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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)

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 11/01, 2011, and ending 10/31, 2012

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C

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 \$ 62,874,326.

F Name and address of principal officer DENNY J. PRESNALL
SAME AS C ABOVEH(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (5) (insert no.) 4947(a)(1) or 527

J Website: WWW.IOWAFARMBUREAU.COM

H(c) Group exemption number 0626

K Form 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 net 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 0

5 Total number of individuals employed in calendar year 2011 (Part VIII, line 12)

5 77

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 4,535,994.

b Net unrelated business taxable income from Form 990-T, line 34

7b 0.

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
8,571,982.	47,850.
21,980,600.	8,737,149.
4,886,268.	27,621,822.
35,438,850.	5,765,405.
26,104,756.	42,172,226.
7,038,227.	1,617,507.
33,886.	
16,716,502.	17,840,916.
49,893,371.	28,142,575.
-14,454,521.	14,029,651.
767,107,204.	802,091,986.
31,888,972.	32,768,729.
735,218,232.	769,323,257.

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

Date

Dennis J. Presnall, Executive Director

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

self-employed

P00089588

Firm's name MERIWETHER, WILSON AND COMPANY, PLLC

Firm's address REGENCY W. 5, 4500 WESTOWN PKWY, STE 140
WEST DES MOINES, IA 50266-6717

Firm's 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 Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

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

☒ X

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

☒ X

No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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:) (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:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (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 ▶

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.		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		
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	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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
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	X	
c 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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		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, Parts II and IV		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		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)		X
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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		X
c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

BAA

Form 990 (2011)

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 96		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 77		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	X	
4 a 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)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
1b Enter the number of voting members included in line 1a, above, who are independent <i>see schedule O.</i>		
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?		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? <i>SEE SCH O</i>	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders? <i>SEE SCHEDULE O</i>	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? <i>SEE SCHEDULE O</i>	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? <i>SEE SCH O</i>	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 <i>SEE SCHEDULE O</i>		
12a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> <i>SEE SCHEDULE O</i>	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers of key employees of the organization <i>SEE SCHEDULE O</i>	X	
<i>If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)</i>		
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?		X
b If 'Yes,' did the organization follow 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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 during the tax year *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 W. GARDNER, CFO 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

☐ 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 week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
SEE SCHEDULE O.										
(1) CRAIG A. LANG PRESIDENT (1/11 - 11/11)	40	X		X				0.	427,312.	76,009.
(2) CRAIG D. HILL PRESIDENT (12/11)	40	X		X				0.	13,433.	0.
(3) CRAIG D. HILL VICE PRESIDENT (1/11 - 11/11)	18	X		X				60,194.	16,163.	0.
(4) CARLTON KJOS DIST 1 DIRECTOR	18	X						39,552.	0.	0.
(5) CHARLES E. NORRIS DIST 2 DIRECTOR	18	X						46,930.	0.	0.
(6) PHIL SUNDBLAD DIST 3 DIRECTOR	18	X						46,344.	0.	0.
(7) DOUG GRONAU DIST 4 DIRECTOR	18	X						43,397.	0.	0.
(8) MOREY HILL DIST 5 DIRECTOR	18	X						35,222.	0.	0.
(9) JOE HEINRICH DIST 6 DIRECTOR	18	X						42,404.	0.	0.
(10) ANDREW HORA DIST 7 DIRECTOR	18	X						36,343.	0.	0.
(11) CALVIN ROZENBOOM DIST 8 DIRECTOR	18	X						44,498.	0.	0.
(12) JIM MCKNIGHT DIST 9 DIRECTOR	18	X						39,406.	0.	0.
(13) JAMES CHRISTENSON CONTROLLER/CFO	40			X				0.	384,009.	-19,275.
(14) DENNY J. PRESNALL EXEC DIR/SEC-TR	40			X				0.	480,334.	176,819.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) EDWARD G. PARKER GENERAL COUNSEL	40			X				0.	567,968.	114,599.
(16) DUANE JOHNSON DIRECTOR, FIELD SERVICE	40				X			167,503.	0.	119,471.
(17) CHAD BISHOP DIRECTOR, INFORMATION RESOURCES	40				X			0.	151,108.	30,556.
(18) SARA PAYNE CHIEF MKTG & COMMUNICATION OFFIC	40				X			0.	261,328.	81,266.
(19) DAVID SENGPIEL SR INVESTMENT MGR	40					X		0.	227,243.	93,073.
(20) BARBARA LYKINS DIR. COMM RESOURCE	40					X		0.	154,372.	124,283.
(21) DAVID MILLER DIR. RESEARCH & CO	40					X		209,577.	0.	93,656.
(22) DONALD PETERSEN DIR. GOV RELATIONS	40					X		188,791.	0.	130,203.
(23) JAMES GARDNER FINANCE & ACCT MGR	40					X		0.	135,717.	67,716.
(24) STEPHEN MORAIN GENERAL COUNSEL	0						X	0.	141,037.	0.
(25) PATRICK REGAN DIRECTOR, FIELD SERVICE	0						X	112,636.	0.	3,532.
1 b Sub-total								1,112,797.	2,960,024.	1,091,908.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,112,797.	2,960,024.	1,091,908.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 27**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(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	604,288.
TIMES CITIZEN COMMUNICATIONS P.O. BOX 670 IOWA FALLS, IA 50126	MGT & PRINTING SERV.	409,938.
AHROLD-FAY-ROSENBERG 604 LOCUST ST, SUITE 800 DES MOINES, IA 50309	INSURANCE SERVICES	235,748.
STRATEGIC AMERICA 6600 WESTOWN PKWY, STE 100 WEST DES MOINES, IA 502	MARKETING & PR	185,089.
DECISION INNOVATION SOLUTIONS LLC 3315 109TH ST, STE B URBANDALE, IA	ECON. & RESEARCH SER	163,516.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 6**

