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As Filed Data -

DLN: 93492081000162

OMB No 1545-1150

Open to Public

Inspection

990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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)

Short Form

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

A For the 2010 calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011 C Name of organization D Employer identification number NEBRASKA NON-STOCK COOP BEET GROWERS 47-0390565 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number (308) 436-5844 City or town, state or country, and ZIP + 4 SCOTTSBLUFF, NE 69363 F Group Exemption Number 🟲

Cash Accrual Other (specify) **G** Accounting method I Website:► N/A 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

20 Other changes in net assets or fund balances (explain in Schedule O)	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction Check if the organization used Schedule O to respond to any question in this Part I	tions for F	Part I)
Membership dues and assessments Investment income Sa Gross amount from sale of assets other than inventory be Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule 6 if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule 6 if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) A Rorss sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) Total revenue (describe in Schedule 0) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue (assess of members Salaries, other compensation, and employee benefits Total compancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0)		1	Contributions, gifts, grants, and similar amounts received	1	
A Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less direct expenses from gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost ofgoods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		2	Program service revenue including government fees and contracts	2	
Sa Sross amount from sale of assets other than inventory Sa Sb O O O O O O O O O		3	Membership dues and assessments	3	82,202
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		4	Investment income	4	1,577
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) for Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b from line 7a) for Gross profit or (loss) from deal flow from line 7b		5a	Gross amount from sale of assets other than inventory 5a		
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) for Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b from line 7a) for Gross profit or (loss) from deal flow from line 7b	venue	ь	Less cost or other basis and sales expenses 5b		
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) for Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b from line 7a) for Gross profit or (loss) from deal flow from line 7b		c c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000). c Less direct expenses from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances	œ œ	6	Gaming and fundraising events		
reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events		a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances		ь	reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed		
Ta Gross sales of inventory, less returns and allowances		c	Less direct expenses from gaming and fundraising events 6c 6c		
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	(
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	Gross sales of inventory, less returns and allowances		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		ь	Less cost of goods sold		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
10 Grants and similar amounts paid (list in Schedule O)		8	Other revenue (describe in Schedule O)	8	6,875
11 Benefits paid to or for members		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	90,654
12 Salaries, other compensation, and employee benefits		10	Grants and similar amounts paid (list in Schedule O)	10	
13 Professional fees and other payments to independent contractors		11	Benefits paid to or for members	11	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		12	Salaries, other compensation, and employee benefits	12	1,105
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	ě,	13	Professional fees and other payments to independent contractors	13	3,450
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	9	14	Occupancy, rent, utilities, and maintenance	14	
17 Total expenses. Add lines 10 through 16	E C	15	Printing, publications, postage, and shipping	15	356
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	Other expenses (describe in Schedule O)	16	72,566
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) Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		17	Total expenses. Add lines 10 through 16	17	77,477
end-of-year figure reported on prior year's return)	<u>–</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,177
end-of-year figure reported on prior year's return)	e e e	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
	बु		end-of-year figure reported on prior year's return)	19	414,255
21 Net assets or fund balances at end of year Combine lines 18 through 20	Ž	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	427,432

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any duestion in this l	Part II		┍
	tions for Part II)		A) Beginning of year		(B) End of year
•	tions for rait II)		413,480	22	
22 Cash, savings, and investments23 Land and buildings		–	413,460	23	426,978
24 Other assets (describe in Schedule O		· · · ⊢	775	+	454
	,	· —			
25 Total liabilities (describe in Cabadula		–	414,255	+	427,432
26 Total liabilities (describe in Schedule	•	th line 21)	414.255	26	427.422
27 Net assets or fund balances (line 27 o			414,255	<u> 27 </u> 	427,432 Expenses
Check if the organization used			Part III .	(Re	quired for section 501
What is the organization's primary exempt TO MARKET FOR IT'S MEMBERS AND ORELATED TO SUGAR BEET CROPS AND Describe what was achieved in carrying ou describe the services provided, the numbe program title	HER PRODUCERS OF SUPRODUCTION t the organization's exempt	t purposes In a clear	and concise manner,	494 opt	anizations and section 47 (a)(1) trusts, ional for others)
(Grants \$) If the	s amount includes foreign (grants, check here .	▶┌	28a	
(Grants \$) If the	s amount includes foreign (grants, check here .	▶┌	29a	
(Grants \$) If the	s amount includes foreign (grants, check here	▶┌	30a	
31 O ther program services (describe in Sc (Grants \$) If the	hedule O) s amount includes foreign (· .	31a	
32 Total program service expenses (add lin			<u> </u>	32	
Part IV List of Officers, Directors, True Check if the organization used					ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)		lans &	(e) Expense account and other allowances
See Additional Data Table					

				rage
Pa	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		1	1
			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		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy	,		No
	of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		
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 o Form 990-T	n		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$, $503(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
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		No
37a	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		No
38a	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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9	0		
	Gross receipts, included on line 9, for public use of club facilities	0		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
Ь	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	40ь		
С	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			
е	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		No
	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of NEBRASKA NON-STOCK COOP Telephone no	(30	8)436	-5844
	PO BOX 466 Located at SCOTTSBLUFF, NE ZIP + 4	► 6	9361	
ь	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	Yes	No No
	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 \ref{U}	42c		No
	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			···•
_	instead of Form990-EZ	44b		N o
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
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	7		

