

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

HTA

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

A For the	e 2012 ca	endar year, or tax year beginning , and ending				
B Check if	applicable	C Name of organization IOWA FARM BUREAU FEDERATION	D Employer ide	entification n	umber	
Address	change	Doing Business As WEST POTTAWATTAMIE COUNTY FARM BUREAU	42-0593575			
Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nu	ımber	·	
Initial retu	um	126 EAST BROADWAY, STE 1	(712) 322-025	1		
Terminat	ed	City, town or post office, state, and ZIP code				
Amended	d return	COUNCIL BLUFFS IA 51503	G Gross receipt	s \$	24	5,827
Application	on pending		this a group return	for affiliates?	Yes	X No
	p		e all affiliates includ		Yes	= №
			"No," attach a list (
I Tax-exem	<u></u>	301(c)(3)[X] 301(c) (3) 4 (ilisel(10)			•	
J Website	e: ► N/A	H(c) Gr	oup exemption nun	nber ► 062	6	
K Form of o	rganization	X Corporation	ation 1919	M State of le	gal domicile	IA
Part I	Su	mmary				
1			IZATION DED	ICATED T	O HELPIN	G
	•	AMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE				
8						
vernance						
	Check t	his box If the organization discontinued its operations or disposed of mor	e than 25% of	its net asse	ets	
<u>გე</u> ფ 3		of voting members of the governing body (Part VI, line 1a)		3		14
78 4		of independent voting members of the governing body (Part VI, line 1b)	. [4		14
ఆర్జ్ 5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		5		2
≫ ૂર્વ 6		mber of volunteers (estimate if necessary)	. [6_		20
7a Ш	Total un	related business revenue from Part VIII, column (C), line 12		7a		0
SE P	Net unre	elated business taxable income from Form 990-T, line 34	7	7b		0
_			Prior Year		Current Year	
8 9 10 11 12	Contribu	utions and grants (Part VIII, line 1h)	17,7	00	1	15,000
爱 9		n service revenue (Part VIII, line-2 g)	110,5	23		98,505
2 10	Investm	ent income (Part VIII, column (A), lines[3,€]	24,8	360	-	20,845
≸ 11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,1	66	5	<u>59,731</u>
12		enueadd lines 8 through 11 (南紹和 Part VIII, column (A) 解 12).	146,9	317	19	94,081
13		and similar amounts paid (Part 🏵, column (A), llnes 🔰 📆		0		0
14		paid to or for members (Part X, column-(A), line 4)		957		4,059
g 15	Salanes	other compensation, employee benefits (Part X=column (A), lines 5-10)	34,2	298	6	53,283
Expenses 16a b		ional fundraising fees (Part IX column (A), line 11e)		0		0
ğ b		ndraising expenses (Part IX, column (D), line 25) ▶0 💥	14.1. 15.50			1
_ 17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	91,1			99,278
18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	127,4			36,620
19	Revenu	e less expenses Subtract line 18 from line 12	19,4			27 <u>,461</u>
25 07			ning of Current Ye		End of Year	20.575
Net Assets Fund Balanc 72 72 72		sets (Part X, line 16)	722,8			32,575
주변 21		bilities (Part X, line 26)		102	7/	3,631
		ets or fund balances Subtract line 21 from line 20	722,7	(//]		58,944
Part II		nature Block y, I declare that Leave examined this return, including accompanying schedules and statements, and to	the heet of my know	uledae		
		y, I declare that bave examined this return, including accompanying scredules and statements, and to ect, and complete. Declaration of which prepare				
		(1/2/10)				
Sign	7	Signature of officer	Date			
Here		Joseph M Turner tresident		9-4-	رح.	
		Type or print name and title				
	Pnr	t/Type preparer's name Preparer's signature Da		. 🖾 .	PTIN	
Paid		V STUDER	Che		P01272566	6
Prepare	r		1			<u> </u>
Use Oni	y	n's name ► MAX N STUDER CPA	Firm's EIN ► 2			-
		n's address ► PO BOX 1463, JOHNSTON, IA 50131	Phone no (<u>515) 238-1</u>		_
May the II	RS discus	ss this return with the preparer shown above? (see instructions)			X Yes	No
For Paper	work Red	uction Act Notice, see the separate instructions.			Form 990	0 (2012)

