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Extended to 9-15-10

Form **990**

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2008 calendar year, or tax year beginning 11/01 **, 2008, and ending** 10/31 **, 2009**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

IOWA FARM BUREAU FEDERATION
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

D Employer Identification Number: 42-0331840

E Telephone number: 515-225-5400

G Gross receipts $ 63,051,875.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (5) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.IOWAFARMBUREAU.COM

H(c) Group exemption number ► 0626

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1918 **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of employees (Part V, line 2a)	5	88
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,406,647.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-273,419.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	8,526,833.	8,612,738.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,930,290.	22,177,622.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,253,431.	4,264,349.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,710,554.	35,054,709.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,183,648.	2,401,778.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,581,294.	12,654,282.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	923.	
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,619,189.	16,705,831.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,385,054.	31,761,891.
19	Revenue less expenses. Subtract line 18 from line 12	6,325,500.	3,292,818.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	500,636,040.	553,926,704.
21	Total liabilities (Part X, line 26)	9,528,369.	11,215,315.
22	Net assets or fund balances Subtract line 21 from line 20	491,107,671.	542,711,389.

SCANNED SEP 13 2010

RECEIVED
AUG 17 2010
OGDEN, UT

Part II Signature Block

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 — 8-12-2010 Date

► Denny Presnall, Secretary-Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Steph L Kool CPA	Date 7-24-10	Check if self-employed ► ☐
Preparer's identifying number (see instructions)	P00089588		
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717	EIN ► 42-0731256 Phone no ► 515-223-0002	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0112L 12/22/08 Form **990** (2008)

612 9

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If 'Yes,' describe these changes on Schedule O SEE SCHEDULE O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: [redacted]) (Expenses $_____ including grants of $_____) (Revenue $_____)

FIELD SERVICE - WORK WITH 100 COUNTY FARM BUREAUS AND THEIR VOLUNTEER LEADERS AROUND THE STATE TO IMPLEMENT PROGRAMS AND POLICIES THAT BENEFIT MEMBERS AND THE ORGANIZATION IN GENERAL. THIS IS ACCOMPLISHED BY DEVELOPMENT AND DELIVERY OF TRAINING PROGRAMS FOR COUNTY BOARDS OF DIRECTORS AND THEIR EXECUTIVE BOARDS AS WELL AS KEY COUNTY COMMITTEE MEMBERS LIKE YOUNG FARMERS AND AG EDUCATION VOLUNTEERS. THESE PROGRAMS ENHANCE LEADERSHIP SKILLS AND STIMULATE DEVELOPMENT OF FUTURE LEADERS FOR FARM BUREAU, AGRICULTURE, AND RURAL IOWA.

4b (Code: [redacted]) (Expenses $_____ including grants of $_____) (Revenue $_____)

SEE SCHEDULE O

4c (Code: [redacted]) (Expenses $_____ including grants of $_____) (Revenue $_____)

GOVERNMENT RELATIONS - WORK WITH VOLUNTEER AGRICULTURAL LEADERS TO INFLUENCE PUBLIC POLICY DECISIONS AT THE COUNTY, STATE AND NATIONAL LEVELS. PROVIDES INFORMATION ABOUT ISSUES REFLECTING RURAL IOWANS. OVER 150,000 MEMBERS BENEFITED.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► $ *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	101		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	88		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O.*	3b		X	
4a	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)?	4a			X
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from other members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body .	1a 11		
b	Enter the number of voting members that are independent	1b 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► N/A

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► JAMES G. CHRISTENSON 5400 UNIVERSITY AVE, WEST DES MOINES, IA 50266 515-225-5400

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG A. LANG PRESIDENT	40	X		X				0.	414,364.	105,052.
JAMES CHRISTENSON CONTROLLER/CFO	40			X				0.	361,158.	348,847.
DENNY J. PRESNALL EXEC DIR/SEC-TR	40			X				0.	445,794.	302,459.
DAVID LYONS CHIEF BUS DEV.	40				X			302,263.	0.	22,122.
EDWARD M. PARKER GENERAL COUNSEL	40			X				0.	323,417.	46,484.
CRAIG D. HILL VICE PRESIDENT	18	X		X				47,014.	0.	0.
SARA PAYNE MKTG OFFICER	40				X			233,683.	0.	38,039.
CARLTON KJOS DIST 1 DIRECTOR	18	X						39,798.	0.	0.
CHARLES E. NORRIS DIST 2 DIRECTOR	18	X						23,228.	0.	0.
PHIL SUNBLAD DIST 3 DIRECTOR	18	X						34,056.	0.	0.
DOUG GRONAU DIST 4 DIRECTOR	18	X						39,105.	0.	0.
RICHARD MERRILL DIST 5 DIRECTOR	18	X						38,065.	0.	0.
JOE HEINRICH DIST 6 DIRECTOR	18	X						26,023.	0.	0.
DANIEL L. JOHNSON DISTRICT 7 DIR.	18	X						29,918.	0.	0.
CALVIN ROZENBOOM DIST 8 DIRECTOR	18	X						38,598.	0.	0.
JIM MCKNIGHT DIST 9 DIRECTOR	18	X						35,981.	0.	0.
PATRICK REGAN DIR. FIELD SERV	40				X			167,167.	0.	104,840.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDY HORA DIST 7 DIRECTOR	18	X						460.	0.	0.
THOMAS VARILEK DIR. INFO RES	40				X			0.	163,683.	71,015.
DAVID SENGPIEL SR INVEST. MGR	40					X		0.	218,188.	73,591.
DAVID MILLER DIR RESEACH/COM	40					X		199,233.	0.	69,505.
DONALD PETERSEN DIR GOVT RELAT	40					X		184,631.	0.	36,653.
BARBARA LYKINS DIR COMM RESOUR	40					X		154,680.	0.	23,772.
JOE JOHNSON SR. ST. POLICY	40					X		122,238.	0.	40,140.
JERRY DOWNIN EXEC.DIR/SEC-TREASURER							X	0.	51,300.	246.
STEPHEN MORAIN GENERAL COUNSEL							X	0.	3,809,336.	129,079.
1b Total ►								1,716,141.	5,787,240.	1,411,844.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 28

