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Form 990

Department of the Treasury

Internal Revenue Service

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)

benefit trust or private foundation)

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

20**12**

Open to Public Inspection

For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization IOWA FARM BUREAU FEDERATION Doing Business As Address change JOHNSON COUNTY FARM BUREAU 42-0688068 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return 2130 MORMON TREK BLVD (319) 351-6885 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ IOWA CITY 52246 311 805 Amended return Yes X No F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? ELDON FOUCHECK 4889 560TH ST SE, IOWA CITY, IA 52240 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) X 501(c) 5) < (insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ► 0626 X Corporation K Form of organization L Year of formation M State of legal domicile 1917 Part I Summary Briefly describe the organization's mission or most significant activities AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 Total number of individuals employed in calendar year 2012 (Part V, line-2a) 3 5 Total number of volunteers (estimate if necessary) . . RECEIVED 6 6 24 0 Total unrelated business revenue from Part VIII, column (C)-line-12-7a 7a Net unrelated business taxable income from Form 900-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 17,700 15,000 Revenue 9 Program service revenue (Part VIII, line 2g) 193,328 167,600 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 6,767 5,310 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -21,765 11 70,502 196,030 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 258.412 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 3,820 4,903 14 Benefits paid to or for members (Part IX, column (A), line 4). 27,005 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 69 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 181,976 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 157,550 213,884 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 161,439 Revenue less expenses Subtract line 18 from line 12 34.591 44,528 19 End of Year 5 Beginning of Current Year 728.690 779.063 20 Total assets (Part X, line 16) 4,714 10.559 21 Total liabilities (Part X, line 26) 723.976 768,504 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check X Paid 8/6/2013 self-employed P01272566 MAX STUDER Preparer Firm's name ► MAX N STUDER CPA Firm's EIN > 27-5346832 **Use Only** (515) 238-1766 Firm's address ► PO BOX 1463, JOHNSTON, IA 50131 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 9	90 (2012) IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU 42-0688068	Page 2
Pa	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?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
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 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 \$ 4,998 including grants of \$) (Revenue \$ PUBLIC POLICY Various activities occured with the majority being on the local level, the county annual meeting and a county rental code ordinance. September 12th was the annual meeting with 220 members attending. The events of the prior year were reviewed to those in attendance, election of officers and directors occurred and the policy development period begins. As a grassroots organization, every effort is made to allow members the opportunity for input prior to policy adoption. Ideas ranged from additional road repair funding and safety center bond issue were some of the 8 issues raised by members. These issues were exchanged at a regional policy development meeting held in November. Members met with the county supervisors and county sheriff personnel regarding property tax implications and justification of bond issue and potenial alternatives.	
4b	(Code: (Code:	
4c	(Code.) (Expenses \$ 3,976 including grants of \$) (Revenue \$ AGRICULTURAL PROMOTIONS The Company conducts two main events in the county trying to inform the urban population of the importance of agriculture. Spring Ag Fest and the Johnson County Fair Hentage Barn The Ag Fest occured May 12th at the Johnson County Fairgrounds. Various commodity groups, area banks, lowa State Extension operate educational booths & provided the 740 attendees information regarding responsible agricultural production practices. At the Johnson County Fair, the County staffs the Hentage Bam during the 5 day fair showcasing farming equipment and practices past and current. Small animals are provided for viewing and petting as demonstrations of sheep shearing, wool spinning, ice cream making are conducted. 4H & FFA youth test their agricultural knowlege at the Ag Challenge Contest with the Company's members conducting this quiz bowl type event. The Company is a main sponsor of the main stage in the center of the fairgrounds where all events are either conducted or broadcast from	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 11,974	

4e Total program service expenses

Part IV	Checklist of Red	quired Schedules

	- Charles of Augusta School	- "	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
2 _.	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		<u> </u>
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		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	10	4 .	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1	` `\$`	4 ;
	VII, VIII, IX, or X as applicable.	a was	شسس	
	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
ıza	Schedule D. Parts XI and XII.	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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	1		1
	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	<u> </u>	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
		_	000	(0040)