	90 (2012)	10VVA FARM BUREAU FEDERATION DIBIA W FOTTAVATTAMIE COUNTY FARM BUREAUZ-C	33373	Page Z
Pa —	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
1	AN ORC	escribe the organization's mission GANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY	OF	
	LIFE			
	6.14			
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services, as most seek. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,159 including grants of \$) (Revenue \$ POLICY The Company is very active in their Policy Development and Policy Implementation		
		s. Opinionnaires are sent to all members each year dealing with local, state and		
		issues Proposed resolutions are presented at a board meeting in July Members are		
		o this meeting where resolutions are debated and amended. Adopted resolutions are		
		ed by the voting delegate at the state policy conference. The Company invites County		
		sors, Treasurer & Engineer to meetings to discuss the County budget and other subject		
		pertaining to the county The company sponsors and participates in a legislative bus trip		
		tota Constat to an at with the state of and to comment comment and total Document		
		atte Capital to meet with legislators and to support company policies board members attend legislative and other meetings that involve issues pertaining to the Company's		
	member	s and the county The Company has a very active and willing Response Team		
	1110111001	o and the double, this double, the same and		
				·
4b	(Code) (Expenses \$ 250 including grants of \$ 3,000) (Revenue \$)
	AG EDL			
		local schools and students aware of how important agriculture is. The ways they have		
	accomp	lished this is by conducting Agriculture In The Classroom (AITC) activities in area schools		
		C chairman educated area teachers about the Company's program and explained all the		
		es that are available The Company has also helped local FFA programs with different		
		s such as sponsoring FFA members to attend the annual FFA Convention in Washington, DC.		
	The Cor	npany also awarded 3 college scholarships totaling \$3,000 The Company also provides		
	Teacher	Grant money that is to help support quality education		
4c	(Code) (Expenses \$ 6,736 including grants of \$) (Revenue \$)
		en hosted such as Stroke Detection Plus events at the county office The Company also		
		ed a VNA to come to the annual meeting wher health information was provided to members as	·	
		conducting blood pressure screeings and check for skin cancer The Company supports		
		us events at the County's Westfair The Company promotes the Queen contest which provides		
		ships to the fair Queen, Miss Citizenship and Miss Leadership winners. The Company also		
		thip to the Outstanding 4-H'r Other programs supported by the Company were the "Cookies		
		ps" program, Relay for Life, KMA radio station promoting Farm Bureau membership, Western		
	Iowa De	velopment Association and Iowa Com Growers Association		
			· · · · · · · · · · · · · · · · · · ·	
4d		rogram services. (Describe in Schedule O)		
	(Expens		0)	
40	Total pr	ogram service expenses 8.145		

	10VA FARM BOREAU FEDERATION DIBA W POTTAWATTAWIE COUNTY PARW BOREAU 42-05955	73	Pa	age J
Part	V Checklist of Required Schedules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	168	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	10		х
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	Х	,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f 12a		
b	Schedule D, Parts XI and XII 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 and XII is optional	12a		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a		Х
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			١
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	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	18		х
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	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>L_</u>	

	Checklist of red Schedules (Contained)			
	21. Did the		Yes	No
	21 Did the organization representation state of the light	21	1	
	In the United States on P column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 22 Did the organization representation of grants and other assistance to individuals in the	اگرا		X
	Did the organization repore than \$5,000 of grants and other assistance to individuals in the United States on Part IX, nn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	x
	23 Did the organization answers to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	 ^
	organization's current anginer officers, directors, trustees, key employees, and highest compensated		ł	1
	employees a street ancher officers, directors, trustees, key employees, and highest compensated	. 23		x
	employees? If "Yes," come Schedule J 24a Did the organization haveax-exempt bond issue with an outstanding principal amount of more than	23	 	 ^-
	\$100,000 as of the last daf the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d at the year, that was issued diter becomes 31, 2002; if 765, driewer lines	. 24a		
	24b through 24d and comite Schedule K. If "No," go to line 25	24a 24b		X
	b Did the organization investing proceeds of tax-exempt bonds beyond a temporary period exception?	240	├──	 ^-
	c Did the organization maritan an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		X
-	d Did the organization ad is an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504, year and the property of the organization organization organization.	240		 ^ -
-	25a Section 501(c)(3) and 51(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		х
	with a disqualified personal the year? If "Yes," complete Schedule L, Part I	250		 ^- -
	b Is the organization awa that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that theansaction has not been reported on any of the organization's prior Forms 990 or	25b		
20	990-EZ? If "Yes," comete Schedule L, Part I. Was a loan to or by airrent or former officer, director, trustee, key employee, highest compensated employee, or	230		X
	disqualified person outanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27		20		 ^- -
	Did the organization ovide a grant or other assistance to an officer, director, trustee, key employee, substantial contribute or employee thereof, a grant selection committee member, or to a 35% controlled]]		
	entity or family membr of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28		\$ 1.00	30.7°20	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	323		
а		28a	aracra	X
b	· · · · · · · · · · · · · · · · · · ·	200		 ^-
_	Schedule L, Part IV	. 28b		х
С				 ^
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	•	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	l	Х
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			Γ
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ł	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1	Į	1
	V/	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	1
		Form	990	(2012)

