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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable IOWA FARM BUREAU FEDERATION Doing Business As Address change JOHNSON COUNTY FARM BUREAU 42-0688068 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 2130 MORMON TREK BLVD (319) 351-6885 City or town, state or country, and ZIP + 4 Terminated 52246 G Gross receipts \$ 248.151 **IOWA CITY** Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes X No Application pending RUSSELL MEADE 3522 HALF MOON AVE SW, TIFFIN, IA 52340 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or ◀ (insert no) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ 0626 X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1917 IΑ Part I Summary Briefly describe the organization's mission or most significant activities FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 4 21 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 3 28 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12. 29,008 Net unrelated business taxable income from Form 990-T, line 34 2,396 **Current Year** 17,700 Contributions and grants (Part VIII, line 1h). 19,405 196,642 193.328 9 Program service revenue (Part VIII, line 2g). 10 6,553 6,767 Investment income (Part VIII, column (A), lines 3, 4, and 7d). -25,569 -21,765 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 197,031 196.030 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3.928 3,820 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) 69 16a Professional fundraising fees (Part IX, column (A), line 11e). **的对外是**。1888年邓小小古史 MARKA KATE Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 1 (12-11-11-14-14-14-15)
Total expenses. Add lines 13-17 (must equal Part IX, column 17 158,602 157,550 162,589 161,439 18 34,591 Revenue less expenses. Subtract line 18 from line 12 34,442 19 **End of Year** AUG 2 4 2012 **Beginning of Current Year** 696,568 728,690 20 Total assets (Part X, line 16). Total liabilities (Part X, line 26) . . 7,183 Met assets or fund balances. Subtract line 21 from Inc. 2DEN 689.385 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 knowled Sign Here CSIO Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Check X Paid self-employed 8/1/2012 MAX STUDER Preparer Firm's EIN ► 27-5346832 ► MAX N STUDER CPA Firm's name Use Only (515) 238-1766 Firm's address ► PO BOX 1463, JOHNSTON, IA 50131

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990 (2011

X Yes

	90 (2011)		688068	Page 2	
Pa	rt lil	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X	
	D d d				
1	AN ORG	lescribe the organization's mission. GANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALIT			
2	the prior	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	Yes	X No	
3	services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No	
4	Describe	describe these changes on Schedule O ethe organizations and section 4947(a)(1) trusts are required to report the section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	annual r member of office organiza adoptior potential exchang supervise	meeting and a county rental code ordinance. September 14th was the annual meeting with 210 rs attending. The events of the prior year were outlined to those in attendance, election are and directors occurred and the policy development period begins. As a grassroots ation, every effort is made to allow members the opportunity for input prior to policy. In Ideas ranged from additional road repair funding, the rental code ordinance and the allof a jail bond issue were some of the 11 issues raised by members. These issues were ged at a regional policy development meeting held in November. Members met with the county sors and county attorney and crafted a rental property ordinance that was to be adopted in an of 2012.			
4b	pursuing of memb) (Expenses \$ 3,500 including grants of \$ 0) (Revenue \$ JCATION The Company places great emphsis on educating tomorrow's leaders especially those g a carreer in agriculture. The Johnson County Farm Bureau provides scholarships to youth bers that are pursuing a college education. Youth complete applications and are interviewed scholarship committee. Three scholarships were awarded totaling \$3,500 during the year.			
			•		
4c	(Code:) (Expenses \$ 4,930 including grants of \$ 0) (Revenue \$		0)	
	AGRICU urban po Hentage	ULTURAL PROMOTIONS The Company conducts two main events in the county trying to inform the opulation of the importance of agriculture, Spring Ag Fest and the Johnson County Fair e Barn. The Ag Fest occured May 14th at the Johnson County Fairgrounds. Valous commodity area banks, radio station, lowa State Extension operate educational booths & provided the			
		endees information regarding responsible agricultural production practices. At the Johnson			
		Fair, the County staffs the Heritage Barn during the 5 day fair showcasing farming			
		ent and practices past and current. Small animals are provided for viewing and			
demonstrations of sheep shearing, wool spinning, ice cream making are conducted. 4H & FFA youth					
test their agricultural knowlege at the Ag Challenge Contest with the Company's members conducting					
this guiz bowl type event. The Company is a main sponsor of the stage in the center of the					
		nds where all events are either conducted or broadcast from. The West Branch FFA chapter			
		en funds to purchase classroom materials			
4d	-	rogram services. (Describe in Schedule O)	0.)		
4 -	(Expens	ses \$ 0 including grants of \$ 0) (Revenue \$	0)		
44	I MESI P	CONTAIN SERVICE EXCIPTISES = 17.137			