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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 47,850.				
	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f		47,850.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a PUBLICATION REVENUE	511120	4,491,495.	366,390.	4,125,105.	
	b MEMBERSHIP DUES & ASSESSMENTS	900099	3,270,524.	3,270,524.		
	c RECOVERY OF EXP OTHER ENT	561000	975,130.	975,130.		
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f		8,737,149.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		23,465,503.			23,465,503.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		5,125,452.			5,125,452.
	6 a Gross rents...	(i) Real 34,682.				
	b Less: rental expenses	131.				
	c Rental income or (loss)	34,551.				
	d Net rental income or (loss)		34,551.		28,863.	5,688.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 24856560.				
	b Less cost or other basis and sales expenses	20404397.	295,844.			
	c Gain or (loss)	4,452,163.	-295,844.			
	d Net gain or (loss)		4,156,319.			4,156,319.
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 4,174.				
b Less cost of goods sold	b 1,728.					
c Net income or (loss) from sales of inventory		2,446.	2,446.			
Miscellaneous Revenue		Business Code				
11 a PARTNERSHIP K-1 UBIT INC	900099	382,026.		382,026.		
b OTHER K-1 REVENUE	900099	220,930.	220,930.			
c -----						
d All other revenue						
e Total. Add lines 11a-11d		602,956.				
12 Total revenue. See instructions		42,172,226.	4,835,420.	4,535,994.	32,752,962.	

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 ☐

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 United States. See Part IV, line 21	1,406,346.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	211,161.			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	407,096.			
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	4,633,395.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) <i>See schedule O.</i>	2,547,929.			
9 Other employee benefits	712,639.			
10 Payroll taxes	368,277.			
11 Fees for services (non-employees):				
a Management	1,023,538.			
b Legal	376,334.			
c Accounting	1,881,556.			
d Lobbying				
e Professional fundraising services See Part IV, line 17	14,816.			
f Investment management fees	141,932.			
g Other	1,097,069.			
12 Advertising and promotion	1,951,920.			
13 Office expenses	299,715.			
14 Information technology	1,341,971.			
15 Royalties	1,331,082.			
16 Occupancy	447,306.			
17 Travel	835,495.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,600,618.			
20 Interest	5.			
21 Payments to affiliates	617,696.			
22 Depreciation, depletion, and amortization	4,706.			
23 Insurance	137,642.			
24 Other expenses. Itemize expenses not covered 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.)				
a <u>PRINTING AND PUBLICATIONS</u>	4,225,990.			
b <u>PROGRAM SERVICES</u>	229,298.			
c <u>UNRELATED BUSINESS INC TAX</u>	159,151.			
d <u>DUES AND SUBSCRIPTIONS</u>	69,101.			
e All other expenses	68,791.			
25 Total functional expenses. Add lines 1 through 24e	28,142,575.			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	791,081.	1	1,030,615.
	2 Savings and temporary cash investments	5,477,608.	2	7,452,587.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,121,538.	4	11,037,160.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	66,230.	8	69,437.
	9 Prepaid expenses and deferred charges	802,486.	9	693,230.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 586,326.		
	b Less: accumulated depreciation	10b 561,065.	10c 25,261.	
	11 Investments — publicly traded securities	98,615,452.	11	129,271,556.
	12 Investments — other securities See Part IV, line 11	633,679,814.	12	633,149,146.
	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	513,626.	15	354,438.
16 Total assets. Add lines 1 through 15 (must equal line 34)	767,107,204.	16	802,091,986.	
LIABILITIES	17 Accounts payable and accrued expenses	2,108,071.	17	2,161,009.
	18 Grants payable	25,119,554.	18	24,455,989.
	19 Deferred revenue	1,950,931.	19	2,069,916.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,710,416.	25	4,081,815.
	26 Total liabilities. Add lines 17 through 25	31,888,972.	26	32,768,729.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	735,218,232.	27	769,323,257.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	735,218,232.	33	769,323,257.
34 Total liabilities and net assets/fund balances	767,107,204.	34	802,091,986.	