Form 990 (2012)	IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY FARM BUREAU 42-059357	5 1	Page 4
Part IV	Checklist of Required Schedules (continued)		
		Yes	No

			169	110
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- 1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1245		v
_	24b through 24d and complete Schedule K. If "No," go to line 25	24a 24b		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	
C	to defease any tax-exempt bonds?	24c		<u> </u>
ď	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? .	24d		$\frac{\hat{x}}{x}$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	Х
ь	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? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1 1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Marie Cara Miles	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)		1000 1000 1000 1000 1000 1000 1000 100	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
55	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			ĺ
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
^=	organization? If "Yes," complete Schedule R, Part V, line 2	36	├	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	\ ''	\vdash	 ^`
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10. Hote, All 1 offit 330 meta are required to complete deriedate o		990	(2012)

Part V

Statements Regarding		

	Check if Schedule O contains a response to any question in this Part V.					_ل_ا
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5	•		1.33
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b		,	30	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able	y -1	33.7	
	gaming (gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,		1
	Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2		 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructi	ons)		33	32.03m. 32.03m.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financ	al	1		
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country.				Ž, Š	1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	ial Acc	ounts	3	ا مردوع ملک مدونوهه	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year's	7 .		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction	12	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions	or			ļ
	gifts were not tax deductible?	•		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or good	ds			
	and services provided to the payor?		•	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		•	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		_		
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Mari	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		om 1096-07	7h	**	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			*		9
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ng		ىتىب 8	Sign.	X
0	organization, have excess business holdings at any time during the year?		,	0 : ~ ?	98.W	18 25
9	Sponsoring organizations maintaining donor advised funds.			ه منا		
a b	Did the organization make any taxable distributions under section 4966?		•	9a 9b		X
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	•	•	30	3 Such	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		****		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		34
11	Section 501(c)(12) organizations. Enter:	1.001		1,7,8	£	1.5
	Gross income from members or shareholders .	11a		,	, ·	1. 4
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1 "	*	1 3
_	against amounts due or received from them)	116			. , ~	i :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	-	41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			* * *	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	احتنا		1 -	۲.	,
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O				9	
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	1	15. 14. 2. 15.
	the organization is licensed to issue qualified health plans .	13b				1.
С	Enter the amount of reserves on hand .	13c		1.	£	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheol	dule O		14b		

Form	990	(2012)	

Part	٧I	Gov

<u>Sect</u>	ion A. Governing Body and Management	<u></u>	1		
4-	Total the country of colors and so the consequence hadres the end of the territory	1 4 1	4 F . 35	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a 1	#]∵∵[-4	7 4
	If there are material differences in voting rights among members of the governing body, or			الأربية إ	
	if the governing body delegated broad authority to an executive committee or similar		2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	()
_	committee, explain in Schedule O.	۱	e securio		
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u> 1		£18815	3.3%
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with		Livî	
	any other officer, director, trustee, or key employee?		2		_ X_
3	Did the organization delegate control over management duties customanly performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? .	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6	Х	
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?		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	 g			
	stockholders, or persons other than the governing body?	5 ,	7b	x	
	Did the organization contemporaneously document the meetings held or written actions undertake	n during	750	2,74,7%	(2000)
8		an during	500	7 35 c 2 580	
_	the year by the following:		8a	X	فقطند تالة
a	The governing body?		8b	x	
ь	Each committee with authority to act on behalf of the governing body?		80	 ^	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reacneo		ĺ	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0-4-	Ļ	X
Sect	tion B. Policies (This Section B requests information about policies not required by the	<u>ıntemai Revenue</u>	Coae		LNa
			40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a		95000.8
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		کلا دد		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a		ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х	ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"		ļ	
	describe in Schedule O how this was done		12c		ļ
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?	•	14	X	
15	Did the process for determining compensation of the following persons include a review and appr	oval by	*		13.65
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?		ALE:	المرات المستقالة
а	The organization's CEO, Executive Director, or top management official		15a		N/A
b	Other officers or key employees of the organization		15b		N/A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		de X		2 7.2 5 7.2 5 7.2
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement	R 57	13.25	
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	luate its	5.		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				111
	the organization's exempt status with respect to such arrangements?	- 3	16b		de ladeau
800	tion C. Disclosure				
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed IA				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	90-T (Section 501/c)	3)s on	v)	
18		00-1 (OGUIOII 30 I(O)I	J3 011	11	
	available for public inspection. Indicate how you made these available. Check all that apply	explain in Schedule C	1		
40			,		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents	s, connect or interest			
	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books		0254		
	organization THE ORGANIZATION	(712) 322-	0231		
	126 EAST BROADWAY, STE 1, COUNCIL BLUFFS, IA 51503				