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Form **990** (2011) __

art	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,"			V
_	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,"	9		×
10	complete Schedule D, Part IV	-		 ^
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3187A		2608
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	6.30.5	-1420 XX	Section 1
u	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		ļ
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	 ^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.45	-	
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	l

Par	t IV Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States 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 of grants and other assistance to individuals in the	ļ		
	United States 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, line 3, 4, or 5 about compensation of the	1		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
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, that was issued after December 31, 2002? If "Yes," answer lines			•
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			l
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	0.51		
00	990-EZ? 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		\ v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	31,53	#75.d	230
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Maria Cara	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		i
	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?			V
22	If "Yes," complete Schedule N, Part II	32		<u> </u>
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,	33		 ^-
J -7	III, IV, and V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within	1		
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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		<u> </u>
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			1
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	Щ.
		Form	990	(2011)

Part V

Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response to any question in this Part V	

ı aı	Check if Schedule O contains a response to any question in this Part V			
		n	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		42
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		\$13.55 \$13.50	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	و از در در علمات ک	3.54	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	24 337 24 337		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	ris in		300
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	#KC43 1 3
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		M	22.00
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	Χ	
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:		1975) 1975)	73
	See instructions for 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?	<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	l _		
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b	\$2 /g	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2.11		3037
	and services provided to the payor?	7a 7b		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		*
	required to file Form 8282?	7c	新	\$ 36 36 E
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	\$2.A	X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		K
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			2882
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	Burnelon, 24	*
9	Sponsoring organizations maintaining donor advised funds.	\$ (1) M		A.K.
a	Did the organization make any taxable distributions under section 4966?	9a	24.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	1 1 3		23
а	Initiation fees and capital contributions included on Part VIII, line 12			NO.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:		PACE.	
а	Gross income from members or shareholders	\$2.45% \$2.454\$\$	47	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	M.		
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 57 K	流流	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	AC 2. 2	- No. 1
	Note. See the instructions for additional information the organization must report on Schedule O.	18	\$7. A	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.75		
	the organization is licensed to issue qualified health plans		* 1.1 4. 1.1	130 CV
С	Enter the amount of reserves on hand	N. P.	£., ^	77.15 E
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Ļ	نــــا

Part VI

Sect	ion A. Governing Body and Management				
		i	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	1 [2]) (%)	
	If there are material differences in voting rights among members of the governing body, or			-33	75.72 4
	if the governing body delegated broad authority to an executive committee or similar		×325		
	committee, explain in Schedule O		1 10 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 2	1	50 y	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onsnip with	36.5	ائتنده	100 100 100 100 100 100 100 100 100 100
_	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or und				_
	supervision of officers, directors, or trustees, or key employees to a management company or of		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?	6	Х	_^_
6	Did the organization have members or stockholders?	or appoint	-		
7a	one or more members of the governing body?	ог арропп	7a	х	
_	Are any governance decisions of the organization reserved to (or subject to approval by) members	ore	'a	$\stackrel{\wedge}{\longrightarrow}$	
b	stockholders, or persons other than the governing body?		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions underta		-	35.33	
Ü	the year by the following.	Ken danng			
а	The governing body?		8a	X	Segramo.
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue (Code.)	,	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the source of the second by the complete copy of this Form 990.	ore ming the forms.			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	1997 Fr. 9
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes."			<u> </u>
·	describe in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approximation of the following persons include a review and a rev				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official.		15a		N/A
b	Other officers or key employees of the organization		15b		N/A
	If "Yes" to line 15a or 15b, 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 arra	ingement	Tivale	8	
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev			1 2 2 2	700
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard	-/85 a	Ž	فترتث
	the organization's exempt status with respect to such arrangements?	<u>-:</u> :	16b	i	<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► IA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501/	c)(3)s	only)	
18	available for public inspection. Indicate how you made these available. Check all that apply.	. (550,1011,001)	-,,,,,,,	,/	
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	ts, conflict of interes	t		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of th	е		
	organization: THE ORGANIZATION				
	1.8				