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Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,172,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,142,575.
3	Revenue less expenses Subtract line 2 from line 1	3	14,029,651.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	735,218,232.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	20,075,374.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	769,323,257.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 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? **SEE SCHEDULE O.**
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and 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?
- 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

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

BAA

Form 990 (2011)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

► \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

► \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

► \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

ADDITIONAL INFORMATION

----- 90% OF DUES CAME FROM PERSONS, FAMILIES, OR ENTITIES WHO EACH PAID ANNUAL DUES OF -----
 ----- \$103 OR LESS IN 2011. SEE REV. PROC. 2010-40. -----

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

Employer identification number

IOWA FARM BUREAU FEDERATION

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 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? ☐ 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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.

1 a 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

b 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 ► \$ _____

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 (ASC 958) 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 acquisition, 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

1 a 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
1 c	
1 d	
1 e	
1 f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2 a 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 the 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		586,326.	561,065.	25,261.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 25,261.

BAA

Schedule D (Form 990) 2011

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
(1) Financial derivatives		
(2) Closely-held equity interests	46,030,193.	COST
(3) Other FBL FINANCIAL GROUP CLASS A	503,769,141.	END OF YEAR MARKET VALUE
(A) TRUST PREFERRED SECURITIES	78,496,888.	COST
(B) PARTNERSHIP INTERESTS	4,852,924.	COST
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	633,149,146.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COSTS	4,081,815.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	4,081,815.

2 FIN 48 (ASC 740) Footnote. 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 (ASC 740)

SEE PART XIV

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	42,172,226.
2	Total expenses (Form 990, Part IX, column (A), line 25)	28,142,575.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	14,029,651.
4	Net unrealized gains (losses) on investments	20,271,434.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-196,060.
9	Total adjustments (net) Add lines 4 through 8	20,075,374.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	34,105,025.

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	40,615,531.
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	120,663.
e	Add lines 2a through 2d	2e	120,663.
3	Subtract line 2e from line 1	3	40,494,868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.) SEE PART XIV	4b	1,677,358.
c	Add lines 4a and 4b	4c	1,677,358.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	42,172,226.

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

1	Total expenses and losses per audited financial statements	1	26,781,940.
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	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	120,664.
e	Add lines 2a through 2d	2e	120,664.
3	Subtract line 2e from line 1	3	26,661,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,481,299.
c	Add lines 4a and 4b	4c	1,481,299.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,142,575.

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- FIN 48 FOOTNOTE

ON NOVEMBER 1, 2009 THE ORGANIZATION ADOPTED FASB ASC 740-10 REGARDING UNCERTAIN TAX POSITIONS, WHICH REQUIRES EVALUATION OF THE IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND MAY REQUIRE RECOGNITION OF A LIABILITY RELATED TO THOSE TAX POSITIONS. AT OCTOBER 31, 2012 AND 2011, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING BEFORE OCTOBER 31, 2009.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 145440

IOWA FARM BUREAU FEDERATION

42-0331840

5/28/13

11.16AM

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

INCOME REPORTED ON FORMS K-1

	\$	-196,060.
TOTAL	\$	<u>-196,060.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**OTHER INCOME NETTED WITH EXPENSE
ROUNDING

	\$	120,664.
		-1.
TOTAL	\$	<u>120,663.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**INCOME REPORTED FROM FORMS K-1
ROUNDING
ROYALTY PMTS NETTED WITH ROYALTY INC

	\$	346,277.
		-1.
		<u>1,331,082.</u>
TOTAL	\$	<u>1,677,358.</u>

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

OTHER INCOME NETTED WITH EXPENSE

	\$	120,664.
TOTAL	\$	<u>120,664.</u>

**SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**EXPENSES REPORTED FROM FORMS K-1
ROYALTY PMTS NETTED WITH ROYALTY INC

	\$	150,217.
		<u>1,331,082.</u>
TOTAL	\$	<u>1,481,299.</u>

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No 1545-0047

2011

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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?

☒ 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' to 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.

Part II can be duplicated 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
(1) <u>GLOBAL COMPASSION NETWORK</u> <u>47902 170TH AVE</u> <u>LAURENS, IA 50554</u>	45-2875491	501 (C) (3)	5,700.	0.			SAFETHOME UNIT IN HAITI
(2) <u>IOWA 4-H FOUNDATION</u> <u>EXTENSION 4-H YOUTH BLDG, ISU</u> <u>AMES, IA 50011</u>	42-6061606	501 (C) (3)	14,500.	0.			PARTNERSHIP CONTRIBUTIONS
(3) <u>IOWA DEPT OF ECONOMIC DEVELOP</u> <u>200 E. GRAND AVE</u> <u>DES MOINES, IA 50309</u>	01-0606429	GOVERNMENT	18,100.	0.			EVENT SPONSORSHIPS
(4) <u>IOWA FARM BUREAU FEDERATION</u> <u>102 S OLIVE ST</u> <u>MAQUOKETA, IA 52060</u>	42-0338220	501 (C) (5)	0.	12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
(5) <u>IOWA FARM BUREAU FEDERATION</u> <u>1024 N 18TH ST</u> <u>CENTERVILLE, IA 52544</u>	42-0680706	501 (C) (5)	0.	12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
(6) <u>IOWA FARM BUREAU FEDERATION</u> <u>106 ADAMS ST</u> <u>THOMPSON, IA 50478</u>	42-0685012	501 (C) (5)	0.	12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
(7) <u>IOWA FARM BUREAU FEDERATION</u> <u>107 W 4TH ST</u> <u>MALVERN, IA 51551</u>	42-0685002	501 (C) (5)	0.	12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
(8) <u>IOWA FARM BUREAU FEDERATION</u> <u>1102 GILBERT ST</u> <u>CHARLES CITY, IA 50616</u>	42-0680708	501 (C) (5)	0.	12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

