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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2006** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDEPENDENT PROFESSIONAL SEEDSMEN ASSOC.		D Employer identification number 36-3652987	
		Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number
		2320 S. 48TH STREET		102	402-483-2571
		City or town, state or country, and ZIP + 4 LINCOLN, NE 68506-5810		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: N/A

G Website: **www.ipsaweb.com**

J Organization type (check only one): 501(c) (6) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **369,529.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			281,850.
	4 Interest on savings and temporary cash investments	4			27,354.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) Subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	b Less cost or other basis and sales expenses	8c			
	d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			60,325.	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			369,529.	
Expenses	13 Program services (from line 44, column (B))	13			
	14 Management and general (from line 44, column (C))	14			
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17			340,696.	
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18			28,833.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			236,023.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20			43,161.
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			308,017.

STATE UNIT RECEIVED NOV 07 2012
COUNCIL BRANCH UGDEN

INTERNAL REVENUE SERVICE
OCT 19 2012
MATCHING UNIT COVINGTON, KY

623001 01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2006)

SCANNED NOV 29 2012

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	0.		
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	3,893.		
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	1,406.		
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	2,570.		
39 Travel	39	10,447.		
40 Conferences, conventions, and meetings	40	2,524.		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g See Statement 2	43g	319,856.		
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	340,696.		

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a ORGANIZATION PROVIDES FORUM FOR GENETICS RESEARCH. INDEPENDENT PRODUCERS ADDRESS PROBLEMS WITH SEED VARIETIES AND PROPOSE CORRECTIVE ACTION THROUGH GENETICS RESEARCH. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b PROVIDE EDUCATION AND TRAINING MATERIALS REGARDING SEED GENETICS. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	106,204.	45	31,784.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	16,624.	53	4,670.
	54 a Investments - publicly-traded securities Stmt 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	242,842.	54a	408,754.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment basis			
b Less accumulated depreciation		57c		
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	365,670.	59	445,208.	
Liabilities	60 Accounts payable and accrued expenses	1,819.	60	283.
	61 Grants payable		61	
	62 Deferred revenue	127,828.	62	136,908.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	129,647.	66	137,191.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	225,678.	67	297,672.
	68 Temporarily restricted	10,345.	68	10,345.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	236,023.	73	308,017.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	365,670.	74	445,208.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2) for revenue reconciliation. Total revenue is 369,529.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2) for expense reconciliation. Total expenses are 340,696.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'See Statement 5'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: 9. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1: None.

Part VI Other Information (See the instructions)

Table with 3 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 81a: 0. 81b: X.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	X	
	c Dues, assessments, and similar amounts from members		N/A
	85c		
	d Section 162(e) lobbying and political expenditures		N/A
	85d		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
	85e		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
	85f		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
	85g		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
	86a		
	b Gross receipts, included on line 12, for public use of club facilities		N/A
	86b		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
	87a		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
	87b		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	88a		
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
	88b		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
	89b		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <u>N/A</u>		
	89g		
90 a	List the states with which a copy of this return is filed <u>None</u>		
	b Number of employees employed in the pay period that includes March 12, 2006	90b	0
91 a	The books are in care of <u>GREG RHUELE</u> Telephone no <u>402-483-2571</u> Located at <u>2320 S. 48TH ST., SUITE 102, LINCOLN, NE</u> ZIP + 4 <u>68506-5810</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					281,850.
95 Interest on savings and temporary cash investments			14	27,354.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a TRAINING PROGRAMS					6,975.
b PROJECT CONTRIBUTIONS			22	52,950.	
c DIRECTORY ADVERTISING	541800	400.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		400.		80,304.	288,825.
105 Total (add line 104, columns (B), (D), and (E))					369,529.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.


	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: Oct 17, 2012

Type or print name and title: Gregory G. Ruelle

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DANA F. COLE & COMPANY, LLP
1248 O STREET, SUITE 500
LINCOLN, NE 68508

EIN: _____ Phone no: 402-479-9300

Form 990 Other Changes in Net Assets or Fund Balances Statement 1

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	43,161.
Total to Form 990, Part I, line 20	43,161.

