BRADY, MARTZ & ASSOCIATES, P.C. P.O. BOX 14296 GRAND FORKS, ND 58208-4296

> COOPERATIVE FAMILY FUND 5930 US 31 GRAWN, MI 49367

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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or th	e 2024 calendar year, or tax year beginning and o	ending		
B c a	heck if pplicab	c Name of organization		D Employer identific	ation number
	Addre	COOPERATIVE FAMILY FUND			
	Name			92-141638	33
	Initial		Room/suite	E Telephone number	
	 return	5030 TTC 31		231-620-9	
	termir ated			G Gross receipts \$	671,112.
	Amen return	ded CDAWN MT 10367		H(a) Is this a group re	turn
	Applie distance	F Name and address of principal officer: ANTHONY ANDERSON		for subordinates'	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
Т	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 🗌 527		list. See instructions
J۷	Vebsi	te: WWW.COOPERATIVEFAMILYFUND.COM		H(c) Group exemptior	n number
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2022 N	State of legal domicile: MI
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: \underline{TOPF}	ROVIDE	GRIEF COUNS	SELING AND
nce		FINANCIAL ASSISTANCE TO FAMILIES OF DECEA			
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ovel	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
80	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	7
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		819,610.	623,799.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,519.	47,313.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		842,129.	671,112.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	20,291.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,659.	11,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,659.	31,822.
	19	Revenue less expenses. Subtract line 18 from line 12		806,470.	639,290.
Assets or d Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		807,470.	1,446,760.
t As	21	Total liabilities (Part X, line 26)		0.	0.
Fund		Net assets or fund balances. Subtract line 21 from line 20		807,470.	1,446,760.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		O'medua de ll'est			
<u> </u>		Signature of officer		Date	

Sign	Signature of officer		Date					
Here	ANTHONY ANDERSON, PRESIDENT							
	Type or print name and title							
D. 14	Preparer's name	Preparer's signature						
Paid	DAVID HOLT	•	03/21/25 self-employed P00014251					
Preparer	Firm's name BRADY, MARTZ & AS	SOCIATES, P.C.	Firm's EIN 45-0310328					
Use Only	Firm's address P.O. BOX 14296							
GRAND FORKS, ND 58208-4296 Phone no.701-775-46								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)							

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2024) COOPERATIVE FAMILY FUND	92-1416383	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	X
1	Briefly describe the organization's mission:		
	THE PURPOSE OF THE COOPERATIVE FAMILY FUND IS TO PROVIDE CHILDREN OF ELECTRIC COOPERATIVE EMPLOYEES WHEN THEY EXPL		
	LOSS OF A PARENT WHILE ACTIVELY EMPLOYED AT A COOPERATIVE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes .	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes .	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$27,239. including grants of \$0 (Revenue) (Revenue))
та	COOPERATIVE FAMILY FUND'S MISSION IS TO PROVIDE GRIEF CO	UNSELING AND	/
	FINANCIAL ASSISTANCE TO FAMILIES OF DECEASED COOPERATIVE		
	COOPERATIVES HELPING COOPERATIVES IS A CORE VALUE. IN TIL	MES OF DEATH	
	AND CRISIS, LOCAL ELECTRIC COOPERATIVE MEMBERS BAND TOGE		
	THOSE IN NEED. CHILDREN OF ELECTRIC COOPERATIVE EMPLOYEE;		
		E COOPERATIVE	
	FAMILY FUND. LOSING A LOVED ONE IS DIFFICULT AND THIS FU		
	CHILDREN AFFECTED BY LOSS BY PROVIDING EMOTIONAL AND FINA WE WILL PROVIDE EMOTIONAL SUPPORT SUCH AS SCRAPBOOKS FOR		
	CARE CARDS, ATTENDING EVENTS WITH CHILDREN WHO HAVE LOST		/
	WOULD NORMALLY BE THE ONE TO ATTEND, AND A ONE-TIME MONE'		
	CONTRIBUTION WILL BE MADE TO AFFECTED FAMILIES AND CHILD		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 27,239.	,	
		Form 990	0 (2024)
432002	2 12-10-24		
	2		

