# EXTENDED TO FEBRUARY 16, 2016

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public Inspection

OMB No. 1545-0047

_			ending 0	15	
В	Check if applicabl	e: C Name of organization		D Employer identifi	cation number
	Addre chang				
	Name chang	e Doing business as		41-1	919016
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	<u> </u>
	Final return	DO DOY 3195			934-7700
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	558,400.
	Ameno return	MANKATO, MN 50002-5105		H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.RURALMN.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ▶	<b>L</b> Year	of formation: 1998 N	State of legal domicile: MN
Р	art I	Summary			
æ	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	STATEWIDE	RURAL
Activities & Governance		POLICY RESEARCH & ANALYSIS			
ēru	2	Check this box  if the organization discontinued its operations or dispose			
Š	3			3	17
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			4
Ĭ	6	Total number of volunteers (estimate if necessary)		<u>6</u>	20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		101,524.	394,212.
/en	9	Program service revenue (Part VIII, line 2g)		52.	56.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,792.	28,563.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		143,368.	422,831.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		263,074.	257,848.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b			105 005	06 510
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,225.	96,512.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		368,299.	354,360.
	19	Revenue less expenses. Subtract line 18 from line 12		-224,931.	68,471.
Net Assets or	3		Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		451,364.	500,341.
et A	21	Total liabilities (Part X, line 26)		16,354.	12,692.
	22 ort II	Net assets or fund balances. Subtract line 21 from line 20		435,010.	487,649.
	art II	Signature Block	a and atatam	anta and to the heat of m	u knowledge and balief it is
		llties of perjury, I declare that I have examined this return, including accompanying schedule: :t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is
uu	e, correc	n, and complete. Decidiation of preparer (other than officer) is based on an information of wi	non preparei	lias any knowledge.	
C: -		Signature of officer		I Date	
Sig		BRAD FINSTAD, EXECUTIVE DIRECTOR			
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	П	Date Check	TI PTIN
Pai	id	KYLE W. MEYERS, CPA		if	
	parer	Firm's name ABDO, EICK & MEYERS, LLP		self-employ Firm's EIN ▶	41-1397419
	e Only	Firm's address PO BOX 3166		I IIIII 2 FIIA	
-	. oy	MANKATO, MN 56002-3166		Phone no (5	07)625-2727
Ma	ıv the II	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. ( 5	X Yes No
	., 11	(000 iiioli dollo iiio)		<u></u>	

148,695.

4e

Total program service expenses ▶

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1 2 3 4 5 6 7	X	x x x x
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	2 3 4 5 6		x x x
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	9		X
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
	10		X
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.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
Part VI	11a	X	
Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		Х
Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the experiention report on employ for other liabilities in Part X, line 252 If "Yes," complete Schedule D, Part X	11d		X
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		21
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>- '''</del>		
Schedule D, Parts XI and XII	12a	х	
Was the organization included in consolidated, independent audited financial statements for the tax year?			
	12b		Х
			Х
	14a		Х
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
4 LO O K IIV and I and a state Only at the O Do I III	18		X
1c and 8a? If "Yes," complete Schedule G, Part II			
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	202		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ZUa		
	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  Did the organization maintain an office, employees, or agents outside of the United States?  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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	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  Did the organization maintain an office, employees, or agents outside of the United States?  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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  12  13  14  15  16  17  17  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	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  Did the organization maintain an office, employees, or agents outside of the United States?  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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

# Form 990 (2014) CENTER FOR RURAL P Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 employees? If "Yes," complete			
	Schedule J	23	Х	
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		X
	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		
	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			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	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		Х
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		Х
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		Х
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? If "Yes," complete Schedule L, Part IV	28a		X
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) 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
34		34		Х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
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	Х	

# Form 990 (2014) CENTER FOR RURAL POLICY & DEVELOR Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Scriedule O Contains a response of note to any line in this Part v					
	<b>,</b>		-		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				Х	
٥-	(gambling) winnings to prize winners?	I		1c	Λ	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	4			
	filed for the calendar year ending with or within the year covered by this return	2a		2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			20	21	
32	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0	_		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	30		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
h	If "Yes," enter the name of the foreign country:	oooui				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired			
	to file Form 8282?	- 1		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<b>—</b>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			00		
_	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
b 10	Section 501(c)(7) organizations. Enter:			90		
	· · · · · ·	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
		11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