Par	Checklist of Required Schedules (continued)			
04	Did the agreement and the oracle than 65 000 of any to and other a	\vdash	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	- 1	х
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		Х
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? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ĺ	
	to defease any tax-exempt bonds?	24c		<u>X</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	250		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3600		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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? 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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	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,			
20	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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33	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		Х
35a		35a		Х
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36]	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI .	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	102 Note: All Form 000 filers are required to complete Schedule O	1 20	ı Yı	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>		<u> </u>
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2		35.7
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		>,*
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-4 ₃ 11	1	1 2 2 2
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1,.	3.2.3	3 m
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	_3 ∵	100.	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	├	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	4 (X.
b	If "Yes," enter the name of the foreign country			, , 1
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		4.53	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	├	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	 ^
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?	60		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	┼──	 ^-
U	gifts were not tax deductible?	6ь		ŀ
7	Organizations that may receive deductible contributions under section 170(c).	.0B	1.60%;	M (*)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2.4	N 38	X . S
u	and services provided to the payor?	7a	. 256.52	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1, 100 100 km 12 km 12 100 km 12 km	The State of the S	36.3
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		1	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		110.3 1460)	20.75
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1,23	
	organization, have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.	يُعْدِين ا	<u> </u>	
а	Did the organization make any taxable distributions under section 4966? .	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N 17.76 N	X
10	Section 501(c)(7) organizations. Enter:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
а	Initiation fees and capital contributions included on Part VIII, line 12		135	(4)
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-1.5		
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders	3 'S	3 25	\$
a	Gross income from other sources (Do not net amounts due or paid to other sources	, , ,		1. 16
b	against amounts due or received from them) .	,,,	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	,		1.7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ſ.	;'
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
~	Note. See the instructions for additional information the organization must report on Schedule O		1	Ι.
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
_	the organization is licensed to issue qualified health plans		3. 3.	1
С	Enter the amount of reserves on hand		* * *	1
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 Schedule O	14b		<u> </u>

J	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1	Į.	İ
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sect	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		i	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			2
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ł	1	
	describe in Schedule O how this was done	12c		L
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 approval by	339		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
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)		300	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	30.271	12 E	E &
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		4 ' ``	3 (2)
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		Ş. 4	ئىدا د
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	y)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of 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 and records of the organization THE ORGANIZATION (319) 351-6	005		
		000		
	2130 MORMAN TREK BLVD, IOWA CITY, IA 52246		990	(0046)
		rom	990	(2012)

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
•	Check if Schedule O contains a response to any question in this Part VII.	<u> </u>	L_
	Employees, and Independent Contractors		_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
Form 990 (2012)	IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU	42-0688068	Page 7
		40.000000	

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and institutional trustee or director				s both or/truste employ	an ee)	(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
(1) RUSSELL MEADE	2.50									
VOTING DELEGATE	0.00	X	-	Х	<u> </u>			0	0	0
(2) STEPHEN SWENKA	2.50							_		
VICE PRESIDENT	0.00 2.50	X	├	Х	-	 -		0	0	0
(3) ELDON FOUCHEK				х				_	o	0
PRESIDENT (A) EBIO SHIPMEIOTER	0 00	X	-	 - -	├			0	- 0	
(4) ERIC FUHRMEISTER	2.50	l		х				0	0	0
TREASURER (COREN	0 00 2 50	Х	-	_				<u> </u>	0	0
(5) MARK OGDEN	0 00	x		х				0	0	0
SECRETARY (2) SHIP OF COMMAND	2 00	 ^	┢	_	-	-		<u> </u>	0	
(6) BILL STOCKMAN	0 00					1 1		o	o	0
DIRECTOR (7) NORMAN ZISKOVSKY	2 00	X	-		\vdash			<u> </u>		
DIRECTOR	0 00	х						0	۰ ا	0
(8) JAMES DANE	2.00	 ^	\vdash	-		\vdash			· · · · · ·	
DIRECTOR	0 00	x		ŀ				0	0	0
(9) PATRICK LEENEY	2 00	 ^	┢							
DIRECTOR	0 00	x						0	l o	o
(10) MARILYN ZISKOVSKY	2 00	 ``								
DIRECTOR	0 00	x						o	0	o
(11) MORRIS SWENKA	2.00		†		-					
DIRECTOR	0 00				1			l o	l o	o
(12) GERALD MORGAN	2.00		1							
DIRECTOR	0 00	X						l o	l 0	0
(13) ANITA SEHR	2 00									
DIRECTOR	0 00	x						0	<u>o</u>	0
(14) BEN SCHMIDT	2 00	-	[
DIRECTOR	0 00							0	0	0