2024.03002 COOPERATIVE FAMILY FUND 13176__1

Form 99	0 (2024)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
432003	12-10-24	Form	990 (2024)

3

432003 12-10-24

2024.03002 COOPERATIVE FAMILY FUND

	checkiet of frequined concluded (continued)		Vee	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated 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 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		<u> </u>
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		X
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30				
	contributions? If "Yes," complete Schedule M	30		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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Notes All Form 2000 Flore and the data second to 2 Octo data O	38	х	
Par		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
432004	12-10-24	Form	990	(2024)
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2024.03002 COOPERATIVE FAMILY FUND 13176_1

orm	990 (2024) COOPERATIVE FAMILY FUND	92-1416	383	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		x
			3a ⊃⊾		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other aut		10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial acc If "Yes," enter the name of the foreign country	.ount) ?	<u>4a</u>		- 23
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounte (EBAB)			
52		,	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	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 organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000				
	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				
	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 servic	es provided to the pavor?	7a		x
b			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		x
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	l1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	1b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	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	1			
		13b	-		
С	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerate	ion or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	icome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
	12-10-24		Form	990	(202)

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⁵ 2024.03002 COOPERATIVE FAMILY FUND 13176_1

Form 990	(2024)
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92-1416383 Page 6

 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 on Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1 a	7			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
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?					Х
3	Did the organization delegate control over management duties customarily performed by or under the		t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	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, si					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				Х	
с	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
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 approva	l by in	dependent			
	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		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı'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 filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	finano	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 boo	oks and	d records			
	THE ORGANIZATION - 231-620-9214					
	5930 US 31, GRAWN, MI 49367				000	
432006	12-10-24			Form	990	(2024)
	6					

2024.03002 COOPERATIVE FAMILY FUND 13176_1

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	, Highest Compensate
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average			(Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box offi	(do not check more tha box, unless person is b officer and a director/tr			s both	n an	compensation	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) TONY ANDERSON	10.00								0	0	
PRESIDENT	1 0 0	Х		X				0.	0.	0.	
(2) ALAN WATTLES	1.00			v					0		
VICE PRESIDENT	1 00	Х		X				0.	0.	0.	
(3) KRISTINE DEJARNETTE SECRETARY	1.00	x		x				0.	0.	0.	
(4) DAVID CALLIS	1.00										
TREASURER		Х		Х				0.	0.	0.	
(5) KERRIE ROBISON	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) ANNE HARVEY	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) EMILY COWAN	1.00										
DIRECTOR		Х						0.	0.	0.	
		-									
		1									
420007 10 10 04	1							1		Eorm 990 (2024)	

7

432007 12-10-24

Form 990 (2024)

								Page 8				
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	Average Position (do not check more box, unless person is			than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	ated int of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comper from organi and re organiz	the zation elated
											-	
	Subtotal								0.	0		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A	· · · · · · · ·						0.0.	0 0	•	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Ye	0 es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>										3	x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual		4	x
	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors										5	X
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y			
	(A) (B) Description of services Co						(C) Compensa	tion				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	l to i	thos (ted	above) who received mo	ore than		
											Form 99	0 (2024)

			2024) COOPERATIVE	FAMILY FU	ND		92-1416	383 Page
Pai	rt V	111	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any lin			/	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
s is	1	а	Federated campaigns					
n i			Membership dues 1b					
, e			Fundraising events 1c					
ar A			Related organizations 1d					
, nilo			Government grants (contributions) 1e					
ŝ			All other contributions, gifts, grants, and					
her			similar amounts not included above 1f	623,799.				
and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f					
and		-	Total. Add lines 1a-1f		623,799.			
				Business Code	,			
,	2	а						
Revenue		b						
ine		č						
ve		d						
Beer and a second		۵ ۵						
2		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, in					
	Ŭ				47,313.			47,313
	4		Income from investment of tax-exempt bor					
	5		Royalties	-				
	Ŭ		(i) Real	(ii) Personal				
	6	a	Gross rents 6a	(
	-		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loco)					
			Gross amount from sales of (i) Securiti	es (ii) Other				
	'	u	assets other than inventory 7a					
		h	Less: cost or other basis					
Ð			and sales expenses					
venue			Gain or (loss) 70					
A) I			Net gain or (loss)					
r Re			Gross income from fundraising events (not					
Other	0		including \$ of					
			contributions reported on line 1c). See					
			. ,	8a				
		h	Less: direct expenses	8b				
			Net income or (loss) from fundraising even					
			Gross income from gaming activities. See					
	3	a	Part IV, line 19	9a				
		h		9b				
			Net income or (loss) from gaming activities	· · · · ·				
			Gross sales of inventory, less returns					
	10	u		10a				
		h		10b				
			Net income or (loss) from sales of inventor					
+		<u> </u>		Business Code				
3	11	2						
ne o		a b						
Revenue Bevenue								
Revenue		с С						
Ē			All other revenue					
		e	Total. Add lines 11a-11d		671,112.	0.	0.	47,313
	12		Total revenue. See instructions			U •	U •	Form 990 (20