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
Sec	tion 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			
	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 17			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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	Х	
	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		Х
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 ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	l finan	cial	
	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:			
	THE ORGANIZATION - 507-934-7700			
	PO BOX 3185, MANKATO, MN 56002-3185			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	(do box	not c	Pos heck ss pe	ition more		one h an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		compensated se		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TIMOTHY HOULE	1.00	,,		3,7					0	0
CHAIR	1 00	Х		Х				0.	0.	0.
(2) STEVE WENZEL	1.00	<b>.</b> ,		7.7				_	0	0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) DAVE LADD	1.00	<b>.</b> ,		7.7				_	0	^
SECRETARY/TREASURER	1 00	Х		Х				0.	0.	0.
(4) EUNIE BIEL	1.00	<b>.</b> ,						0.	0.	^
DIRECTOR	1.00	Х						0.	0.	0.
(5) DAVE CHURA	1.00	X						0.	0.	0.
DIRECTOR CONTROL PARTITION OF THE PROPERTY OF	1.00	^						0.	0.	0.
(6) RICHARD DAVENPORT	1.00	X						0.	0.	0.
(7) WADE FAUTH	1.00	Δ						0.	0.	0.
(7) WADE FAUTH DIRECTOR	1.00	X						0.	0.	0.
(8) DAWN HEGLAND	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(9) VICKI JENSEN	1.00							•	•	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
(10) ANNE KLEIN	1.00							•	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(11) WILLIAM MCCORMACK	1.00							•	•	
DIRECTOR		x						0.	0.	0.
(12) KEVIN PAAP	1.00	<del> </del>						•	•	
DIRECTOR		x						0.	0.	0.
(13) MARK PHILLIPS	1.00									
DIRECTOR		х						0.	0.	0.
(14) JOE SCHOMACKER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TONY SERTICH	1.00									
DIRECTOR		Х						0.	0.	0.
(16) TIM VELDE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) RON ZIEGLER	1.00									
DIRECTOR		Х		L	L	L	L	0.	0.	0.

(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					ono	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	on	an	nount	of
	week	$\vdash$	cer ar	id a d	irecto	or/trus	rtee)	from	from related			other	
	(list any hours for	director						the	organization			pensa 	
	related	or di	99			sated		organization	(W-2/1099-MI	SC)		om th	
	organizations	nstee	trust		98	ubeus		(W-2/1099-MISC)			_	anizat d relat	
	below	dual tr	tional		nploy	st cor						anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5.95		
(18) BRAD FINSTAD	40.00	┞		Ť			T						
EXECUTIVE DIRECTOR				Х				135,810.		0.	1	6,2	97.
		_				<u> </u>							
		-											
		1											
						_							
		-											
		-											
		1											
1b Sub-total							▶	135,810.		0.	1	6,2	
c Total from continuation sheets to Par							ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								135,810.		0.	1	6,2	<u>97.</u>
2 Total number of individuals (including bu		nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			1
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former office	oor director or tr	uete	م اده	w or	mnla		٥٢	highest companyated o	mplovoo on			162	INO
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the								her compensation from			•		
and related organizations greater than \$	•							•	•		4	Х	
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," or	•				•						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest	•	-								npens	ation f	rom	
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	/ithi		year.				
(A) Name and busine	ess address	NT	INC	,				<b>(B)</b> Description of s	envices		O) Ompe		n
- Traine and busine	233 add1033	1//	ואוכ	<u> </u>			-	Description of s	ici vices		ompo	isatio	<u>''                                    </u>
<ul> <li>Total number of independent contractor</li> <li>\$100,000 of compensation from the org</li> </ul>	· · · · · · ·	not li	mite	d to		se li: 0	stec	d above) who received n	nore than				
ψτου,σου οι compensation nom the org	ai iiZatiOi I					_					Гокт	200	

41-1919016 CENTER FOR RURAL POLICY & DEVELOPMENT Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 3,575. **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 95,000. e Government grants (contributions) f All other contributions, gifts, grants, and 295,637. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 394,212. h Total. Add lines 1a-1f .... Business Code 900099 56. 56. 2 a PROGRAM INCOME Program Service Revenue f All other program service revenue ..... 56. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,132. 9,132. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 155,000. assets other than inventory b Less: cost or other basis 135,569. and sales expenses 19,431. c Gain or (loss) 19,431. 19,431. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

422,831.