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes' complete Schedule J for such individual	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
ITA GROUP 4800 WESTOWN PARKWAY SUITE 300 WEST DES MOINES, IA 50266	TRAVEL SERVICE	1,417,020.
ENTREP. DEV. CENTER 230 2ND ST SE STE 212 CEDAR RAPIDS, IA 52401	RENEW RURAL IA SEMINAR	795,000.
TIMES CITIZEN COMMUNICATIONS PO BOX 670 IOWA FALLS, IA 50126	MGT/PRINTING PUBLICATIONS	402,977.
TRAVEL & TRANSPORT 2955 100TH STREET WEST DES MOINES, IA 50322	TRAVEL SERVICES	111,474.
VICTORY ENTERPRISES 5200 30THS ST SW - SUITE 7 DAVENPORT, IA 52802	MAIL/SURVEY SERVICE	104,648.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contribns included in lns 1a-1f:	$				
	h **Total.** Add lines 1a-1f	►				
PROGRAM SERVICE REVENUE		Business Code				
	2a MEMBERSHIP DUES	900099	3,397,654.	3,397,654.		
	b PUBLICATION REVENUE	511120	4,068,084.	371,912.	3,696,172.	
	c RECOVERY OF EXP OTHER ENT	561000	1,085,534.	1,085,534.		
	d FEES/CONTRACTS GOVT AGENC	561000	44,338.	44,338.		
	e TRADE SHOW	900099	5,893.	5,893.		
	f All other program service revenue		11,235.	11,235.		
	g **Total.** Add lines 2a-2f	►	8,612,738.			
	3 Investment income (including dividends, interest and other similar amounts)	►	22,697,258.			22,697,258.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►	4,573,127.			4,573,127.
		(i) Real / (ii) Personal				
	6a Gross Rents	8,946.				
	b Less: rental expenses	300,409.				
	c Rental income or (loss)	-291,463.				
	d Net rental income or (loss)	►	-291,463.		-300,409.	8,946.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	27138795. / 3,900.				
	b Less cost or other basis and sales expenses	27659050. / 3,281.				
	c Gain or (loss)	-520,255. / 619.				
	d Net gain or (loss)	►	-519,636.			-519,636.
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a 6,231.				
	b Less: cost of goods sold	b 34,426.				
	c Net income or (loss) from sales of inventory	►	-28,195.	-28,195.		
	Miscellaneous Revenue	Business Code				
	11a UBIT PTR K-1	900099	10,884.		10,884.	
	b MISCELLANEOUS	900099	-4.	-4.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►	10,880.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	►	35,054,709.	4,888,367.	3,406,647.	26,759,695.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,206,759.			
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	195,019.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	373,159.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,513,922.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,466,466.			
9 Other employee benefits	848,252.			
10 Payroll taxes	452,483.			
11 Fees for services (non-employees)				
a Management	1,622,313.			
b Legal	238,024.			
c Accounting	1,989,064.			
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	235,359.			
g Other	1,027,543.			
12 Advertising and promotion	1,098,225.			
13 Office expenses	343,296.			
14 Information technology	1,162,689.			
15 Royalties	1,247,407.			
16 Occupancy	565,371.			
17 Travel	898,249.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,488,598.			
20 Interest				
21 Payments to affiliates	617,092.			
22 Depreciation, depletion, and amortization	13,326.			
23 Insurance	159,212.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING AND PUBLICATIONS	3,973,094.			
b OTHER PROGRAM SERVICES	73,015.			
c DUES AND SUBSCRIPTIONS	50,999.			
d REPAIRS & MAINTENANCE	31,938.			
e OTHER	-11,624.			
f All other expenses	-117,359.			
25 Total functional expenses. Add lines 1 through 24f	31,761,891.			
26 **Joint Costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		404,931.	1	552,068.
	2	Savings and temporary cash investments		9,771,107.	2	8,400,070.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,587,166.	4	3,938,064.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		9,270.	7	
	8	Inventories for sale or use		91,050.	8	87,329.
	9	Prepaid expenses and deferred charges		654,903.	9	614,922.
	10a	Land, buildings, and equipment cost basis	10a 532,749.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 510,510.	33,269.	10c	22,239.
	11	Investments – publicly-traded securities		94,563,032.	11	82,041,156.
	12	Investments – other securities See Part IV, line 11		370,447,386.	12	438,723,146.
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets		19,008,556.	14	19,008,556.
	15	Other assets See Part IV, line 11		1,065,370.	15	539,154.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		500,636,040.	16	553,926,704.
LIABILITIES	17	Accounts payable and accrued expenses		4,627,249.	17	3,854,120.
	18	Grants payable		1,685,000.	18	1,135,000.
	19	Deferred revenue		1,863,770.	19	2,085,849.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		1,352,350.	25	4,140,346.
	26	**Total liabilities.** Add lines 17 through 25		9,528,369.	26	11,215,315.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		491,107,671.	27	542,711,389.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		491,107,671.	33	542,711,389.
	34	Total liabilities and net assets/fund balances		500,636,040.	34	553,926,704.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer Identification number

42-0331840

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		532,749.	510,510.	22,239.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				22,239.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	48,242,388.	COST
Other FBL FINANCIAL GROUP CLASS A	310,060,362.	END OF YEAR MARKET VALUE
TRUST PREFERRED SECURITITES	77,068,436.	COST
PARTNERSHIP INTERESTS	3,351,960.	COST
Total. *(Column (b) should equal Form 990 Part X, col (B) line 12.)* ►	438,723,146.	