Form 990 (2024

COOPERATIVE FAMILY FUND 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).

Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 20,291. 20,291. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 1,167. 1,167. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 2,087. 2,087. column (A), amount, list line 11g expenses on Sch 0.) 4,365. 4,365. Advertising and promotion 12 2,583. 2,583. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,329. 1,329. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 31,822. 27,239. 4,583. 0. Total functional expenses. Add lines 1 through 24e 25 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)

10

Form 990 (2024)

Assets

Liabilities

Net Assets or Fund Balances

23 24 25

26

27

28

29

30

31

32

33

Organizations that follow FASB ASC 958, check here

Net assets without donor restrictions

and complete lines 27, 28, 32, and 33.

Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 1,446,760. 807,470. Total net assets or fund balances 32 807,470. 1,446,760. 33 Total liabilities and net assets/fund balances Form 990 (2024)

<u>807,4</u>70.

27

28

1,446,760.

COOPERATIVE FAMILY FUND Part X | Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	58,591.	1	55,858.
2	Savings and temporary cash investments	173,386.	2	217,604.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	575,493.	11	1,173,298.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	807,470.	16	1,446,760.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.

X

11

_	990 (2024) COOPERATIVE FAMILY FUND	92-	1416383	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80	7,4	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,44	6,7	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2024)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2024
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization						Employer	identification number
			ERATIVE FAN						2-1416383
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Teta									
Tota							1		1

Schedule	A (Form 990)	2024
Part II	Suppor	t Sch

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,000.	819,610.	623,799.	1444409.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1,000.	819,610.	623,799.	1444409.
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)						308,005.
6	Public support. Subtract line 5 from line 4.						1136404.
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4			1,000.	819,610.	623,799.	1444409.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				22,519.	47,313.	69,832.
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						1514241.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop						X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2024. If the o	organization did no	t check the box c	on line 13, and line ¹	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2023. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	eck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	, check this box a	nd see instructions	;
						Schedule A	(Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4 (f) Total
1	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 disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) orga	nization,
_							
	tion C. Computation of Public					<u> </u>	
	Public support percentage for 2024 (•	column (f))		15	%
	Public support percentage from 2023					16	%
	tion D. Computation of Inves					. -	
17	Investment income percentage for 20			line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2024. If the						
	more than 33 1/3%, check this box at 22 1/2% our part tooto	-	•		•••		
b	33 1/3% support tests - 2023. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did hot check a		a, ULISD, CHECK I	THIS DUX AND SEE IN		dule A (Form 990) 2024
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^{2024.03002} COOPERATIVE FAMILY FUND 13176_1

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Yes No

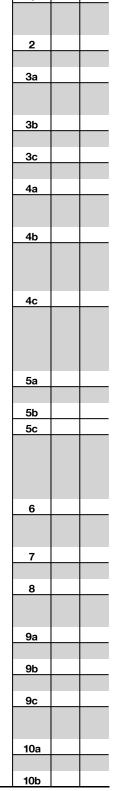
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b 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.)

