

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form **Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public

Inspection

For the 2008 calendar year, or tax year beginning and ending D Employer identification number Check if applicable Please C Name of organization use IRS Address change label or NEBRASKA DRY BEAN GROWERS ASSN. 47-0650186 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return type. Room/suite See 308-633-1387 955 E COUNTRY CLUB ROAD, STE B-1 Termination Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 Instruc-NE 69341 GERING Number Application pending X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: WWW.BEANGROWER.COM If the organization is not Check > attach Schedule B (Form 990, 990-PF) Organization type (check only one)— X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527 I if the organization is not a section 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. 56,262 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 85 4 Investment income 5a Gross amount from sale of assets other than inventory 5a h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 50 C Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions Gross revenue (not including \$ reported on line 1) 6b Less, direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances Less cost of goods sold b 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe R R 56,262 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule): 10 10 11 11 Benefits paid to or for members 16,616 Salaries, other compensation, and employee benefits 12 12 13 13 Professional fees and other payments to independent contractors 14 2,450 Occupancy, rent, utilities, and maintenance 14 27,181 15 Printing, publications, postage, and shipping 15 2,267Other expenses (describe ► SEE STATEMENT 1 16 16 48,514 17 Total expenses. Add lines 10 through 16 7,748 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 16,290 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 1,009 SEE STATEMENT 2 20 Other changes in net assets or fund balances (attach explanation) 20 Š 25,047 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (A) Beginning of year (See the instructions for Part II) 3,980 16,847 22 22 Cash, savings, and investments 487 23 Land and buildings SEE STATEMENT 3 3,640 20,580 Other assets (describe 24 20,487 25,047 25 4,197 26 Total liabilities (describe SEE STATEMENT 4 26 16,290 25,047 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

	RASKA DRY BEAN GROWERS AS		<u>7-0650186</u>			Page 2
	f Program Service Accomplishments	(See the instruc	tions for Part I	II.)		penses
What is the organization's prima	ry exempt purpose?					d for 501(c)(3)
SEE STATEMENT 5 '				and (4) organizations		
	carrying out the organization's exempt purposes. In					7(a)(1) trusts;
	the number of persons benefited, or other relevant	information for each	n program title		optional f	for others.)
28						
		•			1	
				<u> </u>		
(Grants \$) If this amount includes foreign grants, o	check here	<u> </u>	28	'	
29						
		•			İ	
(Grants \$) If this amount includes foreign grants, o	shack hara		29a	.	
30) It this amount moddes for eight grants, t	oneon nere			' 	
	• • •		• • •			
(Grants \$) If this amount includes foreign grants, o	check here	•	[] 30a	,	
31 Other program services (atta						
(Grants \$) If this amount includes foreign grants, o	check here	<u> </u>	31	<u>. </u>	
32 Total program service exp	enses (add lines 28a through 31a)			▶ 32		
Part IV List of Officers	, Directors, Trustees, and Key Employees. List e		compensated. (Se			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		nbutions to enefit plans &	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred co	mpensation	other allowances
CRAIG HENKEL	BAYARD	PRESIDENT				
7326 ROAD 110	NE 69334		0		0	0
JEFF NICHOLS	MINATARE	V PRESIDENT				
310761 HIGHLAND RD.	NE 69356		•	-	0	<u> </u>
JOHN MASER	GERING .	TREASURER	١ .		0	
810 WESTWOOD	NE 69341					0
	•					
	·					
						
			-			
	• • •					
						
			_		_	
				1		
						
	•••			1		
				 		
				 		
	•					
DAA					Fc	om 990-EZ (2008)

DAA

c At any time during the calendar year, did the organization maintain an office outside of the US?

42c

If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

No Yes X

"Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ (2008)

Form **990-EZ** (2008)

May the IRS discuss this return with the preparer shown above? See instructions

Name(s) shown on return

Department of the Treasure Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Identifying number

NEBRASKA DRY BEAN GROWERS ASSN. 47-0650186 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 325 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recover (f) Method (g) Depreciation deduction (business/investment use (e) Convention (a) Classification of property year placed in period service only-see instructions) 19a 3-year property 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L 27.5 yrs MM h Residential rental property 27 5 yrs MM S/L MM 39 yrs S/L Nonresidential real property MM Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L 40-year Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 325 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

47-0650186

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TRAVEL	1,180
CONFERENCES/MEETINGS	560
INTEREST	20
INSURANCE	247
DUES & SUBSCRIPTIONS	260
TOTAL	\$ 2,267

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
PRIOR PERIOD ADJUSTMENT	\$	1,009
TOTAL	\$	1,009

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
ACCOUNTS RECEIVABLE FIXED ASSETS	\$ 3,640	\$ 20,580
	3,640	20,580

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ <u>4,197</u> \$	S
	4,197	

47-0650186

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE ASSOCIATION IS A LOBBYING AND SUPPORTIVE ENTITY THAT CONTINUES TO FOCUS ITS EFFORTS ON ASSISTING PRODUCERS OF DRY BEANS, LANDOWNERS, AND ON EDUCATING THE PUBLIC ABOUT THE NUTRITIONAL VALUE OF DRY EDIBLE BEANS.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

MAINTAINING AN OFFICE FOR LOCAL AREA GROWERS TO ACCESS SERVICES OF THE NEBRASKA DRY BEAN GROWERS ASSOCIATION.