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *Column (b)(should equal Form 990, Part X, Col (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION COSTS	4,140,346.
Total. *Column (b) Total (should equal Form 990, Part X, col. (B) line 25)* ►	4,140,346.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	35,054,709.
2	Total expenses (Form 990, Part IX, column (A), line 25)	31,761,891.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,292,818.
4	Net unrealized gains (losses) on investments	48,780,060.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-195,025.
9	Total adjustments (net) Add lines 4-8	48,585,035.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	51,877,853.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	33,807,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	11,042.		
e	Add lines 2a through 2d			2e	11,042.
3	Subtract line 2e from line 1			3	33,796,067.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,258,642.		
c	Add lines 4a and 4b			4c	1,258,642.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	35,054,709.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	30,709,316.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	206,067.		
e	Add lines 2a through 2d			2e	206,067.
3	Subtract line 2e from line 1			3	30,503,249.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,258,642.		
c	Add lines 4a and 4b			4c	1,258,642.
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)			5	31,761,891.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART X - FIN 48 FOOTNOTE

IN JULY 2006 THE FASB ACCOUNTING STANDARDS CODIFICATION 740-10, ACCOUNTING FOR TAX POSITIONS. FASB ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC 740-10 ALSO PROVIDES GUIDANCE ON RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF FINANCIAL POSITION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.

Part XIV Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

IN DECEMBER 2008, THE FASB PROVIDED FOR A DEFERRAL OF THE EFFECTIVE DATE FOR CERTAIN NONPUBLIC COMPANIES TO ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE COMPANY HAS ELECTED THIS DEFERRAL AND, ACCORDINGLY, WILL BE REQUIRED TO ADOPT FASB ASC 740-10 IN ITS 2009-2010 ANNUAL FINANCIAL STATEMENTS.

PRIOR TO ADOPTION OF FASB ASC 740-10, THE COMPANY WILL CONTINUE TO EVALUATE ITS UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES UNDER FASB ACCOUNTING STANDARDS CODIFICATION 450-10, ACCOUNTING FOR CONTINGENCIES. FASB ASC 450-10 REQUIRES THE COMPANY TO ACCRUE FOR LOSSES IT BELIEVES ARE PROBABLE AND CAN BE REASONABLY ESTIMATED. MANAGEMENT DOES NOT BELIEVE THE ADOPTION OF FASB ASC 740-10 WILL HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INCOME REPORTED ON FORMS K-1	$ -195,022.
ROUNDING	-3.
TOTAL	$ -195,025.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

INCOME REPORTED FROM FORMS K-1	$ 11,042.
TOTAL	$ 11,042.

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

MKT ED SEMINAR FEES INC NETTED WITH EXP	$ 11,235.
ROYALTY PMTS NETTED WITH ROYALTY INC	1,247,407.
TOTAL	$ 1,258,642.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

EXPENSES REPORTED FROM FORMS K-1	$ 206,065.
ROUNDING	2.
TOTAL	$ 206,067.

SCHEDULE D, PART XIII, LINE 4C
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

MKT ED SEMINAR FEES INC NETTED WITH EXP	$ 11,235.
ROYALTY PMTS NETTED WITH ROYALTY INC.	1,247,407.
TOTAL	$ 1,258,642.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA	0	0	PROGRAM SERVICES	BIO-TECHNOLOGY	44,038.
Totals ►	0	0			44,038.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ► X
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► 0

3 Enter total number of other organizations or entities ► 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA 4-H FOUNDATION EXTENSION 4-H YOUTH BLDG, ISU AMES, IA 50011	42-6061606	501 (C) (3)	12,500.	0.			PARTNERSHIP CONTRIBUTIONS
IOWA FARM BUREAU FEDERATION 102 S OLIVE ST MAQUOKETA, IA 52060	42-0338220	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1024 N 18TH ST CENTERVILLE, IA 52544	42-0680706	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 106 ADAMS ST THOMPSON, IA 50478	42-0685012	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 107 W 4TH ST MALVERN, IA 51551	42-0685002	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1102 GILBERT ST CHARLES CITY, IA 50616	42-0680708	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1105 W 9TH ST VINTON, IA 52349	42-0137360	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 E DELAWARE ST MANCHESTER, IA 52057	42-0685003	501 (C) (5)	20,100.	0.			COUNTY FB INVESTMENT

2 Enter total number of section 501(c)(3) and government organizations ► 11

3 Enter total number of other organizations ► 101

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AGRICULTURAL SCHOLARSHIPS	186	195,019		N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

GRANT REQUESTS ARE ACCEPTED FROM NON-PROFIT ORGANIZATIONS THAT ARE ALIGNED WITH THE MISSION AND GOALS OF THE IOWA FARM BUREAU FEDERATION (IFBF). DISBURSEMENT OF FUNDS IS PERMITTED WITHIN THE ANNUAL GRANT BUDGET AS APPROVED BY THE IFBF BOARD OF DIRECTORS. IFBF REQUIRES WRITTEN DOCUMENTATION OF THE GRANT REQUEST WHICH MUST INCLUDE THE ORGANIZATION'S CONTACT INFORMATION INCLUDING KEY STAFF AND/OR VOLUNTEER CONTACT, NON-PROFIT STATUS AND A DETAILED INTENT FOR USE OF GRANT DOLLARS. MONITORING OF AWARDED GRANTS MAY INCLUDE ONE OR MORE OF THE FOLLOWING: A SITE VISIT TO GRANT RECIPIENT, PHONE CONTACT, FILE NOTES OR AN ANNUAL WRAP UP REPORT AT THE END OF THE GRANTING PERIOD. DISBURSEMENTS OF PLEDGE PAYMENTS ARE BASED UPON THE ACCURACY AND PROMPTNESS OF PROGRESS REPORTS.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 115 N 3RD AVE LOGAN, IA 51546	42-0680720	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 N MAIN TOLEDO, IA 52342	42-0681042	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 W COURT WINTERSET, IA 50273	42-0680738	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 W WASHINGTON ST CLARINDA, IA 51632	42-0680709	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 117 S 5TH ST SAC CITY, IA 50583	42-0688076	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 118 N MAIN ST LEON, IA 50144	42-0681393	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 119 WASHINGTON AVE E ALBIA, IA 52531	42-0684991	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1200 SENECA ST PO BOX 250 WEBSTER CITY, IA 50595	42-0685014	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 126 E BROADWAY STE 1 COUNCIL BLUFFS, IA 51503	42-0593575	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations .... ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1317 14TH AVE ELDORA, IA 50627	42-0681034	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1323 BOYSON RD HIAWATHA, IA 52233	42-0381665	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1323 OLIVE AVE HAMPTON, IA 50441	42-0680717	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1327 CEDAR ST TIPTON, IA 52772	42-0685013	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 14 1ST AVE NE BOX 129 WAUKON, IA 52172	42-0680735	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1501 E 7TH ST ATLANTIC, IA 50022	42-0940593	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1520 S STORY ST BOONE, IA 50036	42-0680702	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1701 3RD AVE E STE 3 OSKALOOSA, IA 52577	42-0680726	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1721 E. LECLAIRE RD ELDRIDGE, IA 52748	42-0684995	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 200 W 2ND AVE INDIANOLA, IA 50125	42-0681037	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 201 E HARRISON ST JEFFERSON, IA 50129	42-0681038	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 202 N MARKET ST AUDUBON , IA 50025	42-0680700	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 203 CENTRAL AVE SE ORANGE CITY, IA 51041	42-0527883	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 203 N 4TH ST GUTHRIE CENTER, IA 50115	42-0680716	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 204 N 7TH ST DENISON, IA 51442	42-0200725	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 E IOWA ST GREENFIELD, IA 50849	42-0680714	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 E. AGENCY RD WEST BURLINGTON, IA 52655	42-0686468	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 W S ST MOUNT AYR, IA 50854	42-0680722	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations . . . ► _____