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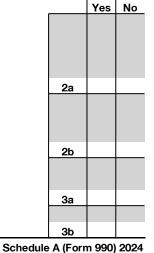
Schedule A (Form 990) 2024

16

Schedule A (Form 990) 2024 COOPERATIVE FAMILY FUND

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Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
iec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	aon D. Air Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)		
' a	The organization satisfied the Activities Test. Complete line 2 below			

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- 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.
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2024.03002 COOPERATIVE FAMILY FUND

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Schedule A	(Form 990) 2024
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1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2024

432026 01-14-25

Schedule A (Form 990) 2024

Section D - Distributions

COOPERATIVE FAMILY FUND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2024 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 b Excess from 2021

Schedule A (Form 990) 2024

432027 01-14-25

c Excess from 2022 d Excess from 2023 e Excess from 2024

Schedule A (Form 990) 2024 COOPERATIVE FAMILY FUND	92-1416383 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c	or 17b; Part III, line 12;
Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines	1 and 2: Part IV. Section C.
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V	V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	onal information.
SCHEDULE A, PART II	
THE ORGANIZATION WAS FORMED IN 2022. 2022 WAS A SHORT YEAR.	THE FIRST
FULL YEAR OF OPERATIONS WAS 2023.	
TOBE TEAK OF OTEKATIONS WAS 2023.	
432028 01-14-25	Schedule A (Form 990) 2024
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

92-1416383

2024

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
COBANK	50,000.	19,715.
FEDERATED RURAL ELECTRIC MANAGEMENT CORP	41,000.	10,715.
MECA	100,000.	69,715.
NRECA	150,000.	119,715.
NATIONAL RURAL UTILITIES FINANCE CORPORATION	100,000.	69,715.
THE LASCO FOUNDATION	45,000.	14,715.
NEBRASKA RURAL ELECTRIC ASSN	34,000.	3,715.
Total Excess Contributions to Schedule A, Part II, Line 5		308,005

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

92-1416383

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

COOPERATIVE FAMILY FUND

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Page **2**

Employer identification number

92-1416383

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	FALL RIVER RURAL ELECTRIC COOPERATIVE, INC.1150 NORTH 3400 EASTASHTON, ID 83420	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FEDERATED RURAL ELECTRIC MANAGEMENT CORP 7725 RENNER RD SHAWNEE, KS 66217	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NRECA <u>4301 WILSON BLVD</u> ARLINGTON, VA 22203	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NATIONAL RURAL UTILITIES FINANCE CORPORATION 20701 COOPERATIVE WAY DULLES, VA 20166	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RESCO <u>PO BOX 44430</u> <u>MADISON, WI 53744</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAL AND TINA CARSTENSEN PO BOX 414 LUSK, WY 82225	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (Rev. 12-2024)

Schedule B (Form 990) (Rev. 12-2024)

Name of or	ganization
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Page **2** Employer identification number

92-1416383

COOPERATIVE FAMILY FUND

Contributors (see instructions). Use duplicate copies of Part I if addition	lai space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
WRIGHT HENNEPIN ECA PO BOX 330 ROCKFORD, MN 55373	- _ \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
OHIO RURAL ELECTRIC COOPERATIVES <u>6677 BUSCH BLVD</u> <u>COLUMBUS, OH 43229</u>	\$9,289.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
CHELCO PO BOX 512 DUFUNIAK SPRINGS, FL 32435	- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BALDWIN COUNTY EMC PO BOX 220 SUMMERDALE, AL 36580	- _ \$\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
OCONTO ELECTRIC COOPERATIVE PO BOX 168 OCONTO FALLS, WI 54154	- _ \$10,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
WILD RICE ELECTRIC COOPERATIVE PO BOX 438 MAHNOMEN, MN 56557	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Ile B (Form 990) (Rev. 12-2024)
	(b) Name, address, and ZIP + 4 WRIGHT HENNEPIN ECA PO BOX 330 ROCKFORD, MN 55373 (b) Name, address, and ZIP + 4 OHIO RURAL ELECTRIC COOPERATIVES 6677 BUSCH BLVD COLUMBUS, OH 43229 (b) Name, address, and ZIP + 4 CHELCO PO BOX 512 DUFUNIAK SPRINGS, FL 32435 (b) Name, address, and ZIP + 4 BALDWIN COUNTY EMC PO BOX 220 SUMMERDALE, AL 36580 (b) Name, address, and ZIP + 4 OCONTO ELECTRIC COOPERATIVE PO BOX 168 OCONTO FALLS, WI 54154 (b) Name, address, and ZIP + 4 WILD RICE ELECTRIC COOPERATIVE PO BOX 438	(b) Name, address, and ZIP + 4(c) Total contributionsWRIGHT HENNEPIN ECA PO BOX 330\$ 10,000.ROCKFORD, MN 55373\$ 10,000.ROCKFORD, MN 55373(c) Total contributionsOHIO RURAL ELECTRIC COOPERATIVES 6677 BUSCH BLVD\$ 9,289.COLUMBUS, OH 43229(c) Total contributions(b) Name, address, and ZIP + 4(c) Total contributionsCHELCO PO BOX 512(c) Total contributionsDUFUNIAK SPRINGS, FL 32435\$ 5,000.(b) Name, address, and ZIP + 4(c) Total contributionsBALDWIN COUNTY EMC PO BOX 220\$ 15,000.SUMMERDALE, AL 36580\$ 10,000.(b) Name, address, and ZIP + 4(c) Total contributionsOCONTO ELECTRIC COOPERATIVE PO BOX 168\$ 10,000.OCONTO FALLS, WI 54154\$ 10,000.(b) Name, address, and ZIP + 4(c) Total contributionsWILD RICE ELECTRIC COOPERATIVE PO BOX 438\$ 6,000.WILD RICE ELECTRIC COOPERATIVE PO BOX 438\$ 6,000.