Form 990 (2012)	IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY FARM BUREAU 4	12-0593575	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	∍d	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		i

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per	box, office	unles er an	Pos neck ss pe d a d	rson irecti	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	coner compensation from the organization and related organizations
(1) JOE TURNER	1.00									
PRESIDENT	0.00	Х	<u> </u>	Х			,	0	0	0
(2) GREG MILLER	1 00								•	
VICE PRESIDENT	0 00	X	_	X	_			0	0	0
(3) DAN ELLIOT	1.00				1				ļ	
SECRETARY	0 00		┡	X	_			0	0	0
(4) BRIAN FISCHER	1 00	1			l				_	_
TREASURER	0.00	_	├-	Х	ऻ_	<u> </u>		0	0	0
(5) BRANDON VORTHMANN	1 00	1	ŀ						_	_
VOTING DELEGATE	0.00		⊢	X			<u> </u>	0	0	0
(6) RUSSELL MILLER	1 00			.			İ] _	
VOTING DELEGATE ELECT	0 00	_	-	X	⊢	-	 	0	0	0
(7) DONNA SCHNOOR	1.00	I	İ	,	1					
WOMENS CHAIR	0 00		┢	X	-		┝	0	0	0
(8) MIKE ENEWOLD	0 50			1	1					
DIRECTOR	0 00	X	⊬	-	┢			0	0	0
(9) MIKE SCHROPP	0 50		l				ļ	,		,
DIRECTOR	0.00	X	\vdash	\vdash	-	-		0	0	
(10) DAN PEDERSEN	0 50				1	İ			١ ,	ĺ
DIRECTOR	0 00	X	-		-	 	 	0	0	0
(11) CRAIG CORRIN	0 50							1 ,	١ ,	0
DIRECTOR	0.00	_	┢	⊢	-		-	0	0	0
(12) GREG MILLER	0 50	1			1	1		0	0	٥
DIRECTOR	0 00	-	├	-		 	-		 	
(13) FRED MILLER	0 50	1	1				1		ا ،	0
DIRECTOR (14) PAYE BRANDT	0.00		┢	⊢	├─		-	0	 	
(14) DAVE BRANDT	0 50							0	۰ ا	٥
DIRECTOR	0 00	_ ^	<u> </u>		Ш.		<u> </u>			000

Pa	rt VI Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	ployees (contin	ued)	
	(A) Name and title	(B) Average hours per week (list any	box,	unle: er an	Pos neck ss pe d a d	rson Irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimat amount other	of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens: from the organiza and rela organizal	ation ne ition ited
	ADAM SUMANN	0 50										
	CTOR KELBY VORTHMANN	0 00		-	_			\vdash	0	0		0
	CCTOR	0 00	•						0	0		0
	MATTHEW MILLER											
(18)	CTOR	0 00	X	-	-			_	0	0		0
7,707												
(19)												
				-	-	-		-				
757		!										
(21)												
(22)												
(23)										-		
(24)				-	-			\vdash				
								L				
(25)												
1b	Sub-total							>	0	0		0
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .		•					0	0		0
2	Total number of individuals (including but not li	mited to those lis	sted a	abov	/e) \	who	rece	ived		<u> </u>	l	
	reportable compensation from the organization				<u>o,</u>					<u> </u>		
3	Did the organization list any former officer, dire				loye	ee, c	r hig	hes	t compensated		Siz Li	No No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of					od.	othor		maanaatian fram	•	3	
7	the organization and related organizations greated individual	•							•		4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual	5	
Sec	tion B. Independent Contractors	33, 3 3 p 13.3										
1	Complete this table for your five highest compecompensation from the organization Report covers										tax	
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensatio	n
												0
								\vdash				0 0
												0
	Total number of selections in the selection of selections and selections are selected as a selection of selections and selections are selected as a selection of selection of selections are selected as a selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection of selections are selected as a selection of selection o							<u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- E-		0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	_	ea to	ino	se I	uste	d abo	ve)	wno received		1. 25. 1. July .	