3 Enter total number of other organizations . . . . . ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 206 N ELM ST CRESTON, IA 50801	42-0686469	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 209 CENTENNIAL DR STE B CHEROKEE, IA 51012	42-0684994	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 212 S FRANKLIN CORYDON, IA 50060	42-0680711	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2130 MORMON TREK BLVD IOWA CITY, IA 52246	42-0688068	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 214 WINNEBAGO ST DECORAH, IA 52101	42-0684996	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 217 S 25 ST STE C-12 FORT DODGE, IA 50501	42-0681391	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2202 HOUSER ST 2 MUSCATINE, IA 52761	42-0688072	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2215 N MAIN ST OSCEOLA, IA 50213	42-0680725	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 23024 HIGHWAY 149 SIGOURNEY, IA 52591	42-0168070	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations . . ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 2333 JOHN F KENNEDY RD DUBUQUE, IA 52002	42-0680713	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 245 REUTINGER DR WAPELLO, IA 52653	42-0686918	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 24542 HWY 13 ELKADER, IA 52043	42-0681035	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 28 2ND AVE SW LE MARS, IA 51031	42-0681039	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2904 MAIN ST EMMETSBURG, IA 50536	42-0684998	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 300 SE DELAWARE AVE ANKENY, IA 50021	42-0680712	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 3205 S 6TH ST MARSHALLTOWN, IA 50158	42-0680721	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 322 E 4TH ST OTTUMWA, IA 52501	42-0680727	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 327 9TH ST SIBLEY, IA 51249	42-0680731	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 3315 W 4TH ST WATERLOO, IA 50701	42-0142423	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 340 2ND ST SE PRIMGHAR, IA 51245	42-0680729	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 4050 4TH ST SW MASON CITY, IA 50401	42-0685004	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 406 7TH ST CORNING, IA 50841	42-0681032	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 407 S HIGHWAY ST OAKLAND, IA 51560	42-0680724	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 408 W 8TH ST CARROLL, IA 51401	42-0680704	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 409 2ND ST IDA GROVE, IA 51445	42-0685001	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 418 HIGHWAY 18 W ALGONA, IA 50511	42-0684992	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 421 1ST AVE N ESTHERVILLE, IA 51334	42-0234716	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations . . ►

3 Enter total number of other organizations . . . . . ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 422 N MAIN ALLISON, IA 50602	42-0681385	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 427 HIGHWAYS 1 & 92 WASHINGTON, IA 52353	42-0680734	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 508 GRAND AVE SPENCER, IA 51301	42-0685010	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 514 8TH ST DEWITT, IA 52742	42-0684997	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 601 CENTRAL AVE NORTHWOOD, IA 50459	42-0686470	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 602 8TH ST #1 GRUNDY CENTER, IA 50638	42-0680715	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 607 POLLOCK BLVD BEDFORD, IA 50833	42-0680701	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 65 STATE STREET GARNER, IA 50438	42-0293100	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 709 CHASE ST OSAGE, IA 50461	42-0685007	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 710 2ND AVE ROCK RAPIDS, IA 51246	42-0680730	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 712 S WEST STREET SUITE 2 BLOOMFIELD, IA 52537	42-0681110	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 811 S 4TH ST CHARITON, IA 50049	42-0680707	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 846 HIGH STREET ROCKWELL CITY, IA 50579	42-0681041	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 908 6TH ST HARLAN, IA 51537	42-0685000	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 920 9TH ST ONAWA, IA 51040	42-0421745	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 950 SENATE AVE STE A RED OAK, IA 51566	42-0685008	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 100 FAYETTE, IA 52142	42-0684999	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 127 KNOXVILLE, IA 50138	42-0680719	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations . . . . . ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 158 POCAHONTAS, IA 50574	42-0680728	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 168 ANAMOSA, IA 52205	42-0347375	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 218 ADEL, IA 50003	42-0684990	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 220 DONNELLSON, IA 52625	42-0681033	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 250 SIDNEY, IA 51652	42-0680732	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 260 WILLIAMSBURG, IA 52361	42-0680737	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 268 NEVADA, IA 50201	42-0680723	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 27 CRESCO, IA 52136	42-0688067	501(C)(5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 326 MOUNT PLEASANT, IA 52641	42-0685005	501(C)(5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 347 CLARION, IA 50525	42-0680710	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 367 HUMBOLDT, IA 50548	42-0681036	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 40 KEOSAUQUA, IA 52565	42-0680718	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 468 STORM LAKE, IA 50588	42-0685011	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 490 NEW HAMPTON, IA 50659	42-0685006	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 517 BROOKLYN, IA 52211	23-7425261	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 615 WAVERLY, IA 50677	42-0680736	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 683 MOVILLE, IA 51039	42-0685009	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 766 NEWTON, IA 50208	42-0681040	501 (C) (5)	20,100.				COUNTY FB INVESTMENT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 775 INDEPENDENCE, IA 50644	42-0158725	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 813 FAIRFIELD, IA 52556	42-0681390	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX A SPIRIT LAKE, IA 51360	42-0681397	501 (C) (5)	20,100.				COUNTY FB INVESTMENT
IOWA FFA FOUNDATION PO BOX 400 MITCHELLVILLE, IA 50169	42-1305468	501 (C) (3)	14,200.				PARTNERSHIP CONTRIBUTIONS
IOWA GIRLS HIGH SCHOOL ATHLETIC PO BOX 10348, 2900 GRAND AVENUE DES MOINES, IA 50306	42-0650134	501 (C) (3)	100,000.				PLEDGE - 2 PMTS OF $50,000 EA YR
IOWA HIGH SCHOOL ATHLETICS ASSOC PO BOX 10 BOONE, IA 50036	20-8062466	501 (C) (3)	150,000.				PLEDGE - IOWA HALL OF PRIDE
IOWA HIGH SCHOOL ATHLETICS ASSOC PO BOX 10 BOONE, IA 50036	20-8062466	501 (C) (3)	87,500.				PLEDGE - CORP. PARTNER AGREEMENT
IOWA MASTER FARMER FOUNDATION 6200 AURORA AVE STE 609E URBANDALE, IA 50322	16-1644345	501 (C) (3)	10,000.				PLEDGE - MASTER FARMER AWARD
IOWA STATE FAIR BLUE RIBBON FOUN PO BOX 57130 DES MOINES, IA 50317	42-1376689	501 (C) (3)	7,500.				CORN DOG GRND CHAMPION SPONSOR