56.

e Total. Add lines 11a-11d

**Total revenue.** See instructions.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	405 040	50 005	40 704	56 440
	trustees, and key employees	135,810.	59,887.	19,781.	56,142.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F0 763	26 252	0 705	24 705
7	Other salaries and wages	59,763.	26,353.	8,705.	24,705.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	40 150	21 226	7 015	10 000
9	Other employee benefits	48,159.	21,236.	7,015.	19,908. 5,835.
10	Payroll taxes	14,116.	6,225.	2,056.	3,833.
11	Fees for services (non-employees):				
	Management				
	Legal	18,422.		10 / 22	
	Accounting	10,422.		18,422.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	3,557.		3,557.	
f	Investment management fees	3,337.		3,337.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E2 074	27 100	9,000.	15 074
	column (A) amount, list line 11g expenses on Sch O.)	52,074.	27,100.	9,000.	15,974.
12	Advertising and promotion	5,677.	3,570.	2,087.	20.
13	Office expenses	2,151.	1,700.	451.	۷0.
14	Information technology	2,131.	1,700.	431.	
15	Royalties				
16	Occupancy	7,893.	133.	6,997.	763.
17	Travel	1,093.	133.	0,331.	703.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,929.	111.	1,657.	161.
19	Conferences, conventions, and meetings	1,343.	T T T •	1,057.	101.
20	Interest Payments to affiliates				
21	Payments to affiliates	811.	255.	556.	
22	Depreciation, depletion, and amortization	2,655.	1,991.	664.	
23 24	Other expenses. Itemize expenses not covered	2,055.	1,551.	001	
<b>24</b>	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 0.)				
а	MISCELLANEOUS	893.		893.	
b	MEMBERSHIPS & FEES	270.	94.	176.	
c	REPAIRS	140.		140.	
d	OUTSOURCED RESEARCH	40.	40.		
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	354,360.	148,695.	82,157.	123,508.
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)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,444. 4,797. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 36,198. 161,676. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 2,735. 1,451. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 14,631. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 14,143. 1,299. 488. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 406,335. 335,282. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 451,364. 500,341. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 16,354. 17 12,692. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 16,354. 12,692. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 309,497. 311,399. 27 Unrestricted net assets 125,513. 176,250. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 435,010. 487,649. Total net assets or fund balances 33 33 451,364. 500,341. Total liabilities and net assets/fund balances

Form **990** (2014)

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

Form **990** (2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR RURAL POLICY & DEVELOPMENT

**Employer identification number** 41-1919016

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital	al's name							
city, and state:	a o riarro,							
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
section 170(b)(1)(A)(iv). (Complete Part II.)								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
section 170(b)(1)(A)(vi). (Complete Part II.)								
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross results of the contribution of the contr	· ·							
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gros	s investment							
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June	30, 1975.							
See section 509(a)(2). (Complete Part III.)								
An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>								
11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes	of one or							
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the k	ox in							
lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
organization. You must complete Part IV, Sections A and B.								
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
control or management of the supporting organization vested in the same persons that control or manage the supported								
organization(s). You must complete Part IV, Sections A and C.								
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
functionally integrated, or Type III non-functionally integrated supporting organization.								
f Enter the number of supported organizations	1							
g Provide the following information about the supported organization(s).								
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) A	mount of							
organization (described on lines 1-9 listed in your support (see other support of the support of	ipport (see							
above or IRC section (see instructions))    Above or IRC section (see instructions)   Yes   No   Instructions)   Instructions   Instructions	uctions)							
(SEE INSTRUCTIONS))								
STATE OF MINNESOTA 41-6007162 7 X X 0.								
· · · · · · · · · · · · ·								