Page 8

Section A. Officers, Directors, Trus (A) Name and title		(B) Average hours per week (list any hours for related organizations	(C) Positi (do not check m box, unless pers			C) sition more than one erson is both an			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-Mis	n I	(F) Estimated amount of other compensation from the organization	1
		below dotted line)	trustee	il trustee		уее	mpensated					and related organizations	i
	BEN SCHULTE	2 00										-	_
	CTOR DEWAYNE KLOUDA	0 00 2 00		┢	-				0		0		0
	CTOR	0 00		l					0	_	0		0
(17)	DARRICK CHADIMA	2 00		Г		Π							
	CTOR	0 00		_	<u> </u>				0		이		0
	KATHY SWENKA			l	ļ				0		٥		0
	ECTOR DEANNE EDEN	0.00 2 00	-	┢─	╁	-			<u>.</u>		- 4		
	ECTOR	0 00	1						۰ ا		0		0
	CHAD MURPHY			Ī		Г							
DIRE	ECTOR	0 00		<u> </u>	L	$ldsymbol{ld}}}}}}$			0		0		0
(21)	ROB SLADEK	2 00							_				_
	ECTOR	0 00	 ^	 		-			0		의		0
.\													
(23)													
(24)													
(25)													
46	Cub total			<u> </u>	<u>_</u>	_		┕	0	<u> </u>	0		0
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A	•	• •	•		•	•	0		0		0
d			٠.					•	0		0		0
2	Total number of individuals (including but not li		sted a	abov		who	rece	vec	d more than \$100	0,000 of			
	reportable compensation from the organization				0							Yes	10
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				loye	ee, c	or higi	hes	t compensated			3	X
4	For any individual listed on line 1a, is the sum of				nn a	ınd (other	cor	moensation from	·		FAR BET D	
•	the organization and related organizations great											in the later	
	ındıvıdual	•			·		٠		•			4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y	•						-		vidual		5	X
Sec	tion B. Independent Contractors	es, complete st	<i>si i</i> eut	iie c	1 101	Suc	n pei	301				<u> </u>	^_
1	Complete this table for your five highest compecompensation from the organization. Report cover											ax	
	(A) Name and business add	ress							(B) Description of ser	rvices		(C)	
	Hante and business and							<u> </u>					0
													0
													0
													0
2	Total number of independent contractors (inclu	iding hut not limit	ted to	the	nse	liste	d abo) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) who received			2744 (<u>0</u> इंट्रेंड
_	more than \$100,000 of compensation from the	_					0		,		All Control	# 1 To 1	86.44 40.34

Page 9

Par	t VIII	Statement of Revenue Check if Schedule O contains			ne Bort VIII			
		Check ii Schedule O'Contains	a response to	any question in i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	. 1a	0		1	. ,	
ons, Giffs, Grants Similar Amounts	ь	Membership dues	. 1t			. ,		, .
ig g	c	Fundraising events	10					, * 1
Giffs, llar Ar	d	Related organizations	10		' ' ' ' '		17	
5. E	e	Government grants (contributions			3 .			, , ;
ions	f	All other contributions, gifts, gran	· —	<u> </u>	! ``, ⁻ 7		1 1 1	All 4 & C C
but	'	similar amounts not included abo	1		7, 14,	1. 1. 10 10		· · ·
Contributions, and Other Sim	g	Noncash contributions included in li			1		`	
ပို့ န	h	Total. Add lines 1a–1f			15,000			
	<u>'</u>	Town Nacimies Tall 1	··	Business Code	10,000	· ·	~ % (· · · · · · · · · · · · · · · · · ·	
ā	2a	MEMBERSHIP DUES		900099	167,600	167,600		
Program Service Revenue	b	COMMISSIONS		524298	0	7	0	
	c				0			
	ď				0			
E	e				0			
gra	f	All other program service revenue	e .		0			
g.	g	Total. Add lines 2a-2f.		•	167,600	31 41,350	3 (7)	% V V.
	3	Investment income (including divi	dends, interes	t, and				
		other similar amounts)		▶	5,310	5,310		
	4	Income from investment of tax-ex	empt bond pro	ceeds	0			
	5	Royalties .		>	29,846	29,846		
			(ı) Real	(II) Personal	4 4 A W. 3	只有1.44	经通知 化混合物	
	6a	Gross rents .	36,47	8				
	b	Less rental expenses .	53,39					L. Englis
	С	Rental income or (loss)	-16,91	5 0				
	d	Net rental income or (loss)		<u>, </u>	-16,915	-16,915	7	
	7a	Gross amount from sales of	(i) Secunties	(II) Other		Party Sc		ENTAIL N
		assets other than inventory		0				
	b	Less cost or other basis		_	The state of the s			r significan
		and sales expenses .		0				
	C	Gain or (loss)		0 0	ere de la		and with the	
	d	Net gain or (loss)			9,77,77,79,79			- سول د رام دوج
•		Construction from fundament						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	8a	Gross income from fundraising	•					
Š		events (not including \$ of contributions reported on line 1	0		株で数 2×1 数	Land Char		
æ		See Part IV, line 18						- 1
Other Revenue	b	Less direct expenses	. a b		\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			. 77 × 33 %
ŏ	C	Net income or (loss) from fundrais	_		1		<u></u>	
	1	Gross income from gaming activity					, ,	
	"-	See Part IV, line 19	a		, ,	1. 5 - 6 - 5 - 5 - 5	, s	, , , , , , , , , , , , , , , , , , ,
	ь	Less direct expenses .	b			2. 4.	1 29 3	
	c	Net income or (loss) from gaming		>	0	Secondary against C. V. 1999	-	, ,
	10a	, ,	,			2 ,/5	\$ 17 .	* 1 2
		returns and allowances	а	l 0				ļ.,,
	ь	Less. cost of goods sold .	b		1			
	С	Net income or (loss) from sales o	f inventory		0			
		Miscellaneous Revenue		Business Code		[
	11a	Expense Recovenes		900099	56,871	56,871		
	Ь				0			
	С				0			
	d	All other revenue	•		700	•		
	e	Total. Add lines 11a-11d	•	>	57,571		;	ļ
	12	Total revenue. See instructions		>	258,412	243,412	0	0

