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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** 9/1/2010 **, and ending** 8/31/2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Sarpy County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1256 Golden Gate Dr

City or town | state or country | ZIP + 4
Papillion | NE | 68046-2898

D **Employer identification number**
47-0420681

E Telephone number
402-339-8778

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 65,428

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	17,643
	4	Investment income		4	47,775
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	10
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	65,428
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	10,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	9,213
	13	Professional fees and other payments to independent contractors		13	45,359
	14	Occupancy, rent, utilities, and maintenance		14	10,824
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	16,302
	17	**Total expenses.** Add lines 10 through 16	▶	17	91,698
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-26,270
	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	470,460
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	444,190

P

20

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	436,047	22	407,261
23	Land and buildings	34,424	23	33,809
24	Other assets (describe in Schedule O)		24	3,120
25	**Total assets**	470,471	25	444,190
26	**Total liabilities** (describe in Schedule O)	11	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	470,460	27	444,190

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [ ]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 To promote the social, economic and educational welfare of agriculture

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses.** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jerry Knapp 19010 S 168th St Springfield NE 68059	Title President Hr/WK 1 00	0		
Larry Timm 17402 S 180th St Springfield NR 68059	Title V Pres Hr/WK 50	0		
Charles Trumble 5402 Hwy 370 Papillion NE 68133	Title Sec/Treas Hr/WK 50	0		
Marvin Leaders 10809 S 144th St Omaha NE 68138	Title Director Hr/WK 50	0		
Dan Schram 19301 S 156th St Springfield NE 68059	Title Director Hr/WK .50	0		
Charles Fricke 713 Fall Creek Rd Papillion NE 68046	Title Director Hr/WK 50	0		
Rick Iske 16911 S 192nd St Gretna NE 68028	Title Director Hr/WK 50	0		
Ted Matthies 10502 Lincoln Rd Papillion NE 68046	Title Director Hr/WK 50	0		
Michael Ehlers 15905 Pflug Rd Springfield NE 68059	Title Director Hr/WK 50	0		
Milton Fricke 8620 S 48th St Omaha NE 68157	Title Director Hr/WK 50	0		
Robert Iverson 15210 Buffalo Rd Springfield NE 68059	Title Director Hr/WK 50	0		
Bill Mann 13814 S 84th St Papillion NE 68046	Title Director Hr/WK 50	0		
Dwight Trumble 12400 Buffallo Rd Springfield NE 68059	Title Director Hr/WK 50	0		

Part V **Other Information** (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ Sarpy County Farm Bureau Telephone no ▶ (402) 339-8778			
	Located at ▶ 1256 Golden Gate Dr City Papillion ST NE ZIP + 4 ▶ 68046-2898			
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)?	42b		X
	If "Yes," enter the name of the foreign country. ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over $100,000 . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . ▶ ☐ Yes ☒ No

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

Sign Here

John A Knapp — Signature of officer — 31 Jan 12 — Date

JOHN A. KNAPP President — Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Merwyn C Pearson	Merwyn C Pearson	1/30/2012	☒	

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ 14014 Madison Cir, Omaha, NE 68137-4057 — Phone no (402) 896-4653

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
Sarpy County Farm Bureau	47-0420681

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 10

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Scholarships, Grantee, Various NE, Cash Grant: 7,000, Relationship None

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Nebraska Junior Agnus Ass'n 13106 S 144th St Springfield NE 68059, Cash Grant 100, Relationship None

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Dougls-Sarpy County 4-H Council 8015 West Center Road Omaha NE 68124, Cash Grant 500, Relationship None

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Sarpy County Ag Society P O Box 62 Springfield NE 68059, Cash Grant 1,200, Relationship None

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Ag in the Classroom Lincoln NE, Cash Grant 1,200, Relationship None

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 6,752

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 964

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 1,232

Form 990-EZ, Part I, Line 16, Other Expenses Rental property expense 4,532

Form 990-EZ, Part I, Line 16, Other Expenses Office expense 888

Form 990-EZ, Part I, Line 16, Other Expenses Internet 630

Form 990-EZ, Part I, Line 16, Other Expenses 1,304

Form 990-EZ, Part II, Line 24, Other Assets Rent receivable Beginning of year 0, End of year 3,120

Form 990-EZ, Part II, Line 26, Liabilities Payroll taxes withheld Beginning of year 11, End of year 0

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position		Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Roger Leaders 13002 S 60th St Omaha NE 68138	Title Director Hr/WK	50	0	0	0
Jonathan Schram Gretna NE 68028	Title Dirctor Hr/WK	50	0	0	0
Marcia Matthies 10502 Lincoln Rd Papillion NE 68046	Title Office Mgr Hr/WK	32 00	8,506	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0
	Title Hr/WK	00	0	0	0