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F Group Exemption
Number

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	413,480	22	426,978
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	775	24	454
25	Total assets	414,255	25	427,432
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	414,255	27	427,432

Part III **Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose?
TO MARKET FOR IT'S MEMBERS AND OTHER PRODUCERS OF SUGAR BEETS, ENGAGE IN ANY ACTIVITY
RELATED TO SUGAR BEET CROPS AND PRODUCTION

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

29

(Grants \$) If this amount includes foreign grants, check here ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a) ☐

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

28a

29a

30a

31a

32

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
See Additional Data Table				

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		No
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		No
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		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			
a	Initiation fees and capital contributions included on line 9	39a		0
b	Gross receipts, included on line 9, for public use of club facilities	39b		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 			
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		No
41	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  (308) 436-5844 PO BOX 466 Located at  SCOTTSBLUFF, NE ZIP + 4  69361			
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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c		No
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		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
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		No
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	44d		No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.

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	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

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
NONE				

50(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
NONE		

51(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

YesNo

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	Signature of officer		Date	
	DARBY JESPERSEN President			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Scottsbluff, NE 693632009			Phone no (308) 632-4400

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

YesNo

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

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.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 OTHER- SUBSCRIPTIONS TO LOCAL FARM NEWSPAPERS PROVIDED TO MEMBERS, SCHOLARSHIPS AND OTHER DONATIONS, POSTAGE AND OTHER MISCELLANEOUS EXPENSES (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 WAGES - TARE CHECKERS AND LAB CHECKER WAGE TO MONITOR SUGAR FACTORY'S CALCULATIONS (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 CONFERENCES, CONVENTIONS, MEETING - TRAVEL AND PER DIEM EXPENSES FOR OFFICERS AND DIRECTORS TO ATTEND MEETING AND CONTRACT NEGOTIATIONS (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
DUES - AMERICAN BEET GROWERS ASSOCIATION PROMOTING SUGAR SALES (Grants \$) 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		

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NEBRASKA NON-STOCK COOP BEET GROWERS	Employer identification number 47-0390565
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$775 Furniture and Fixtures - Ending \$454

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

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

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	MISCELLANEOUS \$549

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

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

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

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

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

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

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

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

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