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	, ,						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and <b>stop</b>	here		, , , ,	,		
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the o					nore, check this bo	x and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2013. If the o						
	and <b>stop here.</b> The organization quali						ightharpoons
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"		•	-		•	
h	10% -facts-and-circumstances test						
b		-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		-				<b>\</b>
ΙQ	Private foundation. If the organization	i did not check a	box on line 13, 16	a, 100, 1/a, or 1/	D, CHECK THIS DOX 8	ind see instruction	s

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, piedee com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						······· <b>[</b>

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		37	
	1	X	
	2		X
	0-		Х
	3a		Λ
	3b		
	3с		
	4a		X
	48		21
	4b		
	4c		
	_		v
	5a		Х
	5b		
	5c		
	6		Х
	7		X
			X
	8		21
	9a		Х
			77
	9b		Х
	9c		Х
	30		
	10a		Х
	46:		
	10b 90 or 99	0 EZ	2011
9	90 OF 99	U- <b>⊑</b> ∠)	ZU 14

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

За

Schedule A (Form 990 or 990-EZ) 2014 CENTER FOR RURAL POLICY & DEVELOPMENT 41-1919016 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Sche	dule A (Form 990 or 990-EZ) 2014 CENTER FOR RU	RAL POLICY & D		1-1919016 Page 7
Par		(a)(3) Supporting Orga		· ·
Secti	on D - Distributions		( )	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	<del></del>	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u>b</u>				
c d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	A (Form 990 or 990-EZ) 2014 CENTER FOR RURAL POLICY & DEVELO	PMENT 41-1919016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part	t II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR RURAL POLICY & DEVELOPMENT

**Employer identification number** 41-1919016

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(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		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , ,	
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	<del>-</del>	,
_	Preservation of land for public use (e.g., recreation or e	` <u> </u>	rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.	ned deficer valient definition in the form o	Ta donder varion eacoment on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			2.
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u	· · · · · · · · · · · · · · · · · · ·	•	2d
3	listed in the National Register		
3	year	neased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	soment is located	
_			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		— —
6			
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes tr	ne organization's accounting for
Da	conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or Otl	har Similar Assats
ı u	Complete if the organization answered "Yes" to Form		ner ommur Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	ont and balance shoot works of art
ıa	historical treasures, or other similar assets held for public ext		
			ce of public service, provide, in Part Alli,
	the text of the footnote to its financial statements that described a promitted under SEAS 110 (AS		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	uucation, or research in furtherance of publ	lic service, provide trie following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		<b>.</b>
a	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		-U						<u> </u>	<del></del>		age Z
	t III   Organizations Maintaining C								•		
3	Using the organization's acquisition, accession	on, and other record	ds, check an	y of the	following tha	at are a si	gnificant us	se of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	C			hange progra	ams					
b	Scholarly research	е	e L Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they f	urther tl	he organizati	on's exer	npt purpos	se in Parl	t XIII.		
5	During the year, did the organization solicit o								7	_	,
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the org	anizatio	n answered	"Yes" to I	Form 990, I	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cont	ribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	· ·						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Pai							0.				
		(a) Current year	(b) Prior		(c) Two year		d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, co	olumn (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	<del></del> %									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	e held a	nd administe	ered for th	ne organiza	ition			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Schedule	R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" to Form 990	), Part IV, line	11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	other (	<b>b)</b> Cost	or other	(c) Ac	cumulated		(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	4,631.		14,14	3.		4	88.
	Other										

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

Schedule D (Form 990) 2014

488.

Schedule D	(Form 990) 2014	CENTER F	'OR	RURAL	POLICY	&	DEVELOPM	<b>IENT</b>	41-1	L919016	Page 5
Part VII		Other Securitie	es.								
	Complete if the or	ganization answered	"Yes	to Form 99	00, Part IV, line	11k	o. See Form 990,	Part X, line 12.			
(a) Descrip		gory (including name of se			ook value		(c) Method of v	•		year market	value
(1) Financia	al derivatives										
		S									
(3) Other	. ,	•••••									
(A)											
(B)											
(C)											
(D)											
(E)											
(F)											
(G)											
(H)											
Total. (Col. (	b) must equal Form 99	0, Part X, col. (B) line 1	2.)								
Part VIII	Investments -	Program Relat	ed.								
		ganization answered	"Yes	to Form 99	00, Part IV, line	110	c. See Form 990,	Part X, line 13.			
	(a) Description o	f investment		<b>(b)</b> B	ook value		(c) Method of v	valuation: Cost	or end-of	year market	value
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
		0, Part X, col. (B) line 1	3.)								
Part IX	Other Assets.										
	Complete if the or	ganization answered				110	d. See Form 990,	Part X, line 15.			
			(a	) Description	1					(b) Book va	alue
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
		orm 990, Part X, col.	(B) lii	ne 15.)					▶		
Part X	Other Liabilitie										
		ganization answered	"Yes	to Form 99	00, Part IV, line			n 990, Part X, li	ne 25.		
1.	(a) D	escription of liability				(b)	Book value				
(1) Fed	deral income taxes										
(2)											
(3)											
(4)											
(5)											