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90 (2011)	IOWA FARM BUREAU FEDERATION	N D/B/A JOHNSON	COUNTY FARM BURI

Part VII

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

Check if Schedule O	contains a	response to any	question in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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) of 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	box.	unles er an	s pe	ition more	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) RUSSELL MEADE PRESIDENT	2 50	X		х				0	0	0	
(2) STEPHEN SWENKA VICE PRESIDENT	2.50	Х		х				. 0	0	. 0	
(3) ELDON FOUCHEK SECRETARY	2 50	х		х				0	0	0	
(4) ERIC FUHRMEISTER TREASURER	2 50	X		х				0	0	0	
(5) GERALD MORGAN VOTING DELEGATE	2.50	х		x				0	0	0	
(6) PEG ROGERS DIRECTOR	2 00	X.						0	0	0	
(7) NORMAN ZISKOVSKY DIRECTOR	2 00	X						0	0	0	
(8) JAMES DANE DIRECTOR	2.00	х						0	0	0	
(9) PATRICK LEENEY DIRECTOR	2.00	х						0	0	0	
(10) MARILYN ZISKOVSKY DIRECTOR	2 00	X						0	0	0	
(11) TERRENCE SCHEETZ DIRECTOR	2 00	x						0	0	0	
(12) MARK OGDEN DIRECTOR	2 00	х						0	0	_0	
(13) ANITA SEHR DIRECTOR	2 00	x						0	0	0	
(14) BEN SCHMIDT DIRECTOR	2.00	X						0	0	0	
										Form 990 (2011)	

Form 990 (2011)

Pa	Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd	High	<u>est</u>	Compensated	Employees (co	ontinued)
(A) Name and title		(B) Average hours per week	(C) Position (do not check more than cook, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DIRE	BEN SCHULTE CTOR	2.00	х						0	C	0
DIRE	FIRMAN HERSHBERGER CTOR	2.00	х						0	C	0
DIRE	DARRICK CHADIMA CTOR	2 00	Х						0	C	0
(18) DIRE	KATHY SWENKA CTOR	2.00	Х						O	C	0
(19)	DEANNE EDEN CTOR	2.00							0	C	
(20) DIRE	CHAD MURPHY CTOR	2 00	х						0	C	0
DIRE	ROB SLADEK CTOR	2 00	х						0	C	0
(24)											
(25)											
	Sub-total Total from continuation sheets to Part VII,								0		
	Total (add lines 1b and 1c).								0		
	Total number of individuals (including but not l reportable compensation from the organization	ımıted to those l	ısted	abo	ove)	wh					
			-		<u> </u>						Yes No
	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche							-	est compensate	d 	3 X
	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4 X
	Did any person listed on line 1a receive or according services rendered to the organization? If "										5 X
-	ion B. Independent Contractors	<u> </u>					,				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
											0
											0
								-			0
											0
2	Total number of independent contractors (inclumore than \$100,000 of compensation-from the		ited •	to th	iose	e list	ed a	bov	e) who received		

Total revenue. See instructions

196,030

149,322

29,008

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)	