e Total. Add lines 11a-11d

Total revenue. See instructions

	990 (201		JEKATION D/B	A W POTTAW	AT TAIMIE COUN	IT PARM BURE	AU 42-05935	75 Page 9
Par	t VIII	Statement of Revenue	a rachanca ta a	ny guestion in th	ie Dart \/III			
		Check if Schedule O contains	a response to a	ny question in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns .	. 1a	0				
Grants	b	Membership dues .	1b	U	0486	1997 - Salt 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 485 s
Am Am	С	Fundraising events	<u>1c</u>	15.000			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Gif	d	Related organizations	1 <u>d</u>	15,000	a significant			
SIm SIm	e	Government grants (contributions		- 0				
utic ler	f	All other contributions, gifts, grant						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included about		<u> </u>			FRATE TO	
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in li	nes 1a-1f: \$		المُنْتُكُمُنُدُنُا مِنْ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ ا 15,000 من اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ الله		- 19 m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	h h	Total. Add lines 1a–1f		Business Code	15,000		W Chronia	5-051434 (B89
ПLe		MEMBERCHIR BUEC		900099	98,505	98,505	ساد ، مستشمله کا	فالمعتب أسساسي أستأني
eve	2a	MEMBERSHIP DUES		524298	98,303	90,303	0	
8	b	COMMISSIONS		324290	0			
Ž	ا ا				0			
Se	ı u				0			
gran		All other program service revenue			0	 	<u> </u>	
Program Service Revenue	a	Total. Add lines 2a–2f	• •	. •	98,505	AND CHEMICAL TO	79.88.47 A.M.	
	3	Investment income (including divi	dends, interest.	and				
	-	other similar amounts) .	,,		20,845	20,845]	
	4	Income from investment of tax-ex	empt bond prod	eeds >	0			
	5	Royalties			17,164	17,164		
	•	rioyanaee	(ı) Real	(II) Personal	A-1/1/2014 150-74			MACHAGAS
	6a	Gross rents	53,100					
	b	Less rental expenses	51,746		Section 8			
	C	Rental income or (loss)	1,354	0				
	d	Net rental income or (loss)		▶	1,354	1,354		
	7a	Gross amount from sales of	(i) Securities	(ii) Other		TO THE TOTAL PROPERTY.		
		assets other than inventory.	0	0				
	b	Less cost or other basis						
		and sales expenses	. 0	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .	•		0	2 4 4208		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_								
ρñ	8a	Gross income from fundraising			34.35 (33)			
Ver	1	events (not including \$	0					
æ		of contributions reported on line				19.2. 8 4.0		
ē		See Part IV, line 18	a	0			医学学说:	Professional
Other Revenue	b	•	. b	0				i
_	C	Net income or (loss) from fundrai	_					1 32
	^{9a}	Gross income from gaming activi		_			1] (
	١.	See Part IV, line 19	a	<u> </u>	+	, , ,	, , , ,	
	b	Less direct expenses .	. b	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			- >
	400	Net income or (loss) from gaming Gross sales of inventory, less	activities		1	, , , , , , , , , , , , , , , , , , , ,	1,	1
	iva		_	1 0	,		,	
		returns and allowances	. a b	<u> </u>	,			
	Ь	Less cost of goods sold . Net income or (loss) from sales of	-		4- ` ` `			
	<u>c</u>	Net income or (loss) from sales of Miscellaneous Revenue	n inventory	Business Code	 			†
	11a	Expense Recovenes		900099	41,213	41,213]	
	b	Expense (Coovered			71,210			
	ď	All other revenue			(
	. –	- · · · · · · · · · · · · · · · · · · ·					.,.	

41,213

194,081

179,081

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations m	must comp	lete column (/	4)
--	-----------	----------------	----

	Check if Schedule O contains a response to any o	question in this Part I	IX	•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0		- SKALLENKE TO PERSON	NO THE PERSON NAMED IN
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	0			NOW THE T
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	4,059		7.70g (1984) 4.54(6)	高·動物 最初。 · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	_			
	trustees, and key employees	0			
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	51,352			
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,627			
10	Payroll taxes	4,304			
11	Fees for services (non-employees)	0.400			
a	Management	2,189			
b	Legal	0			
C	Accounting	1,250			
d	Lobbying	0	en en en en en en en en en en en en en e	46.00 26.00 1.00 42.	-
e	Professional fundraising services. See Part IV, line 17	1,208	STA A C. S. SSS SAME & 12 CONTACT	%. J. 19 MY 1 T 40 484 1	
f	Investment management fees	1,200			
g	Other (If line 11g amount exceeds 10% of line 25, column	1 0	1		
42	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	6,738			
12 13	-	13,708			
14	Office expenses	13,700			
15	Royalties	0			
16	Occupancy	0			
17	Travel	351			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,799			
20	Interest	0			
21	Payments to affiliates	45,969			
22	Depreciation, depletion, and amortization .	193		0	0
23	Insurance	1,234			
24	Other expenses Itemize expenses not covered	1. 7 86. A	* 627 2 C. S. C.		The state of the
	above (List miscellaneous expenses in line 24e If	The state of the s	[24] 《大學》(1) A.	图 通过电流	
	line 24e amount exceeds 10% of line 25, column	1. 18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(A) amount, list line 24e expenses on Schedule O.)		· "YVV"	1 5 12 1	
а	DUES & SUBSCRIPTIONS	4,386			
b	AG & COMMUNITY PROMOTION	6,988			
С	INCOME TAXES	0	<u> </u>		
d	OTHER	265			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	166,620	0	0	0
26	Joint costs. Complete this line only if the			1	
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation Check here			1	
	following SOP 98-2 (ASC 958-720)		L		Form 990 (2012)