	Z (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be	·	_	fsection 51	2(b)(13)? <i>If</i>	45		No
	ie organization receive any payn ing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N
46 Did th	ne organization engage, directly of dates for public office? If "Yes,"	or indirectly, in political o	campaign activities on b			45a 46		No
Part VI	Section 501(c)(3) orga			exempt c	haritable tri		only.	No
	All section 501(c)(3) organ 47-49b and 52.	nizations and section 4	1947(a)(1) nonexem	pt charitabl				stions
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .			Yes	. I No
17 Did th	ie organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
18 Is the	organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
i9a Did th	ie organization make any transfe	ers to an exempt non-cha	ritable related organiza	tion?		49a		
b If"Ye	s," was the related organization	a section 527 organizati	on?			49b		
50 Comp	lete this table for the organization	on's five highest compen	sated employees (other	than officers	s, directors, trus	steesa	nd key	•
emplo	yees) who each received more t		nsation from the organiz					
	and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee I	tributions to benefit plans & compensation	a	e) Expe count rallowa	and
ONE								
50(f) Tota	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
				· ·		•	an ¢10	0.000
51 Comp of con	lete this table for the organization	on's five highest compen n If there is none, enter '	'None "	r		►nore th	an \$10	0,000
51 Comp of con	lete this table for the organization	on's five highest compen n If there is none, enter '	'None "	r	• each received m		an \$10 Compen	
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None "	r				
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None "	r				
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None"	r				
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None"	r				
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None"	r				
51 Comp of con (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter '	'None"	r				
51 Comp of con (a) Na	lete this table for the organization npensation from the organization ame and address of each independent	on's five highest compen If there is none, enter ' ndent contractor paid mo	re than \$100,000	r				
51 Compoficing (a) Na	lete this table for the organization of the organization from the organization of the	on's five highest compen If there is none, enter ' Indent contractor paid mo	re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	Compen	sation
51 Comp of con (a) Na IONE	lete this table for the organization npensation from the organization ame and address of each independent	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving	re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	Compen	sation
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of Compoficion (a) Na ONE one one one one one one one on	lete this table for the organization pensation from the organization ame and address of each independent of the organization the organization complete Schest attach a completed Schedule	on's five highest compent of there is none, enter indent contractor paid motor ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Type	a of service	npt cha	aritable fes	trusts No
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Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 47-0390565

Name: NEBRASKA NON-STOCK COOP BEET GROWERS

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

	ed in carrying out the organization's exempt purposes. In a clear and concise ces provided, the number of persons benefited, and other relevant information	501(Expenses uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
SCHOLARSHIPS AND OT	ONS TO LOCAL FARM NEWSPAPERS PROVIDED TO MEMBERS, HER DONATIONS, POSTAGE AND OTHER MISCELLANEOUS EXPENSES If this amount includes foreign grants, check here	28a	
CALCULATIONS	XERS AND LAB CHECKER WAGE TO MONITOR SUGAR FACTORY'S If this amount includes foreign grants, check here ▶ ✓	29a	
AND DIRECTORS TO ATT	/ENTIONS, MEETING - TRAVEL AND PER DIEM EXPENSES FOR OFFICERS FEND MEETING AND CONTRACT NEGOTIATIONS If this amount includes foreign grants, check here	30a	
	GROWERS ASSOCIATION PROMOTING SUGAR SALES If this amount includes foreign grants, check here		

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

(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
KENDALL BUSCH 90169 RIVERVIEW DR SCOTTSBLUFF, NE 69361	Director 5 00	450		
BRIAN SPECHT PO BOX 974 HEMINGFORD,NE 69348	Director 1 00	0		
NORM NUSS 5790 MADISON RD APT 1 ALLIANCE, NE 69301	Director 3 00	655		
MIKE LIBSACK 5610 MADISON RD ALLIANCE, NE 69301	Director 1 00	0		
MYRON KLEIN 910 TALISMAN DR SCOTTSBLUFF,NE 69361	Director 1 00	0		
COREY ADAMS PO BOX 466 SCOTTSBLUFF, NE 69363	Director 1 00	0		
CHUCK HENKEL 2345 13TH STREET GERING,NE 69341	Director 1 00	0		
RODNEY SCHANEMAN 160160 HIGHWAY L79E MELBETA,NE 69355	Director 2 00	0		
DARBY JESPERSEN 7465 KEITH RD HEMINGFORD,NE 69348	President 1 00	0		

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As Filed Data -

DLN: 93492081000162

OMB No 1545-0047

2010

Open to Public Inspection

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

NEBRASKA NON-STOCK COOP BEET GROWERS

Employer identification number

47-0390565

	ldentifier	Return Reference	Explanation
I	Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$775 Furniture and Fixtures - Ending \$454

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	SUPPLIES \$131

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	DONATIONS \$250

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	MISCELLA NEOUS \$549

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	TELEPHONE \$777

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	SCHOLARSHIPS \$3500

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	ADMINISTRATIVE SERVICES \$7536

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	ANNUAL MEETING \$8172

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	DUES \$34798

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1794

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$12510

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$2549

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	ANNUAL MEETING \$6875