Check if Schedule O contains a response to any question in this Part IX					
	not include amounts reported on lines 6b, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the	_			
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	2 222		ALL STANFOLD	
4	Benefits paid to or for members	3,820		Charles asked first at	100 100 1 1 1 1 100 100 10 10 10 10 10 1
5	Compensation of current officers, directors,	0			
6	trustees, and key employees	0			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	l 0			
9	Other employee benefits	69			
10	Payroll taxes	0	· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees):				
а	Management	4,106			l
b	Legal	0			
С	Accounting	1,570			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	经验的证据	ALC: UPAKE	
f	Investment management fees	0			
g	Other	21,522			
12	Advertising and promotion	3,029			
13	Office expenses	7,498			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	l 0			
19	Conferences, conventions, and meetings	14,129		ļ·	
20	Interest	14,129	T		
21	Payments to affiliates	86,268	 		
22	Depreciation, depletion, and amortization	2,849	· · · · · · · · · · · · · · · · · · ·	C	0
23	Insurance	1,725			
24	Other expenses. Itemize expenses not covered	The state of the s	感的含含質性學的		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		18 16 18 16 18 16 18 16 18 18 18 18 18 18 18 18 18 18 18 18 18	William (Alle)	A Part Band of the Band
а	SPOKESMAN SUBSCRIPTION	6,504			ļ <u>-</u>
b	AG & COMMUNITY PROMOTION	7,850			
C	INCOME TAXES	500			
d	OTHER	0			
	All other expenses	0		ļ <u>-</u>	
25	Total functional expenses. Add lines 1 through 24e	161,439	0	<u> </u>	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	L		<u> </u>	<u> </u>

Part X **Balance Sheet** (A) End of year Beginning of year Cash—non-interest-bearing . 333.880 2 379.174 Savings and temporary cash investments . . 3 Pledges and grants receivable, net Accounts receivable, net . 5.483 . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Notes and loans receivable, net . . . 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a Less. accumulated depreciation 10b 357.205 b Investments—publicly traded securities 11 11 Investments—other securities See Part IV, line 11... 0 12 0 12 13 0 13 Investments—program-related. See Part IV, line 11 ol 14 14 0 0 15 0 15 728,690 16 Total assets. Add lines 1 through 15 (must equal line 34) 696,568 16 2,529 17 17 18 18 Grants payable. 4.313 Deferred revenue 4,563 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 91 Total liabilities. Add lines 17 through 25 7.183 Organizations that follow SFAS 117, check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 27 28 Temporarily restricted net assets . . . Fund 29 Permanently restricted net assets . Organizations that do not follow SFAS 117, check here 6 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 723,976 689,385 33 33 Total net assets or fund balances 728,690 Total liabilities and net assets/fund balances 696,568

orm 9	990 (2011) IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU	4	2-0688068	Pag	je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	•			
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,030
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,439</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		689	<u>,385</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1			
	column (B))	6		<u>723</u>	<u>,976</u>
Part	XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response to any question in this Part XII				
			or 55. a	Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	X	5.8.4.2
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
	Schedule O.			1.1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				M
	issued on a separate basis, consolidated basis, or both:				
	X Separate basis				
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?		. 3a		N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		N/A
			Form	990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ See separate instructions.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Employer identification number Name of the organization IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU 42-0688068 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . 2b Total acreage restricted by conservation easements . . . Ь Number of conservation easements on a certified historic structure included in (a) . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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. 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 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Part	VI Land, Buildings, and Equipment	t. See Form 990, Pa	rt X, line 10		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	47,825	Best 1/9 MANAGE	47,825
b	Buildings	0	585,226	300,012	285,214
С	Leasehold improvements	0	0	0	(
d	Equipment	0	44,431	37,733	6,698
е	Other	0	0	0	(
Total	Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c).) .	339,737

(b) Book value

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

(a) Description of security or category

(including name of security)