8
100

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated 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
1 AGRICULTURAL SCHOLARSHIPS	178	173,822.			
2 TEACHER SUPPLEMENTAL GRANTS	206	37,339.			
3					
4					
5					
6					
7					
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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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 AFTER RECEIPT OF W-9. 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.

BAA

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 1 of 10

Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 1105 W 9TH ST VINTON, IA 52349	42-0137360	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 E DELAWARE ST MANCHESTER, IA 52057	42-0685003	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 N 3RD AVE LOGAN, IA 51546	42-0680720	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 N MAIN TOLEDO, IA 52342	42-0681042	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 W COURT WINTERSSET, IA 50273	42-0680738	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 115 W WASHINGTON ST CLARINDA, IA 51632	42-0680709	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 117 S 5TH ST SAC CITY, IA 50583	42-0688076	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 118 N MAIN ST LEON, IA 50144	42-0681393	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 119 WASHINGTON AVE E ALBIA, IA 52531	42-0684991	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1200 SENECA ST PO BOX 250 WEBSTER CITY, IA 50595	42-0685014	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 2 of 10

Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 126 E BROADWAY STE 1 COUNCIL BLUFFS, IA 51503	42-05933575	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1317 14TH AVE ELDORA, IA 50627	42-0681034	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1323 BOYSON RD HIWATHA, IA 52233	42-0381665	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1323 OLIVE AVE HAMPTON, IA 50441	42-0680717	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1327 CEDAR ST TIPTON, IA 52772	42-0685013	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 14 1ST AVE NE BOX 129 WAUKON, IA 52172	42-0680735	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1501 E 7TH ST ATLANTIC, IA 50022	42-0940593	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1520 S STORY ST BOONE, IA 50036	42-0680702	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1701 3RD AVE E STE 3 OSKALOOSA, IA 52577	42-0680726	501 (C) (5)		12,690	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 1721 E. LECLAIRE RD ELDRIDGE, IA 52748	42-0684995	501 (C) (5)		12,690	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 3 of 10

Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 200 W 2ND AVE INDIANOLA, IA 50125	42-0681037	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 201 E HARRISON ST JEFFERSON, IA 50129	42-0681038	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 202 N MARKET ST AUDUBON, IA 50025	42-0680700	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 203 CENTRAL AVE SE ORANGE CITY, IA 51041	42-0527883	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 203 N 4TH ST GUTHRIE CENTER, IA 50115	42-0680716	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 204 N 7TH ST DENISON, IA 51442	42-0200725	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 E IOWA ST GREENFIELD, IA 50849	42-0680714	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 E AGENCY RD WEST BURLINGTON, IA 52655	42-0686468	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 205 W S ST MOUNT Ayr, IA 50854	42-0680722	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 206 N ELM ST CRESTON, IA 50801	42-0686469	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 209 CENTENNIAL DR STE B CHEROKEE, IA 51012	42-0684994	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 212 S FRANKLIN CORYDON, IA 50060	42-0680711	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2130 MORMON TREK BLVD IOWA CITY, IA 52246	42-0688068	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 214 WINNEBAGO ST DECORAH, IA 52101	42-0684996	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 217 S 25 ST STE C-12 FORT DODGE, IA 50501	42-0681391	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2202 HOUSER ST 2 MUSCATINE, IA 52761	42-0688072	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2215 N MAIN ST OSCEOLA, IA 50213	42-0680725	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 23024 HIGHWAY 149 SIGOURNEY, IA 52591	42-0168070	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2333 JOHN F KENNEDY RD DUBUQUE, IA 52002	42-0680713	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 245 REUTINGER DR WAPELLO, IA 52653	42-0686918	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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Continuation Sheet for Schedule I (Form 990)

