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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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*

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	SIoux COUNTY FARM BUREAU	42-0527883
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	203 CENTRAL AVE. SE, BOX 228	(712) 737-4980
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4	F Group Exemption Number ▶
<input type="checkbox"/> Amended return	ORANGE CITY IA 51041	0626
<input type="checkbox"/> Application pending		

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

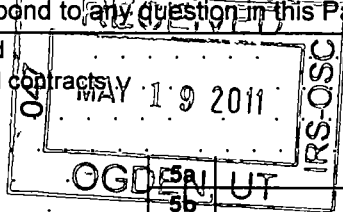
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization 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 ▶ \$ 101,940

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	19,381
	2 Program service revenue including government fees and contracts	2	22,185
	3 Membership dues and assessments	3	45,395
	4 Investment income	4	14,979
	5a Gross amount from sale of assets other than inventory		
	5b Less: cost or other basis and sales expenses		
	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	101,940	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	24,334
	13 Professional fees and other payments to independent contractors	13	620
	14 Occupancy, rent, utilities, and maintenance	14	12,907
	15 Printing, publications, postage, and shipping	15	1,056
	16 Other expenses (describe in Schedule O)	16	57,566
	17 Total expenses. Add lines 10 through 16	17	96,483
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,457
	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	289,690
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	5,684
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	300,831



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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	277,352	274,701
23 Land and buildings	11,272	24,346
24 Other assets (describe in Schedule O)	1,196	2,010
25 Total assets	289,820	301,057
26 Total liabilities (describe in Schedule O)	130	226
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	289,690	300,831

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? PROVIDE CURRENT AG INFORMATION	Expenses
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	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1,363 MEMBERS WERE BENEFITTED IN 2010. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARK RENSINK 3363 390TH ST SIOUX CENTER IA 51250	Title VOTING DELEGATE Hr/WK 2.50	0		
MATT SCHUITEMAN 3357 400TH ST SIOUX CENTER IA 51250	Title PRESIDENT Hr/WK 2.50	0		
RONALD DEJONG 3536 450TH ST ORANGE CITY IA 51041	Title TREASURER Hr/WK 2.50	0		
STEVE VERMEER 3295 JAY AVE BOYDEN IA 51234	Title Hr/WK 1.50	0		
ARVIN BOOTE 3291 IRONWOOD AVE HULL IA 51239	Title Hr/WK 1.50	0		
TAMI LIST 4576 500TH ST GRANVILLE IA 51022	Title SECRETARY Hr/WK 2.50	0		
EARL DEJONG 708 2ND ST SE, #107 ORANGE CITY IA 51041	Title Hr/WK 1.50	0		
STEPHANIE DYKSHORN 492 7TH ST SIOUX CENTER IA 51250	Title Hr/WK 1.50	0		
JAMES ELLIS 2006 12TH ST ROCK VALLEY IA 51247	Title Hr/WK 1.50	0		
DAVID KOOPMANS 4737 HARRISON AVE MAURICE IA 51036	Title Hr/WK 1.50	0		
JEFF REHDER 3839 COOLIDGE AVE HAWARDEN IA 51023	Title Hr/WK 1.50	0		
NATHAN RONSIEK 1871 480TH ST HAWARDEN IA 51023	Title Hr/WK 1.50	0		
MINDE SCHUITEMAN 3357 400TH ST SIOUX CENTER IA 51250	Title Hr/WK 1.50	0		

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.		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	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		X
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?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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 ▶ _____, 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.		
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.		X
41	List the states with which a copy of this return is filed. ▶ IA		
42 a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (712) 737-4980 Located at ▶ 203 CENTRAL AVE. SE, BOX City ORANGE CITY ST IA ZIP + 4 ▶ 51041		
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.		X
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: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> 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		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		X
c	Did the organization receive any payments for indoor tanning services during the year?		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		X

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - a 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.
 - 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
45		X
45a		X
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? If "Yes," complete Schedule C, Part II.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 - b 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."

	Yes	No
47		
48		
49a		
49b		

(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
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK .00			
Name 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 City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name 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: *Amanda M. List, Sioux Co. Farm Bureau Secretary* Date: 5-13-2011

Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name: MAX STUDER Preparer's signature: *Max N Studer CPA* Date: 4/28/2011 Check if self-employed: PTIN: P01272566

Firm's name: MAX N STUDER CPA Firm's EIN: Firm's address: PO BOX 1463, JOHNSTON, IA 50131 Phone no: (515) 238-1766

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

SIoux COUNTY FARM BUREAU

42-0527883

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES \$57,566			
SUPPLIES		1195	
TELEPHONE		1760	
EQUIPMENT RENT & MAINTENANCE		1692	
DEPRECIATION		181	
FEDERATION DUES		27,237	
REGIONAL & CAMPAIGN MANAGER		2,722	
ACQUISITION		0	
MEETINGS & ACTIVITIES		3,695	
MEMBER PROTECTOR POLICY		1,206	
SPOKESMAN		3,081	
REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES		957	
INSURANCE		650	
SCHOLARSHIPS		0	
AG & COMMUNITY SUPPORT		2,594	
		10,084	
INCOME TAXES		162	
OTHER		350	
		<u>57,566</u>	
FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS			
UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES		5,684	
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS			
ACCOUNTS RECEIVABLE & PREPAIDS	BEG OF YEAR	1,196	END OF YEAR 2,010
FORM 990-EZ, PART II, LINE 26, LIABILITIES			
ACCOUNTS PAYABLE AND RESERVES	BEG OF YEAR	130	END OF YEAR 226

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
CHRIS TENNAPEL 2565 500TH ST IRETON IA 51027	Title Hr/WK 1.50	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0