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2009

Open to Public Inspection

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: COUNTY FARM BUREAUS IN IOWA - SIOUX CO. D Employer identification number: 42-0527883. E Telephone number: (712) 737-4980. F Group Exemption Number: 0626.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: [ ] Cash [X] Accrual. Other (specify):

I Website:

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

J Tax-exempt status (check only one) [X] 501(c) (5) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 105,327

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with 21 rows and 3 columns: Description, Revenue, Expenses, Net Assets.

Part II Balance Sheets. Table with 7 rows and 4 columns: Description, (A) Beginning of year, (B) End of year.

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**Part III** Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE CURRENT AG INFORMATION  
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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	PROVIDED INFORMATION TO MEMBERS ON CURRENT AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1415 MEMBERS WERE BENEFITTED IN 2009 (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
29	_____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30	_____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31	Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
32	Total program service expenses (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 )

(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 SCHEDULE ATTACHED	VARIOUS	0	NONE	NONE

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b>	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, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
<b>36</b>	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
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ <b>37a</b> N/A	
<b>b</b>	Did the organization file Form 1120-POL for this year?		X
<b>38a</b>	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 period covered by this return?		X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
<b>c</b>	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	▶ N/A	
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶ N/A	
<b>e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed	▶ IOWA	
<b>42a</b>	The organization's books are in care of	▶ THE ORGANIZATION Telephone no. ▶ (712) 737-4980	
	Located at	▶ AS ON PAGE 1 ZIP + 4 ▶ _____	
<b>b</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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country. ▶ N/A		
<b>43</b>	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	▶ <input checked="" type="checkbox"/> N/A	
		<b>43</b>	
		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	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
NONE	N/A	N/A	N/A	N/A

**f** Total number of other employees paid over \$100,000 . . . . . **NONE**

**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	N/A	N/A

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **NONE**

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: *Ronald J. DeJong* Date: **5-11-10**

Type or print name and title: **RONALD J. DEJONG TREASURER**

**Paid Preparer's Use Only**

Preparer's signature: *Max J. Thomsen* Date: **5/7/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **GARDINER THOMSEN, P.C. 10555 NEW YORK AVE, URBAN DALE, IA 50322** Preparer's identifying number (See instructions): **485-92-2775**

EIN: **42-1186197** Phone no: **515-270-1446**

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

**Sioux County Farm Bureau  
Orange City, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 968
Telephone	1,814
Equipment Rent	663
Depreciation	117
Repairs - Equipment	658
	<hr/>
Total	<u>\$ 4,220</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 27,783
Regional Manager	1,411
Campaign Manager	832
Acquisition	160
Meetings & Activities	3,970
Member Protector Policies	1,230
Spokesman	3,226
Regional, District and State Meetings	201
Insurance	4,387
Farm Bureau Advertising	579
Ag & Community Promotions	2,493
Per 990-T	10,178
Income Taxes	93
Other	-
	<hr/>
	<u>\$ 56,543</u>

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	\$ 8,652
Marketable Equity Securities - Market Value @ December 31, 2009	10,371
	<hr/>
Unrealized Gain (Loss) in Market Value	<u>\$ 1,719</u>

**2009 Sioux County Board Members**

Name	Address	Position	Phone
*Mark Rensink	3363 390th Street, Sioux Center, IA 51250	Member/Voting D	712/722-2346
*Randy Van Veldhuizen	2156 390th Street, Hawarden, IA 51023	President	712/722-2675
*Matt Schuiteman	3357 400th Street, Sioux Center	Vice President	712/722-3272
Ronald J DeJong	3536 450th Street, Orange City, IA 51041	Treasurer	712/737-4139
*Steve Vermeer	3295 Jay Avenue, Boyden, IA 51234	Member	712/725-2533
Arvin Boote	3291 Ironwood Avenue, Hull, IA 51239	Member	712/439-2441
Tami List	4576 500th Street, Granville, IA 51022	Member	712-727-3544
S. Earl DeJong	708 2nd St SE #107, Orange City, IA 51041	Member	712/707-9276
*Stephanie Dykshorn	492 7th Street, NW, Sioux Center, IA 51250	Member	712/722-2757
*James Ellis	2006 12th Street, Rock Valley, IA 51247	Member	712/476-2943
Mary Hettinga	4244 Jay Avenue, Orange City, IA 51041	Member	712/737-2237
David Koopmans	4737 Harrison Avenue, Maurice, IA 51036	Member	712/567-5462
*Jeff Rehder	3839 Coolidge Avenue, Hawarden, IA 51023	Member	712/552-1247
Nathan Ronsiek	1871 480th Street, Hawarden, IA 51023	Member	712/552-2867
Minde Schuiteman	957 20th St, SE, Sioux Center, IA 51250	Member	712/722-3272
Chris TenNapel	2565 500th Street, Ireton, IA 51027	Member	712-278-2679

\*Indicates the member is on the Farm Bureau Response Team