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 24542 HWY 13 ELKADER, IA 52043	42-0681035	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 28 2ND AVE SW LE MARS, IA 51031	42-0681039	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 2904 MAIN ST EMMETSBURG, IA 50536	42-0684998	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 300 SE DELAWARE AVE ANKENY, IA 50021	42-0680712	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 3205 S 6TH ST MARSHALLTOWN, IA 50158	42-0680721	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 322 E 4TH ST OTTUMWA, IA 52501	42-0680727	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 327 9TH ST SIBLEY, IA 51249	42-0680731	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 3315 W 4TH ST WATERLOO, IA 50701	42-0142423	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 340 2ND ST SE PRIMCHAR, IA 51245	42-0680729	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 4050 4TH ST SW MASON CITY, IA 50401	42-0685004	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 406 7TH ST CORNING, IA 50841	42-0681032	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 407 S HIGHWAY ST OAKLAND, IA 51560	42-0680724	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 408 W 8TH ST CARROLL, IA 51401	42-0680704	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 409 2ND ST IDA GROVE, IA 51445	42-0685001	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 418 HIGHWAY 18 W ALCONA, IA 50511	42-0684992	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 421 1ST AVE N ESTHERVILLE, IA 51334	42-0234716	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 422 N MAIN ALLISON, IA 50602	42-0681385	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 427 HIGHWAYS 1 & 92 WASHINGTON, IA 52353	42-0680734	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 508 GRAND AVE SPENCER, IA 51301	42-0685010	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 514 8TH ST DEWITT, IA 52742	42-0684997	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
(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 FARM BUREAU FEDERATION 601 CENTRAL AVE NORTHWOOD, IA 50459	42-0686470	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 602 8TH ST #1 GRUNDY CENTER, IA 50638	42-0680715	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 607 POLLOCK BLVD BEDFORD, IA 50833	42-0680701	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 65 STATE STREET GARNER, IA 50438	42-0293100	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 709 CHASE ST OSAGE, IA 50461	42-0685007	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 710 2ND AVE ROCK RAPIDS, IA 51246	42-0680730	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 712 S WEST STREET SUITE 2 BLOOMFIELD, IA 52537	42-0681110	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 811 S 4TH ST CHARITON, IA 50049	42-0680707	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 846 HIGH STREET ROCKWELL CITY, IA 50579	42-0681041	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 908 6TH ST HARLAN, IA 51537	42-0685000	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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Continuation Sheet for Schedule I (Form 990)

2011

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION 920 9TH ST ONAWA, IA 51040	42-0421745	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION 950 SENATE AVE STE A RED OAK, IA 51566	42-0685008	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 100 FAYETTE, IA 52142	42-0684999	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 127 KNOXVILLE, IA 50138	42-0680719	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 158 POCAHONTAS, IA 50574	42-0680728	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 168 ANAMOSA, IA 52205	42-0347375	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 218 ADEL, IA 50003	42-0684990	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 220 DONNELSON, IA 52625	42-0681033	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 250 SIDNEY, IA 51652	42-0680732	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 260 WILLIAMSBURG, IA 52361	42-0680737	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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Continuation Sheet for Schedule I (Form 990)

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION PO BOX 268 NEVADA, IA 50201	42-0680723	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 27 CRESCO, IA 52136	42-0688067	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 326 MOUNT PLEASANT, IA 52641	42-0685005	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 347 CLARION, IA 50525	42-0680710	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 367 HUMBOLDT, IA 50548	42-0681036	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 40 KEOSAUQUA, IA 52565	42-0680718	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 468 STORM LAKE, IA 50588	42-0685011	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 490 NEW HAMPTON, IA 50659	42-0685006	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 517 BROOKLYN, IA 52211	23-7425261	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 615 WAVERLY, IA 50677	42-0680736	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT

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Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

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Name of the organization		Employer identification number					
IOWA FARM BUREAU FEDERATION		42-0331840					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FARM BUREAU FEDERATION PO BOX 683 MOVILLE, IA 51039	42-0685009	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 766 NEWTON, IA 50208	42-0681040	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 775 INDEPENDENCE, IA 50644	42-0158725	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX 813 FAIRFIELD, IA 52556	42-0681390	501 (C) (5)		12,689.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FARM BUREAU FEDERATION PO BOX A SPIRIT LAKE, IA 51360	42-0681397	501 (C) (5)		12,690.	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FB INVESTMENT
IOWA FFA FOUNDATION 1055 SW PRAIRIE TRAIL PKWY ANKENY, IA 50023	42-1305468	501 (C) (3)	15,100.				PARTNERSHIP CONTRIBUTIONS
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
OSAGE COMMUNITY SCHOOL DIST 820 SAWYER DR OSAGE, IA 50461	42-6025300	GOVERNMENT	5,373.				TEACHER SUPPLEMENT GRANTS
PROGRESSIVE AGRICULTURE FOUNDATI PO BOX 2970 DENVER, CO 80201	63-1166618	501 (C) (3)	15,000.				SPONSOR AG SAFETY DAY CAMPS
TRUTH ABOUT TRADE & TECHN. 309 COURT AVE, STE 214 DES MOINES, IA 50309	42-1500468	501 (C) (3)	15,000.				GENERAL PROGRAM/ MESSAGING

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Schedule I Cont (Form 990) 2011

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

- ▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Questions Regarding Compensation

- 1 a** 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 **PART III**

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are 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
- 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?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III **PART III**

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 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?
- b** Any related organization?