Form 990 (2012) IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY FARM BUREAU 42-0593575 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 109,536 2 151.016 Savings and temporary cash investments. 3 Pledges and grants receivable, net . . . 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 . . . Loans and other 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). Complete Part II of Schedule L 6 0 Notes and loans receivable, net . . 7 0 8 Inventories for sale or use O 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 315,831 **b** Less accumulated depreciation 10b 146,427 10c 307,085 126,011 11 169.670 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 0 0 0 13 13 Investments-program-related. See Part IV, line 11 14 0 14 Intangible assets 0 128,917 15 Other assets. See Part IV, line 11 167,317 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 722.879 16 762,575 17 102 3,631 17 Accounts payable and accrued expenses Grants payable. 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 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 25 3,631 102 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 722,777 27 758,944 Unrestricted net assets 28 28 Temporanly restricted net assets 29 Permanently restricted net assets 29

Organizations that do not follow SFAS 117 (ASC958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 30 through 34.

Total net assets or fund balances

30

31

32

33

Form 990 (2012)

762,575

30

31 32

33

34

722,777

722,879

Form 990 (2012) IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY	FARM BUREAU	42-	0593575	Page	12
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		194,	081
2 Total expenses (must equal Part IX, column (A), line 25)		2	-	166,	620
3 Revenue less expenses Subtract line 2 from line 1		3		27,	461
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		722,	777
5 Net unrealized gains (losses) on investments		5		8,	706
6 Donated services and use of facilities	•	6			
7 Investment expenses .		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part.	X, line 33,				
column (B))	·	10		758	944
Part XII Financial Statements and Reporting				-	_
Check if Schedule O contains a response to any question in this Part XI	1			<u>. L</u>	
				Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual	Other				
If the organization changed its method of accounting from a prior year or checked "Other	r," explain in		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent ac	ccountant?	•	2a		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were	e compiled or			13.00	
reviewed on a separate basis, consolidated basis, or both:					887 X
Separate basis Consolidated basis Both consolidated and sepa	rate basis		Š ;		
b Were the organization's financial statements audited by an independent accountant?			2b	X	siren an el
If "Yes," check a box below to indicate whether the financial statements for the year were	e audited on a		33.80	KAS.	- u**();jj
separate basis, consolidated basis, or both					
X Separate basis Consolidated basis Both consolidated and sepa	rate hasis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsile the audit, review, or compilation of its financial statements and selection of an independent of the second or compilation of the second or compilation.			2c	2,587	Σ1.Ω.) - Χ
If the organization changed either its oversight process or selection process during the ti			23.7	585 Å	
Schedule O	ax year, explain iii				\$ ' J
3a As a result of a federal award, was the organization required to undergo an audit or audi	its as set forth in		أشكيما	ప≊వజ్) .	المستديد
the Single Audit Act and OMB Circular A-133?			3a	ļ	N/A
b If "Yes," did the organization undergo the required audit or audits? If the organization did	not undergo the		1		
required audit or audits, explain why in Schedule O and describe any steps taken to und	_	_	3ь	}	N/A
required death of deathor explain may in conceded a dist describe the electric dist				990 (

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name (of the organization			Employer Identification number		
IOWA	FARM BUREAU FEDERATION D/B/A W PC	TTAWATTAMIE COUNTY FARM BUREA	<u>.u</u>	42-0593575		
Part		or Advised Funds or Other Similar F		s or Accounts. Complete if		
	the organization answered "Yes" t	o 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 do					
_	funds are the organization's property, subject			Yes No		
6	Did the organization inform all grantees, dono					
	used only for charitable purposes and not for purpose conferring impermissible private ben		וטו זכ	Yes No		
D	· · · · · · · · · · · · · · · · · · ·		-11 4-			
Part	•	elete if the organization answered "Ye	s to	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held t	· —	_			
	Preservation of land for public use (e g , recr	eation or education) Preservation	n of a	n historically important land area		
	Protection of natural habitat	Preservation	n of a	certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in	the form of a conservation		
	easement on the last day of the tax year					
				Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation ease			2b		
C	Number of conservation easements on a cert			2c		
đ						
3	The state of the s					
3	during the tax year	, transferred, released, extinguished, or ter	mina	led by the organization		
4	Number of states where property subject to c	onservation easement is located				
5	Does the organization have a written policy re		n. har	ndling of		
	violations, and enforcement of the conservati			Yes No		
6	Staff and volunteer hours devoted to monitor		ease	ments during the year		
	•					
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easi	emen	ts during the year		
	▶ \$					
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of se	[]		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?.	•		Yes No		
9	In Part XIII, describe how the organization re					
	balance sheet, and include, if applicable, the the organization's accounting for conservatio		Iancia	n statements that describes		
Pari		ns of Art, Historical Treasures, or Other	Simil	ar Assets		
	Complete if the organization answered		•	. 7.000.0.		
40			rovor	aug statement and halance sheet		
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim					
	of public service, provide, in Part XIII, the tex					
b	If the organization elected, as permitted under					
~	works of art, historical treasures, or other sim					
	of public service, provide the following amount					
	(i) Revenues included in Form 990, Part VIII			> \$		
	(ii) Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of	art, historical treasures, or other similar ass	sets fo	or financial gain, provide the		
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to these	items	3.		
а	Revenues included in Form 990, Part VIII, lin	e 1 .		▶ \$		
b	Assets included in Form 990, Part X .			▶ \$		

