

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form, as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **SIOUX COUNTY FARM BUREAU**  
 Number and street (or P O box if mail is not delivered to street address) / Room/suite: **203 CENTRAL AVE SE, BOX 228**  
 City or town / State / ZIP code: **ORANGE CITY IA 51041**  
 Foreign country name / Foreign province/state/county / Foreign postal code: **05**

**D** Employer identification number: **42-0527883**

**E** Telephone number: **(712) 737-4980**

**F** Group Exemption Number: **0626**

**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

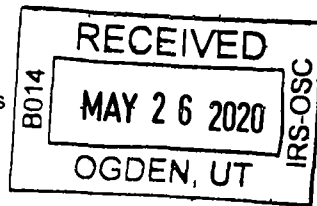
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 117,854**

### 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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	22,100
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	65,160
4	Investment income	25,361
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)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	5,233
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	117,854
10	Grants and similar amounts paid (list in Schedule O)	5,000
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	30,395
13	Professional fees and other payments to independent contractors	735
14	Occupancy, rent, utilities, and maintenance	7,887
15	Printing, publications, postage, and shipping	471
16	Other expenses (describe in Schedule O)	62,654
17	<b>Total expenses.</b> Add lines 10 through 16	107,142
18	Excess or (deficit) for the year (subtract line 17 from line 9)	10,712
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)	319,827
20	Other changes in net assets or fund balances (explain in Schedule O)	-3,763
21	Net assets or fund balances at end of year. Combine lines 18 through 20	326,776



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For Paperwork Reduction Act Notice, see the separate instructions.

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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	254,601	22	265,645
23 Land and buildings	67,528	23	63,773
24 Other assets (describe in Schedule O)	2,478	24	2,295
25 Total assets	324,607	25	331,713
26 Total liabilities (describe in Schedule O)	4,780	26	4,937
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	319,827	27	326,776

**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? Schedule O  
 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, optional for others)

28 Schedule O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Schedule O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Schedule O (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 title	(b) 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
STEPHANIE DYKSHORN VOTING DELEGATE	Hr/WK 2 50	0	0	45
CHRIS TENNAPEL PRESIDENT	Hr/WK 2 50	0	0	0
ASA VISSER VICE PRESIDENT	Hr/WK 2 50	0	0	45
MICAH RENSINK TREASURER	Hr/WK 2 50	0	0	45
MARY SCHMIDT SECRETARY	Hr/WK 2 50	0	0	0
DAVID KOOPMANS DIRECTOR	Hr/WK 1 50	0	0	45
MINDE SCHUITEMAN DIRECTOR	Hr/WK 1 50	0	0	0
STEVE ROZEBOOM DIRECTOR	Hr/WK 1 50	0	0	45
MITCH KOOIKER DIRECTOR	Hr/WK 1 50	0	0	0
CONNOR ROTHERT DIRECTOR	Hr/WK 1 50	0	0	0
ERIC TEN NAPEL DIRECTOR	Hr/WK 1 50	0	0	0
RON RYNDERS DIRECTOR	Hr/WK 1 50	0	0	0

30

**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		
35b			
35c	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 <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
37b			
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
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
38b			
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39a			
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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
40e			
41	List the states with which a copy of this return is filed <input type="text" value="IA"/>		
42 a	The organization's books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no <input type="text" value="(712) 737-4980"/> Located at <input type="text" value="203 Central Ave SE, Box 228"/> City <input type="text" value="Orange City"/> ST <input type="text" value="IA"/> ZIP + 4 <input type="text" value="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 <input type="text"/>		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			
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 <input type="text" value="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
44a			
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
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
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)?		X
45a			
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		X
45b			

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 Only**

All section 501(c)(3) organizations 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		
49a		
49b		

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"

(a) Name and title of each employee	(b) 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				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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 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 *[Signature]* Date 5-18-2020  
Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: MAX N STUDER CPA  
 Preparer's signature: *[Signature]* Date: 4/23/2020  
 Check  if self-employed PTIN: P01272566  
 Firm's name: GARDINER+COMPANY, P C Firm's EIN: 42-1186197  
 Firm's address: 10555 New York Ave, Urbandale, IA 50322 Phone no: (515) 270-1446

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

SIoux COUNTY FARM BUREAU

42-0527883

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 5,233

Form 990-EZ, Part I, Line 16, Other Expenses Travel 496

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,996

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 2,174

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 392

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 2,777

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 3,755

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 31,466

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,448

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 1,820

Form 990-EZ, Part I, Line 16, Other Expenses Membership Acquisition 1,462

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 3,437

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 694

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 3,906

Form 990-EZ, Part I, Line 16, Other Expenses Ag In The Classroom 150

Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities 434

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 3,237

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 2,010

Form 990-EZ, Part I, Line 20, Net Assets Unrealized Loss on Marketable Securities -3,763

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 2,478,

End of year 2,295

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 4,780, End of

year 4,937

Form 990-EZ, Part III, Line 1 To create a vibrant future for agriculture, farm families &

their communities

Form 990-EZ, Part III, Line 28 Public Relations This company places a strong emphasis on

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule O (Form 990 or 990-EZ) (2019)

HTA

Name of the organization

**SIOUX COUNTY FARM BUREAU**

Employer identification number

**42-0527883**

educating youth about Agriculture They participate through volunteers and contributions to

the regional Ag in the Classroom program The numbers have grown significantly in the last 3

years The program has grown from 3 schools to 6 schools This affects thousands of students

and their ability to connect with the industry The company is active supporting all food

banks in the county The company supports a regional extension experimental farm that

showcases new ideas available to farmers The company makes available county scholarships

Even though no applications were received in 2019, 4 are usually given out on an annual basis

Form 990-EZ, Part III, Line 29 Public Relations The company values the members opinions on

all issues affecting agriculture Each fall we ask for member input on the topics the Company

should be working on We then give an opportunity for members to view all issues brought up

statewide and indicate which issues are a priority In March of each year, we send out a

survey asking members opinions on several issues that were the most important to the

membership Our board of directors uses that information to come up with policy for the

company We present our policy at the company annual meeting held in August A delegate from

the company takes the suggested issues and speaks for the company at the state conference

Form 990-EZ, Part III, Line 30 Program Activities The company sponsors young farmers that

want to attend the statewide conference every winter We help out with the regional YF group

that meets in this county The group gets together to network and learn about how others

respond to changes in Agriculture The county held a special YF get together event in the

Summer The intent is to educate YFs on what FB is about and how they can benefit from being

associated with our company The company offers an associate board position for 2 area college

students each year This is done to entice them to volunteer for the company and other farm

organizations to make a difference where they live