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Employer identification number

92-1416383

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LINN COUNTY RURAL ELECTRIC COOPERATIVE PO BOX 69 MARION, IA 52302	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ATHENS AREA COMMUNITY FOUNDATION PO BOX 1543 ATHENS, GA 30603	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	TRI-COUNTY ELECTRIC COOPERATIVE 3906 BROADWAY ST MT VERNON, IL 62864	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	TRI-STATE G&T PO BOX 33695 DENVER, CO 80233	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RURAL ECONOMIC ACTION ALLIANCE PO BOX 33695 DENVER, CO 80233	\$19,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	NORTH CAROLINA ASSN OF ELECTRIC COOPS 3400 SUMMER BLVD RALEIGH, NC 27616	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 01-09	9-25	Schedu	Ile B (Form 990) (Rev. 12-2024)

2024.03002 COOPERATIVE FAMILY FUND 13176__1

Schedule B (Form 990) (Rev. 12-2024)

COOPERATIVE FAMILY FUND

Name of organization

Employer identification number

92-1416383

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 NORTH ITASCA ELECTRIC COOPERATIVE X Person Payroll PO BOX 227 5,000. Noncash \$ (Complete Part II for BIGFORK, MN 56628 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 GREYSTONE POWER CORPORATION X Person Payroll PO BOX 897 10,000. Noncash \$ (Complete Part II for DOUGLASVILLE, GA 30133 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 21 NEBRASKA RURAL ELECTRIC ASSN X Person Payroll PO BOX 82048 34,000. Noncash \$ (Complete Part II for LINCOLN, NE 68501 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

423452 01-09-25

26 2024.03002 COOPERATIVE FAMILY FUND 13176__1

Page 3

Employer identification number

92-1416383

COOPERATIVE FAMILY FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

27

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Name of o	organization				Employer identification number		
COOPE	RATIVE FAMILY FUND				92-1416383		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations describ	ed in section 50	1(c)(7), (8), or (10) th	at total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	le year. (Enter this info. o	nce.) \$		
(a) No. from	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	cription of how gift is held		
		(e) Transfe	er of gift				
	Transferee's name, address, a	and $7IP \pm 4$	в	elationshin of tra	nsferor to transferee		
(a) No. from			0				
Part I	(b) Purpose of gift	(c) Use of gi	π	(d) Desc	cription of how gift is held		
		(e) Transfe	er of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
Part I	((0) 000 0. g.					
			n of aift				
		(e) Transfe	ar of gift				
	Transferee's name, address, a	and ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	cription of how gift is held		
Part I							
		(e) Transfe	er of gift				
	Transferee's name, address, a	and ZIP + 4	R	elationship of tra	nsferor to transferee		
		_					
423454 01-09	9-25				Schedule B (Form 990) (Rev. 12-2024)		