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY FOUNDATION 2505 ELWOOD DR AMES, IA 50010	42-1143702	501 (C) (3)	200,000.				PLEDGE - BIORENEWABLES FUND
OHIOANS FOR LIVESTOCK CARE PAC 280 N HIGH STREET COLUMBUS, OH 43215	27-0598227	527	10,000.				FARMLAND & LIVESTOCK MEDIA CAMP.
PROGRESSIVE AGRICULTURE FOUNDATI PO BOX 2970 DENVER, CO 80201	63-1166618	501 (C) (3)	10,000.				SPONSOR AG SAFETY DAY CAMPS
TREES FOREVER 770 - 7TH AVENUE MARION, IA 50302	42-1419181	501 (C) (3)	10,000.				WATERSHED STORM WATER PILOT

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items SEE PART III			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☒ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X	
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		
b Any related organization?	5b		
If 'Yes' to line 5a or 5b, describe in Part III			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		
b Any related organization?	6b		
If 'Yes' to line 6a or 6b, describe in Part III			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
CRAIG A. LANG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,868.	105,610.	92,886.	6,900.	98,152.	519,416.	374,891.
JAMES CHRISTENSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,154.	78,067.	32,937.	6,900.	341,947.	710,005.	324,867.
DENNY J. PRESNAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,199.	118,605.	36,990.	6,900.	295,559.	748,253.	405,858.
DAVID LYONS	(i)	215,497.	68,762.	18,004.	6,900.	15,222.	324,385.	281,068.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD M. PARKER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,467.	33,741.	23,209.	6,900.	39,584.	369,901.	278,473.
SARA PAYNE	(i)	182,534.	47,872.	3,277.	6,900.	31,139.	271,722.	222,596.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICK REGAN	(i)	128,392.	19,605.	19,170.	4,440.	100,400.	272,007.	158,684.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS VARILEK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	122,975.	19,056.	21,652.	4,261.	66,754.	234,698.	138,594.
DAVID SENGPIEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,671.	26,260.	20,257.	5,938.	67,653.	291,779.	198,697.
DAVID MILLER	(i)	156,671.	24,078.	18,484.	5,422.	64,083.	268,738.	182,635.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DONALD PETERSEN	(i)	145,899.	22,548.	16,184.	5,053.	31,600.	221,284.	168,956.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA LYKINS	(i)	122,123.	18,904.	13,653.	4,231.	19,541.	178,452.	134,775.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOE JOHNSON	(i)	107,484.	10,526.	4,228.	3,540.	36,600.	162,378.	104,539.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JERRY DOWNIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	50,419.	881.	0.	246.	51,546.	50,419.
STEPHEN MORAIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	128,134.	264,706.	3,416,496.	0.	129,079.	3,938,415.	0.
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

PART I, ITEM 1A - THE COMPANY ALLOWS BOARD MEMBERS' SPOUSES TO ATTEND EITHER THE AFFBF ANNUAL MEETING, COUNTY PRESIDENTS' INCENTIVE TRIP, OR THE NATIONAL AFFAIRS TRIP. THE EXPENSES OF THE SPOUSE ARE TAXED TO THE BOARD MEMBER.

PART I, ITEM 4B - THE COMPANY, THROUGH A WHOLLY-OWNED SUBSIDIARY, PROVIDES A NON QUALIFIED, DEFINED CONTRIBUTION PLAN TO THE ORGANIZATION'S PRESIDENT. DUE TO HISTORICALLY SHORTER TENURE PERIODS FOR THIS POSITION, THE PRESIDENT TYPICALLY DOES NOT BENEFIT FROM THE DEFINED BENEFIT PLAN AVAILABLE TO ALL EMPLOYEES.

PART I, ITEM 4C - AS A RESULT OF OFFICER POSITIONS HELD BY THE PRESIDENT AND EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ITS MANAGEMENT AGREEMENTS IN PLACE, WITH ITS MAJORITY-OWNED SUBSIDIARY, THESE TWO POSITIONS ALSO RECEIVE NON QUALIFIED STOCK OPTIONS FROM THIS MAJORITY-OWNED SUBSIDIARY.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
1. EDWARD PARKER	GEN. COUNSEL	410,288.	SEE SCHEDULE O		X
2. CRAIG HILL	VICE PRESIDENT	410,288.	SEE SCHEDULE O		X
3. CHARLIE NORRIS	DISTRICT 2 DIR	410,288.	SEE SCHEDULE O		X
4. PHIL SUNDBLAD	DISTRICT 3 DIR	410,288.	SEE SCHEDULE O		X
5. DOUG GRONAU	DISTRICT 4 DIR	410,288.	SEE SCHEDULE O		X
6. JOE HEINRICH	DISTRICT 6 DIR	410,288.	SEE SCHEDULE O		X