Form 990 Other Expenses Statement 2

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PROJECT COSTS	64,236.			
ANNUAL MEETING	111,979.			
BUSINESS DEVELOPMENT COMMITTEE	132.			
DUES AND SUBSCRIPTIONS	977.			
INSURANCE	1,360.			
MANAGEMENT FEES	128,500.			
MISCELLANEOUS	1,397.			
OFFICE EXPENSE	1,126.			
RESEARCH COMMITTEE	132.			
TRAINING CURRICULUM	3,609.			
ADVERTISING	1,673.			
BANK SERVICE CHARGES	3,153.			
MEMBERSHIP COMMITTEE	225.			
NEWSLETTER DEVELOPMENT	380.			
WEBSITE HOSTING AND MAINTENANCE	977.			
Total to Fm 990, ln 43	319,856.			

Form 990 Statement of Organization's Primary Exempt Purpose Statement 3
Part III

Explanation

THE PURPOSE OF THIS ASSOCIATION IS TO IDENTIFY PROBLEMS COMMON TO SEED CORN COMPANIES AND TO ADDRESS THOSE PROBLEMS AS A GROUP.

Form 990 Non-Government Securities Statement 4

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
CORPORATE INVESTMENTS	FMV	408,754.			408,754.
To Form 990, line 54a, Col B		408,754.			408,754.

Form 990 Part V-A - List of Current Officers, Directors, Trustees and Key Employees Statement 5

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
KEVIN DAHLMAN DAHLCO SEEDS, INC COKATO, MN 55321	PRESIDENT 0.00	0.	0.	0.
TOM BURRUS BURRUS BROTHERS ARENZVILLE, IL 62611	VICE PRESIDENT 0.00	0.	0.	0.
GLENN DAVIS LEGENDS SEEDS, INC DESMET, SD 57231	2ND VICE PRESIDENT 0.00	0.	0.	0.
BRUCE YERKS YERKS SEED, INC WOODBURN, IN 46797	SECRETARY 0.00	0.	0.	0.
BILL LATHAM LATHAM SEED CO ALEXANDER, IA 50420	TREASURER 0.00	0.	0.	0.
LOU SCHWEIGERT GRO ALLIANCE CUBA CITY, WI 53807	DIRECTOR 0.00	0.	0.	0.
JULIE CATLETT TRISLER SEED FARMS FAIRMOUNT, IL 61841	DIRECTOR 0.00	0.	0.	0.

INDEPENDENT PROFESSIONAL SEEDSMEN ASSOC.

36-3652987

CAROL HEESAHER GRASSLAND CENTRAL JORDAN, MN 55352	DIRECTOR 0.00	0.	0.	0.
DENNIS LUTGEN STAR SEED, INC BELOIT, KS 67420	DIRECTOR 0.00	0.	0.	0.
Totals Included on Form 990, Part V-A		0.	0.	0.

Form 990 Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes Statement 6

Line	Explanation of Relationship of Activities
94	MEMBERSHIP DUES AND ASSESSMENTS PROVIDE A MEANS FOR COOPERATIVE EFFORTS IN SEED GENETICS. DUES PROVIDE MEMBERS WITH CURRENT INFORMATION RELATED TO THE SEED INDUSTRY. THE ORGANIZATION PROMOTES THE INDEPENDENT SECTOR OF THE SEED INDUSTRY.
103	FEES FROM TRAINING SEMINARS ON MATTERS PROMOTING ITS MEMBERS COMMON BUSINESS INTEREST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization INDEPENDENT PROFESSIONAL SEEDSMEN ASSOC.	Employer identification number 36-3652987
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2320 S. 48TH STREET, No. 102	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN, NE 68506-5810	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **GREG RHUELE**
 Telephone No ▶ **402-483-2571** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.