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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, 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

OMB No 1545-1150  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BECKER COUNTY FARM BUREAU	<b>D</b> Employer identification number 41-6037287
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 510 W ELM STREET	<b>E</b> Telephone number (218) 847-3117
	City or town, state or country, and ZIP + 4 DETROIT LAKES, MN 56501	<b>F</b> Group Exemption Number

**G** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

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

**I** Website: N/A

**J** Tax-Exempt status (check only one):  501(c)(3)  501(c)( 5 ) (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 17,570

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	7,370
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>	0	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	10,200	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	17,570	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	5,832
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	325
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	7,092
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	640
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	4,238
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	18,127	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-557
	<b>19</b> 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)	<b>19</b>	72,091
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	71,534

**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
<b>22</b> Cash, savings, and investments . . . . .	2,023	<b>22</b> 2,076
<b>23</b> Land and buildings . . . . .	70,403	<b>23</b> 69,877
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	72,426	<b>25</b> 71,953
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	335	<b>26</b> 419
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	72,091	<b>27</b> 71,534

**Part III Statement of Program Service Accomplishments**

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?

MEMBER EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> PROVIDE CURRENT AGRICULTURAL NEWS TO MEMBERS THROUGH NEWSLETTERS, MEETINGS, ETC (Grants \$ ) . . . . . If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> (Grants \$ ) . . . . . If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) . . . . . If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) . . . . . If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

**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

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

**Yes** **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

<b>46</b>		No
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**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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

<b>47</b>		
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**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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				

**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		

**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.**

<b>Sign Here</b>	***** Signature of officer	2012-10-22 Date
	LYLE DAHLGREN President Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ GREGG W BENSON	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BENSON LEITHEISER & SOBERG PO BOX 667 DETROIT LAKES, MN 56502			EIN ▶ Phone no ▶ (218) 847-3114

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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
BECKER COUNTY FARM BUREAU

**Employer identification number**

41-6037287

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$335 PAYROLL LIABILITIES - Ending \$419
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	BANKING \$75
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	LOCK BOX EXPENSE \$231
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	PAYROLL TAXES \$464
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	OFFICER EXPENSE \$802
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MEETING EXPENSES \$1642
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1024
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	RENTAL INCOME \$10200

**Additional Data**

**Software ID:** 11000144  
**Software Version:** 2011v1.2  
**EIN:** 41-6037287  
**Name:** BECKER COUNTY FARM BUREAU

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
DENISE OLSON 20549 230TH AVENUE DETROIT LAKES, MN 56501	Director 2 00	5,832		
JERRY MATTER 510 W ELM STREET DETROIT LAKES, MN 56501	Director 2 00	0		
GEORGE SCHERZER 24499 US HIGHWAY 59 DETROIT LAKES, MN 56501	Director 2 00	0		
LYLE RENNER 30714 179TH STREET DETROIT LAKES, MN 56501	Director 2 00	0		
JOHN SCHOUVILLER 29780 210TH AVENUE CALLAWAY, MN 56521	Director 2 00	0		
RANDY ROSENTERER 51277 MILKY WAY ROAD VERGAS, MN 56587	SECRETARY/TREAS 5 00	0		
ROGER FOLTZ 27613 240TH AVENUE CALLAWAY, MN 56521	Vice President 5 00	0		
LYLE DAHLGREN 16335 COUNTY HWY 25 LAKE PARK, MN 56554	President 10 00	0		