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
IOWA FARM BUREAU FEDERATION	42-0331840

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
7. CALVIN ROZENBOOM	DISTRICT 8 DIR	410,288.	SEE SCHEDULE O		X
8. CRAIG LANG	PRESIDENT	6,248,016.	SEE SCHEDULE O		X
9. DENNY PRESNALL	EXEC DIR/SEC/T	6,248,016.	SEE SCHEDULE O		X
10. EDWARD PARKER	GEN. COUNSEL	6,248,016.	SEE SCHEDULE O		X
11. JAMES CHRISTENSON	CONTROLLER CFO	6,248,016.	SEE SCHEDULE O		X
12. DENNY PRESNALL	EXE DIR./SEC-T	2,093,726.	SEE SCHEDULE O		X

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
13.JAMES CHRISTENSON	CONTROLLER CFO	2,093,726.	SEE SCHEDULE O		X
14.DAVID LYONS	CHIEF BUS.DEV.	2,093,726.	SEE SCHEDULE O		X
15.DAVID SENGPIEL	SR INVEST MGR	2,093,726.	SEE SCHEDULE O		X
16.DAVID MILLER	DIR RESEARCH/C	2,093,726.	SEE SCHEDULE O		X
17.CRAIG LANG	PRESIDENT	1,225,805.	SEE SCHEDULE O		X
18.CRAIG HILL	VICE PRESIDENT	1,225,805.	SEE SCHEDULE O		X

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
19.DENNY PRESNALL	EXE DIR/SEC-TR	1,225,805.	SEE SCHEDULE O		X

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
RVF LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 14-2003564	INVESTMENT MANAGEMENT	IA	425,000.	320,833.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
IFBF PROPERTY MANAGEMENT, INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 42-1472056	TITLE HOLDING COMPANY	IA	501(C)(2)	N/A	N/A
IOWA FARM BUREAU FEDERATION POLITICAL AC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1285209	POLITICAL ACTION COMMITTEE	IA	527	N/A	N/A
IOWA FARM BUREAU FOUNDATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1370988	PUBLIC CHARITY	IA	501(C)(3)	9	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
BAKE HOLDINGS, LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 83-0358190	INVEST.MGT	CO	N/A	INVESTMENT	-260.	3,828,989.	X		0.	X	
RURAL VITALITY FUND, L.P. 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVEST.FUND	IA	RVF, LLC	INVESTMENT	-27,721.	3,061,888.	X		-27,721.	X	
RURAL VITALITY FUND, L.P. 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVESTMENT	IA	RVF, LLC	INVESTMENT	-18,876.	88,634.	X		-18,876.		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
AGRAGATE CLIMATE CREDITS CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 39-1874146	AGGREGATION	IA	N/A	C	140,299.	1,141,361.	100.00
FARM BUREAU MANAGEMENT CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-0686922	MANAGEMENT	IA	N/A	C	9,528,499.	2,942,372.	100.00
FBL FINANCIAL GROUP, INC 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 42-1411715	INSURANCE H	IA	N/A	C	-11,796,850.	913,952,910.	65.00

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r	X	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) IFBF PROPERTY MANAGEMENT, INC	J	565,371.
(2) IFBF PROPERTY MANAGEMENT, INC	R	6,935,307.
(3) IOWA FARM BUREAU FEDERATION POLITICAL AC	K	3,618.
(4) RURAL VITALITY FUND, L.P.	B	1,330,951.
(5) AGRAGATE CLIMATE CREDITS CORPORATION	D	2,000,000.
(6) AGRAGATE CLIMATE CREDITS CORPORATION	K	60,350.

Part VII Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct controlling Entity
IOWA WETLAND MITIGATION BANK, INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1511433	ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION	IA	501(C)(3)	9	N/A
IOWANS FOR AGRICULTURE 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 20-5548927	POLITICAL ORGAIZATION	IA	527	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1 ($)	(J) General or Managing Partner? Yes	(J) No
RURAL VITALITY AGR 5400 UNIVERSITY AV WEST DES MOINES, I 26-0529722	INVESTMENT	IA	RVF, LLC	INVESTMENT	-86.	24,361.	X		-86.	X	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
AGRAGATE CLIMATE CREDITS CORPORATION	M	14,626.
AGRAGATE CLIMATE CREDITS CORPORATION	N	18,750.
FARM BUREAU MANAGEMENT CORPORATION	B	500,000.
FARM BUREAU MANAGEMENT CORPORATION	J	40,039.
FARM BUREAU MANAGEMENT CORPORATION	L	5,707,977.
FBL FINANCIAL GROUP, INC	A	491,474.
FBL FINANCIAL GROUP, INC	J	45,340.
FBL FINANCIAL GROUP, INC	K	213,750.
FBL FINANCIAL GROUP, INC	L	324,043.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: IOWA FARM BUREAU FEDERATION

Employer identification number: 42-0331840

FORM 990 -PART XI-ITEM 2C

AUDIT AND BUDGET COMMITTEE - THE ORGANIZATION'S AUDIT AND BUDGET COMMITTEE ONLY OVERSEES THE BUDGET AND THE AUDIT OF THE FINANCIAL STATEMENTS. THE COMMITTEE DOES NOT SELECT THE AUDITOR.

PART VI - ITEM 1B - INDEPENDENCE

PER FORM 990 INSTRUCTIONS, THE ORGANIZATION'S BOARD OF DIRECTORS IS NOT CONSIDERED INDEPENDENT BECAUSE THEY RECEIVE COMPENSATION IN EXCESS OF $10,000 EACH. THE ORGANIZATION'S POSITION IS THAT ITS DIRECTORS ARE INDEPENDENT DUE TO THE FOLLOWING: 1) ACCORDING TO ARTICLES OF INCORPORATION EACH DIRECTOR IS VOTED ON INDEPENDENTLY BY VOTING DELEGATES (WHO THEMSELVES) ARE VOTED INTO POSITION BY THE ORGANIZATION'S MEMBERSHIP FOR A THREE YEAR TERM, 2) ACCORDING TO ARTICLES OF INCORPORATION EACH DIRECTOR IS REQUIRED TO BE AN ACTIVE FARMER, 3) THE COMPENSATION IS PAID TO EACH DIRECTOR TO MINIMIZE THE FINANCIAL IMPACT OF HIRING HELP TO DO THE FARM WORK IN THEIR ABSENCE.