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?
- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

- 7** For persons 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

- 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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 CRAIG A. LANG	(i) 0. (ii) 205,466.	0. 126,785.	0. 95,061.	0. 62,426.	0. 13,583.	0. 503,321.	0. 0.
2 JAMES CHRISTENSON	(i) 0. (ii) 266,329.	0. 75,357.	0. 42,323.	0. -31,480.	0. 12,205.	0. 364,734.	0. 0.
3 DENNY J. PRESNALL	(i) 0. (ii) 321,326.	0. 117,575.	0. 41,433.	0. 158,263.	0. 18,556.	0. 657,153.	0. 0.
4 EDWARD G. PARKER	(i) 0. (ii) 289,809.	0. 106,328.	0. 171,831.	0. 96,576.	0. 18,023.	0. 682,567.	0. 0.
5 DUANE JOHNSON	(i) 131,816. (ii) 0.	17,253. 0.	18,434. 0.	106,314. 0.	13,157. 0.	286,974. 0.	0. 0.
6 CHAD BISHOP	(i) 0. (ii) 134,801.	0. 8,240.	0. 8,067.	0. 15,415.	0. 15,141.	0. 181,664.	0. 0.
7 SARA PAYNE	(i) 0. (ii) 199,565.	0. 55,762.	0. 6,001.	0. 63,505.	0. 17,761.	0. 342,594.	0. 0.
8 DAVID SENGPIEL	(i) 0. (ii) 186,840.	0. 24,964.	0. 15,439.	0. 80,994.	0. 12,079.	0. 320,316.	0. 0.
9 BARBARA LYKINS	(i) 0. (ii) 129,890.	0. 17,714.	0. 6,768.	0. 107,844.	0. 16,439.	0. 278,655.	0. 0.
10 DAVID MILLER	(i) 166,168. (ii) 0.	22,810. 0.	20,599. 0.	78,304. 0.	15,352. 0.	303,233. 0.	0. 0.
11 DONALD PETERSEN	(i) 156,987. (ii) 0.	21,347. 0.	10,457. 0.	113,111. 0.	17,092. 0.	318,994. 0.	0. 0.
12 JAMES GARDNER	(i) 0. (ii) 128,708.	0. 11,368.	0. -4,359.	0. 53,209.	0. 14,507.	0. 203,433.	0. 0.
13 STEPHEN MORAIN	(i) 0. (ii) 0.	0. 141,037.	0. 0.	0. 0.	0. 0.	0. 141,037.	0. 0.
14 PATRICK REGAN	(i) 11,991. (ii) 0.	63,607. 0.	37,038. 0.	1,639. 0.	1,893. 0.	116,168. 0.	0. 0.
15							
16							

TEEA4102L 01/24/12

Schedule J (Form 990) 2011

BAA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

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

THE COMPANY ALLOWS BOARD MEMBERS' SPOUSES TO ATTEND THE AFBF ANNUAL MEETING, COUNTY PRESIDENTS' INCENTIVE TRIP, AND THE NATIONAL AFFAIRS TRIP. THE EXPENSES OF THE SPOUSE ARE TAXED TO THE BOARD MEMBER AND INCLUDED ON THE BOARD MEMBER'S FORM 1099.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NO RETIREMENT, EQUITY-BASED COMPENSATION

ITEM 4B - THE COMPANY, THROUGH A WHOLLY-OWNED SUBSIDIARY, PROVIDES A NONQUALIFIED, 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. ADDITIONALLY, THE COMPANY'S GENERAL COUNSEL WAS OFFERED A NONQUALIFIED, DEFINED CONTRIBUTION PLAN DUE TO LOSS OF RETIREMENT BENEFITS FROM THEIR PREVIOUS EMPLOYER, ALSO AN AFFILIATE. INCOME INCLUDED IN PART II, COLUMN B (III) AMOUNTED TO \$60,461 AND \$135,000, RESPECTIVELY.

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 NONQUALIFIED STOCK OPTIONS AND/OR INCENTIVE STOCK OPTIONS FROM THIS MAJORITY-OWNED SUBSIDIARY. INCOME AMOUNTS ARE NOT DETERMINED UNTIL THE OPTIONS ARE ACTUALLY EXERCISED.

BAA

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► **Complete if the organization 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.**
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2011

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).

Complete if the organization 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	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

Complete if the organization 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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				► \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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	No
(1) FARM BUREAU FINANCIAL SERV	COMMON DIRECTO	521,074.	SEE PART V.		X
(2) FARM BUREAU MANAGEMENT COR	COMMON OFFICER	5,199,058.	SEE PART V.		X
(3) FBL FINANCIAL GROUP	COMMON DIRECTO	409,154.	SEE PART V.		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

PART IV ITEM 1 - THE ORGANIZATION RECEIVED PAYMENT FROM FARM BUREAU FINANCIAL SERVICES FOR SHARED BOARD OF DIRECTOR EXPENSES. THE FOLLOWING INDIVIDUALS FROM THE ORGANIZATION WERE ALSO OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF FARM BUREAU FINANCIAL SERVICES: CRAIG LANG, PRESIDENT (11/11); CRAIG HILL, VICE PRESIDENT (11/11) AND PRESIDENT (12/11-10/12); DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR; DOUG GRONAU, DISTRICT 4 DIRECTOR; JOE HEINRICH, DISTRICT 6 DIRECTOR (11/11-12/11) AND VICE PRESIDENT (1/12-10/12); CHARLIE NORRIS, DISTRICT 2 DIRECTOR; CAL ROZENBOOM, DISTRICT 8 DIRECTOR; AND PHIL SUNDBLAD, DISTRICT 3 DIRECTOR.