28 2024.03002 COOPERATIVE FAMILY FUND 13176_1

SCHEDULE I (Form 990) (Rev. December 2024)	Governments, and Individuals in the United States							OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		Go	o to www.irs.gov/For	Attach to Forn m990 for instruct		t information.		Open to Public Inspection	
Name of the organization		VE FAMILY	FUND					Employer identification number 92-1416383	
Part I General In	formation on Grants a								
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	stance?	-			-	stance, and the selecti		No
Part II Grants and	d Other Assistance to nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) COOPERATIVE FAMILY FUND

92-1416383

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NE-TIME MONETARY CONTRIBUTION	2	20,291.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
ART I, LINE 2: RANTEES ARE INDIVIDUALS WHO HAVE	EXPERIENC	ED THE LOS	S OF A PAR	ENT WHILE	
CTIVELY EMPLOYED AT A COOPERATIV					
SUPPORT FOR THE CHILDREN OF THE E					
NE-TIME MONETARY CONTRIBUTION WE					
OLLEGE OR ANY OTHER EXPENSES REL					
DULTHOOD. THE ORGANIZATION MAINT					
RANTS GIVEN IN ITS FINANCIAL REC COOPERATIVE'S HR DEPARTMENT WILL					
HILDREN'S BEHALF.	TUTITVIE I		TENT FROCES		

SCHEDULE O	Supplemental Ir	nformation to Form 990 o	or 990 [.]	EZ	OMB No. 1545-0047
(Form 990)	Complete to provide	information for responses to specific ques	tions on		OMB NO. 1545-0047
(Rev. December 2024)		0-EZ or to provide any additional informati	on.		Open to Public
Department of the Treasury Internal Revenue Service		ach to Form 990 or Form 990-EZ. orm990 for instructions and the latest infor	mation.		Inspection
Name of the organization				Employer	identification number
	COOPERATIVE FA	MILY FUND			416383
FORM 990, PA		SCRIPTION OF ORGANIZATI	ON MT		
	ACTIVELY DEMONSTR				WORK
	OPERATIVE FAMILIES			-	-
FORM 990, PA	RT VI, SECTION A,	LINE 88.			
	COMMITTEES WITH A		LF OF	THE G	OVERNING
BODY.	COMMITTED WITH A	UTHORITY TO ACT ON DEHA			
FORM 990, PA	RT VI, SECTION B,	LINE 11B:			
A COMPLETE C	• •	EINE IIE: EMAILED TO THE BOARD E		тт те	FILED. IT
			<u>EFURE</u>	11 15	
IS THEN DISC	JSSED AT THE SUBSE	QUENT BOARD MEETING.			
		T TNE 100			
<i>i</i>	RT VI, SECTION B,				
		OR POSSIBLE CONFLICT OF			AN
	ERSON MUST DISCLOS		FINAN		NTEREST AND
		SCLOSE ALL MATERIAL FAC			IRECTORS
		GOVERNING BOARD DELEGA			
THE PROPOSED	TRANSACTION OR AR	RANGEMENT. IF A CONFLIC	TIS	DISCLO	SED, THE
INTERESTED P	ERSON SHALL LEAVE	THE GOVERNING BOARD OR	COMMI	TTEE M	EETING
WHILE THE DE	FERMINATION OF A C	ONFLICT OF INTEREST IS	DISCU	SSED A	ND VOTED
UPON. THE BO	ARD SHALL THEN DET	ERMINE WHICH PROCEDURE	SHALL	BE US	ED FOR
ADDRESSING T	HE CONFLICT OF INT	EREST BASED ON WHAT IS	IN TH	E BEST	INTEREST
OF THE ORGAN					
FORM 990, PA	RT VI, SECTION C,	LINE 18:			
	· · · ·	ILABLE UPON REQUEST.			
FORM 990, PA	RT VI, SECTION C,	LINE 19:			
GOVERNING DO			FTNA	NCTAL	STATEMENTS
	E UPON REQUEST.		<u> </u>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 432211 01-15-25

Schedule O (Form 990) (Rev. 12-2024)

31 13176__1 2024.03002 COOPERATIVE FAMILY FUND