Schedu	ile D (Form 990) 2012 IOWA FARM BURE	AU F	EDERATION	N D/B/	<u> </u>	POTTAV	VATTAMIE C	<u>OUNTY</u>	FARM BLIZROSA	3575	Pa	age <u>2</u>
Part	III Organizations Maintaining	Colle	ections of	Art, I	Histo	rical Tr	easures, o	r Other	Similar Asse	ets (con		
3	Using the organization's acquisition, ac	cessi	on, and othe	r recoi	rds, ch	eck any	of the follows	ng that	are a significant			
	use of its collection items (check all tha					•		ŭ	J			
а	Public exhibition		••	d	П	Loan	or exchange p	orogram	s			
b	Scholarly research			e	一	Other	.	J				
	=			C	ш	Other				·		
C	Preservation for future generation											
4	Provide a description of the organization	on's co	illections and	d expla	ain hov	w they fu	irther the orga	anızatıor	n's exempt purpo	ose in		
_	Part XIII											
5	During the year, did the organization so											
	assets to be sold to raise funds rather to									Ye		No
Part		_		•		_	nization ans	wered '	'Yes" to Form	990, Pa	ırt	
	IV, line 9, or reported an am											
1a	Is the organization an agent, trustee, c	ustodi	an or other i	nterme	ediary	for contr	ributions or ot	ther ass	ets not	_	_	
	included on Form 990, Part X? .		•				•			Ye	:s	No
b	If "Yes," explain the arrangement in Pa	ırt XIII	and complet	te the	followi	ng table						
								<u> </u>		Amount		
С	Beginning balance .					•	•	1c	 			0
d	Additions during the year							1d				
е	Distributions during the year .		•		•			<u>1e</u>	 -			
f	Ending balance							1f	<u> </u>			0
2a	Did the organization include an amoun	t on F	om 990, Pa	ırt X, liı	ne 217	,				Ye	s X	No
b	If "Yes," explain the arrangement in Pa	rt XIII	Check here	e if the	explai	nation ha	as been provi	ded in F	Part XIII .			
Part	V Endowment Funds. Comple	ete if	the organi:	zation	ansv	vered "	Yes" to Form	n 990.	Part IV. line 10)		
			Current year	_	b) Prior		(c) Two years		(d) Three years back		ur years b	back
1a	Beginning of year balance	- , , ,		<u> </u>			 		· · · · · · · · · · · · · · · · · · ·			
b	Contributions .			1					 _			
С	Net investment earnings, gains,											
	and losses			1				1		ļ		
d	Grants or scholarships .											
е	Other expenditures for facilities									.		
	and programs	_										
f	Administrative expenses											
g	End of year balance		(0		0		o		0
2	Provide the estimated percentage of the	e curr	ent year end	d balar	nce (lır	ne 1g, co	olumn (a)) hel	ld as				
а	Board designated or quasi-endowment	t	•	9	6_							
b	Permanent endowment		%									
С	Temporanly restricted endowment	-	%	-								
	The percentages in lines 2a, 2b, and 2		•									
3a	Are there endowment funds not in the	posse	ssion of the	organ	ızatıon	that are	held and adı	minister	ed for the	,		
	organization by										Yes	No
	(i) unrelated organizations	•				•				3a(i)		
	(ii) related organizations .		•				•			3a(ii)	 	
b	If "Yes" to 3a(II), are the related organization									3b_		
4	Describe in Part XIII the intended uses											
Part		<u>pmer</u>							·			
	Description of property		(a) Cost or o		sıs		est or other		Accumulated	(d) B	ook value	;
 _	l and		(invest	ment)		Dasi	s (other)	d	epreciation			0.701
1a	Land	•			0		42,781	,	440.704			2,781
b	Buildings .				0		383,085		118,781		264	4,304
C	Leasehold improvements				0		07.040		0			0
d	Equipment		<u></u>	_	0		27,646	_	27,646			0
<u>e</u> Total	Add lines 1a through 1e (Column (d)	must s	aual Form (000 0	0	column (B) line 10(c)	<u> </u>	0		30.	7 085