PART IV ITEM 2 - THE ORGANIZATION MAKES PAYMENTS TO FARM BUREAU MANAGEMENT CORPORATION FOR MANAGEMENT AND ADMINISTRATIVE SERVICES. THE FOLLOWING INDIVIDUALS FROM THE ORGANIZATION WERE ALSO OFFICERS, DIRECTORS OR KEY EMPLOYEES OF FARM BUREAU MANAGEMENT CORPORATION: CRAIG LANG, PRESIDENT (11/11); CRAIG HILL, PRESIDENT (12/11-10/12); DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR; EDWARD PARKER, GENERAL COUNSEL; JIM CHRISTENSON, CHIEF FINANCIAL OFFICER; CHAD BISHOP, DIRECTOR OF INFORMATION RESOURCES; JOE JOHNSON, DIRECTOR OF FIELD SERVICE; AND SARA PAYNE, CHIEF MARKETING OFFICER.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION (CONTINUED)

PART IV ITEM 3 - THE ORGANIZATION MAKES PAYMENTS TO FBL FINANCIAL GROUP FOR ADMINISTRATIVE SERVICES. THE FOLLOWING INDIVIDUALS FROM THE ORGANIZATION WERE ALSO OFFICERS, DIRECTORS OR KEY EMPLOYEES OF FBL FINANCIAL GROUP: CRAIG LANG, PRESIDENT (11/11); CRAIG HILL, VICE PRESIDENT (11/11) AND PRESIDENT (12/11-10/12); AND DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

FORM 990, PART XII, LINE 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.

FORM 990, 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) BOARD MEETINGS ARE HELD DURING THE

DAYTIME HOURS TWO DAYS PER MONTH, AND 4) 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, PART IX - LINE 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 VII, COLUMN B - AVERAGE HOURS PER WEEK

THE AVERAGE HOURS PER WEEK INCLUDED IN COLUMN B INCLUDES THE TOTAL AVERAGE HOURS

WORKED FOR THE ORGANIZATION AND ALL RELATED ORGANIZATIONS.

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

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

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

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," 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. MORE THAN 90,000 MEMBERS BENEFIT FROM THE EDUCATIONAL AND INFORMATIONAL MATERIALS WHICH ARE PUBLISHED AND DISTRIBUTED THROUGH THE SPOKESMAN AND IOWAFARMBUREAU.COM. OVER 5,000 MEMBERS ARE DIRECTLY SERVED THROUGH PARTICIPATION IN THE FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS.

OTHER PROGRAMS - COMMUNITY RESOURCES AND RENEW RURAL IOWA

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 COMPANY

THE ORGANIZATION UTILIZES A WHOLLY OWNED SUBSIDIARY, FARM BUREAU MANAGEMENT CORPORATION (FBMC), TO PROVIDE THE DAY TO DAY MANAGEMENT FUNCTION OF IFBF. THIS CORPORATION EMPLOYEES THE PRESIDENT, SECRETARY-TREASURER, GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER AND DIRECTOR, INFORMATION RESOURCES 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 VOTED ON BY THE HOUSE OF DELEGATES FROM THEIR DISTRICTS. 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 11B - 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

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

BOARD WEBSITE FOR BOARD REVIEW PRIOR TO THE JUNE BOARD MEETING. AFTER ALL COMMENTS 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

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) UNDERSTAND 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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 145440

IOWA FARM BUREAU FEDERATION

42-0331840

5/28/13

11:34AM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INCOME REPORTED ON FORMS K-1
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

	\$	-196,060.
		<u>20,271,434.</u>
TOTAL	\$	<u>20,075,374.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33)

(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
(1) RVF LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 14-2003564	INVESTMENT MANAGEMENT	IA	425,000.	320,833.	IA FARM BUREAU FEDERATION
(2) -----					
(3) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Sec. 512(b)(13) controlled entity?	
						Yes	No
(1) IFBF PROPERTY MANAGEMENT, INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 42-1472056	TITLE HOLDING COMPANY	IA	501(C) (2)	N/A	IA FARM BUREAU FEDERATION	X	
(2) IA FARM BUREAU FEDERATION POLITICA 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1285209	POLITICAL ACTION COMMITTEE	IA	527	N/A	IA FARM BUREAU FEDERATION	X	
(3) IOWA FARM BUREAU FOUNDATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1370988	PUBLIC CHARITY ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION	IA	501(C) (3)	9	IA FARM BUREAU FEDERATION	X	
(4) IOWA WETLAND MITIGATION BANK, INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1511433		IA	501(C) (3)	9	IA FARM BUREAU FEDERATION	X	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001L 09/08/11