Part VII

(c) Method of valuation

Cost or end-of-year market value

(1) Financial derivatives		
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)		
(C)	0	
(D)	0	
(Ε)		
(F)		
(G)	o	
(H)	0	
(1)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		AND THE THE WAR TO PARTY AND THE PARTY AND T
Part VIII Investments—Program Relat	ed. See Form 990, Part X	(, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)		
(6)		
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990,		
		(h) Book value
	a) Description	(b) Book value
(1)		0
(1) (2)		0 0
(1) (2) (3)		0 0 0
(1) (2) (3) (4)		0 0 0
(1) (2) (3) (4) (5)		0 0 0 0
(1) (2) (3) (4) (5) (6)		0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7)		0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8)		0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9)		0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9)	a) Description	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or	a) Description Col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991. (a) Description of liability	col (B) line 15)	0 0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 98 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7) (8)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7) (8) (9)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 99 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7) (8) (9) (10)	col (B) line 15)	0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 991 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7) (8) (9)	col (B) line 15)	0 0 0 0 0 0 0 0 0 0 0
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, Quantity 1. (a) Description of liability (1) Federal income taxes (2) State Income Taxes (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	a) Description col (B) line 15) 00, Part X, line 25 (b) Book value 296 105 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Stateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1	196,030
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	161,439
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	34,591
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	34,591
Par		er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	_1_	196,030
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.00	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	196,030
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		* *
b	Other (Describe in Part XIV)	3	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	196,030
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	. 1	161,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	200 A	
а	Donated services and use of facilities		<u>.</u>
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. <u>2e</u>	0
3	Subtract line 2e from line 1	3	161,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		;
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	161,439

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, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2 FIN 48 FOOTNOTES IN FINANCIAL STATEMENTS. Summary of Significant Accounting Policies: In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the likelihood of being sustained upon examination by applicable tax authorities. If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is to greater than 50% of being recognized upon settlement in the financial statements. Any tax positions taken or expected to be taken that do not pass the more likely than not test, the Company establishes reserves offsetting the benefits related to such positions. Interest and penalties, if any, are included in the current period provision for income taxes in the Company's statementssof activities and are included as a current liability in the statement of financial position. Effective January 1, 2009, the Company adopted "Accounting for Uncertainty in

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Part XIV	Supplemental	Information	(continued)	

Income Taxes" under the Income Taxes Topic of the FASB ASC. Under this topic, the Company recognizes any uncertain tax benefit
If such benefits are a result of a tax position that is more likely than not sustainable upon examination by Federal and State tax
authorities When an uncertain benefit is determined to be more likely than not sustained, the Compnay values the position, for
financial purposes, of the largest amount of the tax benefit that is more than 50% likely of being realized upon resolution of the
benefit For any tax positions taken that do not meet the more likely than not criteria, the Company establishes a tax reserve for
100% of the position taken. Adoption of "Accounting for Uncertainty in Income Taxes" did not have an impact on the Company's
financial position. For the year ended December 31, 2011, no significant amounts or unrecognized tax benefits existed nor does
the Company anticipate any significant changes in unrecognized tax benefits to occur within the next twelve months, other than
tax settlements

______ Schedule D (Form 990) 2011. ____

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number

IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU	42-0688068

Form 990, Part III, Line 4d: The Company has many various programs that are aimed at providing information to members on
current agricultural issues through news letters, meetings, etc. 4,120 members were benefitted in this manner in 2011
Form 990, Part VI, Section A, Line 6 Any person may be a Farm Bureau member. All Farm Bureau members have the same vote
and access to member benefits
Form 990, Part VI, Section A, Line 7a The organization's members elect the Board of Directors. In order to hold an officer or
director position within Farm Bureau, the member mus be actively engaged in farming, which must be his/her primary interest.
Form 990, Part VI, Section A, Line 7b. Decisions of the governing body subject to approval by members include setting the annual
membership dues and nominating voting delegates to the Iowa Farm Bureau Federation
Form 990, Part VI, Section B, Line 11A. After the organization's CPA firm prepares the documentation/return, management
reviews the documents and presents the return to all members of the governing body. Following final approval, the return is
signed by an officer and submitted to the IRS.
Form 990, Part VI, Section B, Line 12c: On an annual basis, the organization requires the governing body and key employees
to sign a conflict of interest policy certification stating that they have received, read, and agree to comply with provisions set forth
in the organizations conflicts of interest policy.
Form 990, Part VI, Section C, Line 19: The organization does not make its governing documents, conflicts of interest policy, or
financial statements available for public inspection. Pursuant to state law, some documents may be made available to members