-1 FROM MIDWEST AGENCY LLP REFLECTED AN INCREASE IN NET LONG-TERM CAPITAL LOSS OF \$28,000.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS BOARD IS APPOINTED BY MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FULL BOARD OF DIRECTORS MEETS AND APPROVES THE ANNUAL AUDITED FINANCIAL

STATEMENTS AND THE OFFICERS OF THE BOARD REVIEW AND APPROVE THE FORM 990

AND VERIFY THE NUMBERS ARE RECONCILED TO THE AUDIT REPORT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

DIRECTORS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE AND SIGN A

FORM SHOWING POTENTIAL CONFLICTS OF INTEREST. THAT FORM IS REVIEWED BY THE

ORGANIZATION'S OFFICERS AND KEPT ON FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Employer identification number

46-0132880

UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLAN	NATION
DIRECT RENTAL EXPENSES	\$	86,875
FUE BOOK INCOME	\$	2,970,307
FUSA BOOK INCOME	\$	642,996
MIDWEST AGENCY PARTNERSHIP INCOME	\$	35,673
FUE CASH DIVIDEND	\$	-1,000,000
FUSA TAX INCOME	\$	-225,000
MIDWEST AGENCY K-1	\$	19,210
DIRECT RENTAL EXPENSES	\$	-86,875
DEPRECIATION DIFFERENCE	\$	-49,042
PENSION EXP ADJUSTMENT	\$	89,878
BOOK / TAX DEPRECIATION DIFFERENCE	\$	49,042
TOTAL	\$	2,533,064

Schedule R (Form 990) 2017 Open to Public Section 512(b)(13)
controlled entity (f) Direct controlling entity × Inspection Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 46-0132880 (f) Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 σ (d) Total income (d) Exempt Code section ► Go to www.irs.gov/Form990 for instructions and the latest information. 50103 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) SD ► Attach to Form 990. Primary activity EDUCATION (b) Primary activity FARMERS EDUCATIONAL & COOPERATIVE 46-0459143 For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN (if applicable) of disregarded entity SOUTH DAKOTA FARMERS UNION FOUNDATI (a)
Name, address, and EIN of related organization 57350 g UNION 1410 DAKOTA AVE S Department of the Treasury Internal Revenue Service Name of the organization HURON Part II Part Ξ Ξ € 9 3 ල € 3 3 <u>ල</u>

OMB No 1545-0047

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

Related Organizations and Unrelated Partnerships

SCHEDULE R

(Form 990)

Page 2

Schedule R (Form 990) 2017 FARMERS EDUCATIONAL & COOPERATIVE 46-0132880

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

ratt in	because it had one or more related organizations treated as a partnership during the tax year.	ganizations tr	eated	as a partners	ship during the t	ax year.				,	•	•
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alloc ?	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	_	General or managing partner?	(k) Percentage ownership
£)								S		<u> </u>	9	
(2)												
(3)												
(4)												
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ons Taxable ated organiza	as a C ations t	orporation reated as a	or Trust. Comp corporation or tr	lete if the organst during the	Corporation or Trust. Complete if the organization answered "Yes" treated as a corporation or trust during the tax year.	ed "Yes"	on Form 990, Part IV,	190, Part	≥	
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	of assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
		i i i i i i i i i i i i i i i i i i i	+								۶	Yes No
(1)FARMER 1410 D												
46-0220690	0690;	INSURANCE	Þ	SD	SOUTH DAKO	υ	642,996	5,70	5,708,090 10	100.000000	000	_×
(3)												
(3)												
(4)												
DAA									Sch	Schedule R (Form 990) 2017	Form 9	90) 2017

Schedule R (Form 990) 2017

Yes No

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18

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Control of the Contro	mplete III	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?
2	Note: C	<b>-</b>

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
    - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
    - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

7	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.	line, including covered re	lationships and transaction	on thresholds
	(e)	(a)	(c)	(p)
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(£)	FARMERS UNION SERVICE ASSOCIATION	Ą	36,000	36,000 CASH RECEIVED
(2)	SD FARMERS UNION FOUNDATION	า	81,797	CASH PAID
ලි	FARMERS UNION SERVICE ASSOCIATION	[L <sub>4</sub>	225,000	DIVIDEND PAID
€				
<u>(S</u>				
(9)				

Schedule R (Form 990) 2017

Page 4

46-0132880 Schedule R (Form 990) 2017 FARMERS EDUCATIONAL & COOPERATIVE Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI 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

Page 5

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.