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) <u>BAKE HOLDINGS, L.</u> <u>5400 UNIVERSITY</u> <u>WEST DES MOINES,</u> <u>83-0358190</u>	<u>INVEST.</u> <u>MGT</u>	<u>CO</u>	<u>IA FARM</u> <u>BURUEA</u> <u>FED</u>	<u>INVEST. -</u> <u>SEC. 512</u>	<u>-442.</u>	<u>3,828,199.</u>	<u>X</u>		<u>-462.</u>	<u>X</u>		<u>75.78</u>
(2) <u>RURAL VITALITY F</u> <u>5400 UNIVERSITY</u> <u>WEST DES MOINES,</u> <u>26-0518384</u>	<u>INVEST.FUN</u> <u>D</u>	<u>IA</u>	<u>RVF, LLC</u>	<u>INVEST. -</u> <u>SEC. 512</u>	<u>-102,019.</u>	<u>3,626,978.</u>	<u>X</u>		<u>-41,263.</u>	<u>X</u>		<u>38.35</u>
(3) <u>RURAL VITALITY F</u> <u>5400 UNIVERSITY</u> <u>WEST DES MOINES,</u> <u>26-0518384</u>	<u>INVESTMENT</u>	<u>IA</u>	<u>RVF, LLC</u>	<u>INVEST. -</u> <u>SEC. 512</u>	<u>-69,467.</u>	<u>104,991.</u>	<u>X</u>		<u>-28,097.</u>	<u>X</u>		<u>1.11</u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) <u>AGRAGATE CLIMATE CREDITS CORPORATION</u>							
<u>5400 UNIVERSITY AVE</u>	AGGREGAT.						
<u>WEST DES MOINES, IA 50266</u>	& SALE						
<u>39-1874146</u>	AG. CARBON						
	CR	IA	N/A	C CORP	27,301.	56,305.	100.00
(2) <u>FARM BUREAU MANAGEMENT CORPORATION</u>							
<u>5400 UNIVERSITY AVE</u>	MANAGEMENT						
<u>WEST DES MOINES, IA 50266</u>	SERVICES						
<u>42-0686922</u>	COMPANY	IA	N/A	C CORP	9,881,998.	3,849,715.	100.00
(3) <u>FBL FINANCIAL GROUP, INC</u>							
<u>5400 UNIVERSITY AVE</u>	INSURANCE						
<u>WEST DES MOINES, IA 50266</u>	HOLDING						
<u>42-1411715</u>	COMPANY	IA	N/A	C CORP	398,209,028.	5,222,432,992.	64.00

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TEEA5002L 05/24/11

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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 or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)**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	(d) Method of determining amount involved
(1) IFBF PROPERTY MANAGEMENT, INC		J	458,397.	COMP. SALES
(2) IFBF PROPERTY MANAGEMENT, INC		R	7,437,361.	COST
(3) IA FARM BUREAU FEDERATION POLITICAL ACT		K	118,053.	COMP. SALES
(4) IOWA FARM BUREAU FOUNDATION		B	8,594.	COST
(5) IOWANS FOR AGRICULTURE		B	466.	COST
(6) RURAL VITALITY FUND, L.P.		B	473,126.	COST

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TEEA5003L 05/24/11

Schedule R (Form 990) 2011

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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 assets 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) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

BAKE HOLDINGS, LLC 83-0358190 5400 UNIVERSITY AVE WEST DES MOINES, IA

50266

RURAL VITALITY FUND, L.P. 26-0518384 5400 UNIVERSITY AVE WEST DES

MOINES, IA 50266

RURAL VITALITY FUND, L.P. 26-0518384 5400 UNIVERSITY AVE WEST DES

MOINES, IA 50266

RURAL VITALITY AGRICULTURAL PROCESSING 26-0529722 5400 UNIVERSITY AVENUE

WEST DES MOINES, IA 50266

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III Continuation of Identification of Related Organizations Taxable as a PartnershipSchedule R Cont (Form 990) 2011

TEEA5105L	08/25/11	Schedule R Cont (Form 990) 2011
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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	IOWA FARM BUREAU FEDERATION	<input checked="" type="checkbox"/> 42-0331840
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	5400 UNIVERSITY AVENUE	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WEST DES MOINES, IA 50266-5997	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JAMES GARDNER

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

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 13, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20____ or
- ☒ tax year beginning 11/01, 20 11, and ending 10/31, 20 12.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

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

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).

		Enter filer's identifying number, see instructions
Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	IOWA FARM BUREAU FEDERATION	<input checked="" type="checkbox"/> 42-0331840
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WEST DES MOINES, IA 50266-6717	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 W. GARDNER, CFO
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 13
- 5 For calendar year _____, or other tax year beginning 11/01, 20 11, and ending 10/31, 20 12
- 6 If the tax year entered in line 5 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 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

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 Kelly M. Walters Title CPA Date 6-6-13
BAA FIFZ0502L 07/29/11 Form 8868 (Rev 1-2012)