FORM 990, SCHEDULE L - LINE IV - (D)

DESCRIPTION OF TRANSACTION - LISTINGS 1 THROUGH 7:

IFBF SHARES BOARD OF DIRECTORS WITH FARM BUREAU FINANCIAL SERVICES. THIS AMOUNT REPRESENTS THE REIMBURSEMENT RECEIVED BY IFBF FROM FARM BUREAU FINANCIAL SERVICES FOR SHARED BOARD OF DIRECTOR EXPENSES AND NOT RECEIVED BY THESE INDIVIDUALS.

DESCRIPTION OF TRANSACTION - LISTINGS 8 THROUGH 11:

IFBF SHARES OFFICERS AND EMPLOYEES WITH FARM BUREAU MANAGMENT CORPORATION. THIS AMOUNT REPRESENTS THE TOTAL AMOUNT OF PAYMENTS TO FARM BUREAU MANAGEMENT CORPORATION FOR MANAGEMENT AND ADMINISTRATIVE SERVICES AND NOT RECEIVED BY THESE INDIVIDUALS (SEE SCHEDULE R FOR DETAIL).

Name of the organization: IOWA FARM BUREAU FEDERATION

Employer identification number: 42-0331840

(CONTINUED)

DESCRIPTION OF TRANSACTION - LISTINGS 12 THROUGH 16:

IFBF SHARES OFFICERS AND EMPLOYEES WITH AGRAGATE CLIMATE CREDITS CORPORATION. THIS AMOUNT REPRESENTS THE TOTAL AMOUNT OF RECEIVED REIMBURSEMENT FOR SERVICES AND NOT RECEIVED BY THESE INDIVIDUALS. ALSO, GUARANTEED SUBSIDIARY'S BANK LINE OF CREDIT (SEE SCH.R FOR DETAIL).

DESCRIPTION OF TRANSACTION - LISTINGS 17 THOUGH 19:

IFBF SHARES OFFICERS AND DIRECTORS WITH FBL FINANCIAL GROUP, INC. THIS AMOUNT REPRESENTS THE TOTAL PAYMENTS TO FBL FINANCIAL GROUP FOR ADMINISTRATIVE SERVICES AND NOT RECEIVED BY THESE INDIVIDUALS (SEE SCH. R FOR DETAIL).

PART IX - ITEM 8

PENSION PLAN CONTRIBUTIONS INCLUDE THREE AMOUNTS: 1) DEFINED CONTRIBUTION PLAN CONTRIBUTIONS, 2) DEFINED BENEFIT PLAN FAS 87 AND FAS 132 ACCRUALS, AND 3) OTHER PENSION CHANGES AS REQUIRED BY FAS 158. THE LATTER TWO ITEMS ARE ACTUARIAL CALCULATIONS THAT DO NOT REQUIRE FUNDING AND SHOULD NOT BE DEEMED AS ACTUAL CONTRIBUTIONS.

FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

DUE TO THE ECONOMIC SITUATION IN 2008/2009, IOWA FARM BUREAU ELIMINATED ITS BUSINESS DEVELOPMENT DEPARTMENT. THIS DEPARTMENT WAS IFBF'S FIFTH LARGEST PROGRAM SERVICE.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

MARKETING AND COMMUNICATIONS -- NEWS SERVICE ISSUES THE WEEKLY PUBLICATION, "IOWA FARM BUREAU SPOKESMAN," WHICH IS THE PRIMARY COMMUNICATIONS VEHICLE BETWEEN STATE AND COUNTY LEADERS AND FARMING MEMBERS PROVIDING REPORTS ON FARM BUREAU POLICY IMPLEMENTATION AND REGULATORY ISSUES AS WELL AS STATE, NATIONAL AND INTERNATIONAL AGRICULTURE NEWS. ALSO PUBLISHED IS A MONTHLY NEWSPAPER, "FAMILY LIVING,"

Name of the organization: IOWA FARM BUREAU FEDERATION

Employer identification number: 42-0331840

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

DISTRIBUTED TO AG-SUPPORTING MEMBERS. APPROXIMATELY 150,000 MEMBERS BENEFITED FROM BOTH PUBLICATIONS. MARKETING FOCUSES ON MEMBER RETENTION AND ACQUISITION THROUGH VARIOUS MEDIUMS INCLUDING VIDEO, ADVERTISING, MULTI-MEDIA AND WEB MARKETING. THE TEAM MARKETS FARM BUREAU BENEFITS, SERVICES AND PROGRAMS TO THE MEMBERSHIP AS WELL AS THE GENERAL PUBLIC AND MANAGES THE ORGANIZATION'S BRAND. OVER 153,000 MEMBERS BENEFITED. PUBLIC RELATIONS STRATEGICALLY COMMUNICATES FARM BUREAU POLICY AND AGRICULTURAL ISSUES TO KEY ORGANIZATIONAL STAKEHOLDERS, INCLUDING: MEMBERS, EMPLOYEES, ELECTED LEADERS, MEMBERS OF THE NEWS MEDIA AND THE GENERAL PUBLIC. OVER 150,000 MEMBERS BENEFITED.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMMODITY SERVICES - PROVIDES ECONOMIC AND POLICY RESEARCH ASSISTANCE FOR THE POLICY DEVELOPMENT AND IMPLEMENTATION WORK OF THE IOWA FARM BUREAU FEDERATION. ASSISTS MEMBERS BY DEVELOPING INFORMATION AND EDUCATIONAL MATERIALS. IN ADDITION, THE COMMODITY SERVICES GROUP OFFERS FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS AND SERVICES TO MEMBERS. THE COMMODITY SERVICES GROUP ALSO PROVIDES CARBON CREDIT AGGREGATION AND MARKETING SERVICES. MORE THAN 90,000 MEMBERS BENEFIT FROM THE EDUCATIONAL AND INFORMATIONAL MATERIALS WHICH ARE PUBLISHED AND DISTRIBUTED THROUGH THE SPOKESMAN AND IOWAFARMBUREAU.COM. OVER 4,000 MEMBERS ARE DIRECTLY SERVED THROUGH PARTICIPATION IN THE FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS AND MORE THAN 3,000 FARMERS ARE PARTICIPATING IN THE CARBON CREDIT AGGREGATION PROGRAM.