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 X

(6) (7) (8)

Part XI	Recon	ciliation of Revenue per Audited Financial Statements With Revenue per Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	406,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-15,832.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	-15,832.
3	Subtract line 2e from line 1			3	422,831.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	422,831.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	354,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	354,360.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	354,360.

### Part XIII Supplemental Information.

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

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

# PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, RELATING TO UNRECOGNIZED TAX BENEFITS ON JULY 1, 2011. THE ADOPTION OF THESE PROVISIONS DID NOT RESULT IN AN INCREASE OF RECOGNIZED TAX LIABILITIES AS THE ORGANIZATION BELIEVES ITS FILING POSITIONS WOULD BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOW.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

Inspection

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR RURAL POLICY & DEVELOPMENT

41-1919016

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		37
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		I

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

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compen		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) BRAD FINSTAD	(i)	135,810.	0.	0.	16,297.	0.	152,107.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.		0.		0.	
	(i)								
	(ii)								
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	(ii)								

Part III Supplemental Information
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.
PART I, LINE 3:
THE BOARD APPROVES THE CEO/EXECUTIVE DIRECTOR COMPENSATION AFTER AN
APPROPRIATE REVIEW OF PERFORMANCE.

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 41-1919016

Name of the organization  CENTER FO	R RURAL POLICY & DEVELOPMENT	Employer identification number 41-1919016
FORM 990, PART VI, SECTIO	N B, LINE 11:	
FORM 990 IS PROVIDED TO T	HE BOARD MEMBERS VIA E-MAIL	
FORM 990, PART VI, SECTIO	ON B, LINE 12C:	
THE BOARD DISCUSSES THE C	CONFLICT OF INTEREST POLICY AN	NUALLY FOR ANY
NECESSARY CHANGES. EACH	BOARD MEMBER SIGNS THE DISCLO	SURE FORM ANNUALLY.
FORM 990, PART VI, SECTIO	N B, LINE 15:	
THE EXECUTIVE DIRECTOR'S	COMPENSATION IS DETERMINED BY	THE BOARD OF
DIRECTORS AND VOTED ON BY	THEM. OTHER EMPLOYEES' COMP	PENSATION IS
DETERMINED BY THE EXECUTI	VE DIRECTOR. WE USE WRITTEN	EMPLOYMENT CONTRACTS.
FORM 990, PART VI, SECTIO	ON C, LINE 19:	
THE ORGANIZATION MAKES IT	'S GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST
POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE TO THE PUBL	IC ON THEIR OWN
WEBSITE AS WELL AS UPON R	EQUEST	
FORM 990, PART IX, LINE 1	1G, OTHER FEES:	
CONSULTING	:	
PROGRAM SERVICE EXPENSES		27,100.
MANAGEMENT AND GENERAL EX	PENSES	0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		27,100.
CONSULTING :		
PROGRAM SERVICE EXPENSES		0.
I WORKEN DERVICE EVERISES		<u> </u>

Name of the organization  CENTER FOR RURAL POLICY & DEVELOPMENT	Employer identification number 41-1919016
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	15 97/
TOTAL EXPENSES	15,974.
CONCLUSION OF THE PROPERTY OF	
CONSULTING :  PROGRAM SERVICE EXPENSES	0.
MANIACEMENIO AND CENEDAL EVDENCEC	0 000
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	0 000
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART XII, LINE 2C  THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSION AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INC.	GHT OF THE
ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR	
	_