Part VII	Investments—Other Securit	ies. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	derivatives .	0		
	held equity interests	0		· · · · · · · · · · · · · · · · · · ·
		-		······································
(C)				
(E)		-		
(E) (F)		-		
(G)	·			
(H)				
(I)				
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12)	· 0	Berting vertiber	的一个多数,各种的强制。
Part VIII	Investments—Program Rela	ated. See Form 990, Part		
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
_(2)		<u> </u>		
(3)		- 		
(4)				
(5) (6)		 	 	
(7)	····			
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)		19. "这 <i>要</i> 想到,你就是影響。"《》	
Part IX	Other Assets. See Form 990	, Part X, line 15.		
		(a) Description		(b) Book value
	RRED ANNUITY - FARM BUREAU LIF	-E		125,372 3,545
	TY IN OTHER ORGANIZATIONS			0,040
(3)				
(4)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X,		<u> </u>	128,917
Part X	Other Liabilities. See Form		Troops from the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)		-		State 1 1 1 1 1 2
(4) (5)		 		
(6)	·	12-7		and the state of t
(7)	·····			
(8)				
(9)			I Carlotte States States	***
(10)			The state of the s	C# 2. 12 22 22
(11)				
	(b) mast equal t of the essential to the	<u> </u>	0]	
2. FIN 48 (AS	SC 740) Footnote In Part XIII, provide the text	of the footnote to the organization's	rinancial statements that reports the org	ganization's liability
for uncertain	tax positions under FIN 48 (ASC 740) Check	nere if the text of the footnote has b	een provided in Part XIII .	· <u>[스]</u>

Schedu	ile D (Form 990) 2012 IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY FARM B	342HUD&U5/5	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	254,533
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·	
а	Net unrealized gains on investments . 2a 8,706	· ·	
b	Donated services and use of facilities	r	
С	Recoveries of prior year grants . 2c		
d	Other (Describe in Part XIII) . 2d 51,746	5	
е	Add lines 2a through 2d	2e	60,452
3	Subtract line 2e from line 1	3	194,081
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	5 26 26 26	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	194,081
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	218,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments . 2b		
С	Other losses	\$ 32.7 \$ 32.7	
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	51,746
3	Subtract line 2e from line 1	3	166,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		
b	Other (Describe in Part XIII)	<u> </u>	
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	166,620
Part	XIII Supplemental Information		
Comp	plete 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,
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro onal information	vide any	
Part >	KI Line 2d Rent & Building Expenses		
Part >	KII Line 2d Rent & Building Expenses		
Part >	K Line 2 FOOTNOTES in FINANCIAL STATEMENTS. Summary of Significant Accounting		
Polici	es [.] In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates		
uncer	tain tax benefits arising from tax positions taken or expected to be taken based on		
the lik	klihood of being sustained upon examination by applicable tax authorities. If the	. 	
Comp	pany determines that a tax position is more likely than not of being sustained, it	·	
recoo	inizes the largest amount of the arising benefit that is greater than 50% of being		

Schedule D (Form 990) 2012

SCHEDULE O (Fòrm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

IOWA FARM BUREAU FEDERATION D/B/A W POTTAWATTAMIE COUNTY FARM BUREAU

Employer Identification number 42-0593575

Form 990 Part III Line 4d The Company has many various programs that are aimed at providing
information to members on current agricultural issues through news letters, meetings, etc.
2,144 members were benefitted in this manner in 2012
Form 990 Part VI Section A Line 6 Any person may be a Farm Bureau member All Farm Bureau
members have the same vote and access to member benefits
Form 990 Part VI Section A Line 7a The organizations's members elect the Board of Directors
In order to hold an officer or director position within Farm Bureau, the member must be
actively engaged in farming, which must be his/her primary interest
Form 990 Part VI Section A Line 7b Decisions if the governing body subject to approval by
members include setting the annual membership dues and nominating voting delegates to the lowa
Farm Bureau Federation
Form 990 Part VI Section B Line 11a After the organization's CPA firm prepares the
documentation/return, management reviews the documents and presents the return to all members
of the governing body Following final approval, the return in signed by an officer and
submitted to the IRS.
Form 990 Part VI Section B Line 12c On an annual basis, the organization requires the
governing body and key employees to sign a conflict of interest policy certification stating
that they have received, read, and agree to comply with provisions set forth in the
organizations conflicts of interest policy
Form 990 Part VI Section C Line 19 The organization does not make it's governing documents,
conflicts of interest policy, or financial statements available for public inspection
Pursuant to state law, some documents may be made available to members.