



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 TaxUnder 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 9/1/2011, **and ending** 8/31/2012

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) ▶

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

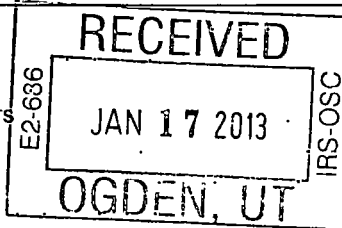
K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. ▶ \$ **62,929**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	18,377	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	44,552	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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			
6c	Less direct expenses from gaming and fundraising events	6c			
6d	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			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62,929		
10	Grants and similar amounts paid (list in Schedule O)	10	5,650		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	44		
13	Professional fees and other payments to independent contractors	13	19,941		
14	Occupancy, rent, utilities, and maintenance	14	25,472		
15	Printing, publications, postage, and shipping	15	176		
16	Other expenses (describe in Schedule O)	16	17,867		
17	Total expenses. Add lines 10 through 16	17	69,150		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,221		
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	444,190		
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	437,969		

For Paperwork Reduction Act Notice, see the separate instructions.
 (HTA)

Form **990-EZ** (2011)

SCANNED FEB 01 2013

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 ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	262,206	22	258,909
23 Land and buildings	178,864	23	179,060
24 Other assets (describe in Schedule O)	3,120	24	
25 Total assets	444,190	25	437,969
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	444,190	27	437,969

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 ☐What is the organization's primary exempt purpose? Promote agricultural 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

Expenses

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

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John 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		
Ken Iverson 300 S Polk Street 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		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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		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?		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?		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 40a , section 4912 40b , section 4955 40c		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		
42 a The organization's books are in care of 42a Sarpy County Farm Bureau Telephone no 42a (402) 339-8778 Located at 42a 1256 Golden Gate Dr City Papillion ST NE ZIP + 4 42a 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)? If "Yes," enter the name of the foreign country. 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country 42c		X
43 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 43		
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b 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 (see instructions) 45b		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

	Yes	No
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 ☐

- 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

	Yes	No
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		
------------	--	--

- b** If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	Signature of officer <i>John A. Kwapp</i>	Date <i>11/9/13</i>
	Type or print name and title <i>JOHN A. KWAPP President</i>	

Paid Preparer Use Only	Print/Type preparer's name Merwyn C Pearson	Preparer's signature Merwyn C Pearson	Date 12/22/2012	Check ☒ if self-employed	PTIN P00062840
	Firm's name	Firm's EIN		Phone no	
	Firm's address ▶ 14014 Madison Cir, Omaha, NE 68137-4057		(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

Name of the organization

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

2011

**Open to Public
Inspection**

Sarpy County Farm Bureau

Employer identification number

47-0420681

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Scholarship, Grantee, Catie Neal 1506

Dunham Drive Papillion NE 68133, Cash Grant, 1,000, Relationship, none

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Scholarship, Grantee, Nicole Mann 825

Arlene Avenue Papillion NE 68046, Cash Grant, 1,000, Relationship, none

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Education, Grantee, Nebraska Farm Bureau

5255 S 16th Street Lincoln NE 68152, Cash Grant, 1,000, Relationship, none

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Education, Grantee, NE Foundation for

Agriculture 5255 S 16th Street Lincoln NE 68152, Cash Grant, 1,200, Relationship, none

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Education, Grantee, Sarpy County

Agricultural Society 20801 Ruff Road Gretna NE 68028, Cash Grant, 1,200, Relationship, none

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Education, Grantee, True Buddy Farms

13714 84th S Street Papillion NE 68046, Cash Grant, 250, Relationship, none

Form 990-EZ, Part I, Line 16, Other Expenses, Conferences, conventions, and meetings, 813

Form 990-EZ, Part I, Line 16, Other Expenses, Depreciation, 6,638

Form 990-EZ, Part I, Line 16, Other Expenses, Equipment rental and maintenance, 139

Form 990-EZ, Part I, Line 16, Other Expenses, Interest, 1,249

Form 990-EZ, Part I, Line 16, Other Expenses, Telephone, 1,806

Form 990-EZ, Part I, Line 16, Other Expenses, Office expense, 611

Form 990-EZ, Part I, Line 16, Other Expenses, Contract services, 6,240

Form 990-EZ, Part I, Line 16, Other Expenses, Other, 371

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

year, 0

Page 1 of 1 of Part IV

Employer identification number

47-0420681

[illegible]