OTHER PROGRAMS - BUSINESS DEVELOPMENT AND COMMUNITY RESOURCES

Name of the organization: IOWA FARM BUREAU FEDERATION

Employer identification number: 42-0331840

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT CO

THE ORGANIZATION UTILIZES A WHOLLY OWNED SUBSIDIARY, FARM BUREAU MANAGEMENT CORPORATION, TO PROVIDE THE DAY TO DAY MANAGEMENT FUNCTION OF IFBF. THIS CORPORATION EMPLOYEES THE PRESIDENT, SECRETARY-TREASURER, GENERAL COUNSEL AND CHIEF FINANCIAL OFFICER AND ALLOCATES THEIR EXPENSES ACROSS ALL OF THE ENTITIES UNDER FBMC MANAGEMENT.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

ANY PERSON MAY BE A FARM BUREAU MEMBER. ALL FARM BUREAU MEMBERS HAVE THE SAME VOTE AND ACCESS TO MEMBER BENEFITS. IN ORDER TO HOLD AN OFFICER OR DIRECTOR POSITION WITHIN FARM BUREAU, THE MEMBER MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE PRESIDENT AND VICE PRESIDENT OF FARM BUREAU ARE ELECTED BY THE HOUSE OF DELEGATES. ALL OTHER DIRECTORS ARE ELECTED BY DELEGATES FROM THEIR RESPECTIVE DISTRICTS, AND APPROVED BY THE HOUSE OF DELEGATES. THE HOUSE OF DELEGATES IS COMPRISED OF ONE MEMBER FROM EACH COUNTY IN IOWA WHO IS VOTED INTO THAT POSITION BY THAT COUNTY'S FARM BUREAU MEMBERS. THE DELEGATE MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE HOUSE OF DELEGATES HAS THE FOLLOWING POWERS: 1) ADOPT THE GENERAL POLICIES OF THE ORGANIZATION, 2) ELECT THE BOARD OF DIRECTORS AND APPROVE THE PRESIDENT'S SALARY AND BOARD OF DIRECTOR COMPENSATION, 3) NOMINATE VOTING DELEGATES TO THE AMERICAN FARM BUREAU, AND 4) SELECT THE ORGANIZATION'S INTERNAL STUDY COMMITTEE MEMBERS.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE OFFICERS OF THE ORGANIZATION REVIEW THE COMPLETED FORM 990 FIRST. TWO WEEKS BEFORE THE JUNE BOARD MEETING, AN ELECTRONIC VERSION OF THE 990 IS PLACED ON THE BOARD WEBSITE FOR BOARD REVIEW PRIOR TO THE JUNE BOARD MEETING. AFTER ALL COMMENTS

Name of the organization: IOWA FARM BUREAU FEDERATION

Employer identification number: 42-0331840

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS (CONTINUED)

OR QUESTIONS HAVE BEEN ADDRESSED, THE EXECUTIVE DIRECTOR WILL SIGN THE RETURN AND INSTRUCT THE ACCOUNTING DEPARTMENT TO TIMELY FILE THE RETURN, TAKING INTO ACCOUNT ALL EXTENSIONS AND FILING DEADLINES.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST

ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE: 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) READ AND UNDERSTOOD THE POLICY, 3) AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDING THAT THE ORGANIZATION IS TAX-EXEMPT AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE. A COMMITTEE, COMPRISED OF NON-CONFLICTED BOARD OF DIRECTORS, ANNUALLY RECEIVES ALL CONFLICT OF INTEREST INFORMATION, REVIEWS, AND DETERMINES IF THERE CONFLICTS OF INTEREST. THE COMMITTEE THEN REPORTS ITS FINDINGS BACK TO THE BOARD .

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

INDEPENDENT THIRD PARTY REVIEWS ARE CONDUCTED FOR ALL OFFICERS, KEY EMPLOYEES, AND OTHER HIGHLY COMPENSATED MANAGEMENT. THESE RESULTS ARE FORWARDED TO THE OFFICERS AND BOARD OF DIRECTORS FOR APPROVAL. STANDARDIZED REVIEWS AND COMPENSATION FORMULAS ARE UTILIZED FOR NON-MANAGEMENT POSITIONS. THE INTERNAL STUDY COMMITTEE (DESCRIBED IN COMMENT FOR PART VI, ITEM 7B) ABOVE) SETS THE PRESIDENT'S COMPENSATION AFTER INPUT FROM THIRD PARTY REVIEWERS. THE ORGANIZATION'S VOTING DELEGATES APPROVE THE PRESIDENT, VICE-PRESIDENT AND BOARD OF DIRECTOR'S COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION. PURSUANT TO STATE LAW, SOME DOCUMENTS MAY BE MADE AVAILABLE TO MEMBERS.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
IOWA FARM BUREAU FEDERATION	42-0331840
Number, street, and room or suite number If a P O box, see instructions	
5400 UNIVERSITY AVENUE	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
WEST DES MOINES, IA 50266-5997	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► JAMES G. CHRISTENSON

Telephone No. ► 515-225-5400 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 6/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [ ] calendar year 20 ___ or

► [X] tax year beginning 11/01, 20 08, and ending 10/31, 20 09.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization IOWA FARM BUREAU FEDERATION	Employer identification number 42-0331840
	Number, street, and room or suite number If a P O box, see instructions MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WEST DES MOINES, IA 50266-6717	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► JAMES G. CHRISTENSON
  Telephone No. ► 515-225-5400 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 9/15, 20 10

5 For calendar year ____, or other tax year beginning 11/01, 20 08, and ending 10/31, 20 09

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL AUDIT AND GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 5-17-10