Part IX Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	I columns. All other o	rganizations must o	complete column (A)
	. Check if Schedule O contains a response to any				🗍
	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			3,5 6 17.9
2	Grants and other assistance to individuals in the				Late man yalanta ya
	United States. See Part IV, line 22	0		. • ` `	18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
3	Grants and other assistance to governments,			- 144	1 1 2 2 2 2 2 2
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	. 0		\$1.5°	13.100 13.50
4	Benefits paid to or for members	4,903			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	24,918			
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions) .	0			
9	Other employee benefits	85			
10	Payroll taxes	2,002			
11	Fees for services (non-employees)	1			
а	Management	4,190			
b	Legal	0			
C	Accounting	23,119			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	· · · · · · · · · · · · · · · · · · ·	\$3 X X .\$	
f	Investment management fees	0			·
g	Other (If line 11g amount exceeds 10% of line 25, column		!		
	(A) amount, list line 11g expenses on Schedule O)	0	<u> </u>		
12	Advertising and promotion	22,214			
13	Office expenses	20,246			
14	Information technology	0		ļ	
15	Royalties	0			
16	Occupancy	0		ļ	
17	Travel	355			· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,729			
20	Interest	0			
21	Payments to affiliates	87,990			
22	Depreciation, depletion, and amortization	2,695	0	0	0
23	Insurance	1,933			
24	Other expenses. Itemize expenses not covered			1. 24. (4. 3. 2. 4. 2.	10 TO 1 18
	above (List miscellaneous expenses in line 24e If	.,,		. s	-k ,
	line 24e amount exceeds 10% of line 25, column			, , , , , , , , , , , , , , , , , , , ,	183
_	(A) amount, list line 24e expenses on Schedule O)	5.040		<u> </u>	
a	SPOKESMAN, DUES & SUBSCRIPTIONS	5,840			
b	AG & COMMUNITY PROMOTION	4,650			
C	INCOME TAXES	0		 	
d	OTHER	15	·- ·-		
e 25	All other expenses	212 994			-
25 26	Total functional expenses. Add lines 1 through 24e	213,884	0	0	0
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs			1	1
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	randraiding denoted on the Control of the Control o	1	i	I .	t .

Form 990 (2012) IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU 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 379,174 2 2 Savings and temporary cash investments 352,877 3 3 Pledges and grants receivable, net 4 Accounts receivable, net . 9.779 4 9,360 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 7 Notes and loans receivable, net . 0 8,365 Inventories for sale or use 8 Prepaid expenses and deferred charges. 0 149 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 709,684 10b **b** Less. accumulated depreciation 339,737 10c 408,312 11 Investments—publicly traded securities 11 0 0 0 12 0 12 Investments-other securities. See Part IV, line 11 0 13 Investments-program-related See Part IV, line 11. ol 13 14 0 14 0 Intangible assets 15 Other assets. See Part IV, line 11 ol 15 0 16 728,690 16 779,063 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses . . ٥Ι 17 6,676 18 18 Grants payable 19 Deferred revenue 4,313 19 3,883 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 0 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 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 401 26 Total liabilities. Add lines 17 through 25 4.714 26 10,559 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 723,976 27 768,504 28 Temporanly restricted net assets. 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds.

31

32

33

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

Total net assets or fund balances.

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds.

768,504

779.063

31

32

33

723,976

728,690

Form 9	90 (2012) IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU	4	2-0688068	Page	e 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		258	,412
2	Total expenses (must equal Part IX, column (A), line 25)	2		213	,884
3.	Revenue less expenses Subtract line 2 from line 1	3		44	,528
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		723	,976
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		768	,504
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		3		7%
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_ '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	334
	Schedule O			3	Y. S
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		.3211	5.7 3.4	* *
	reviewed on a separate basis, consolidated basis, or both.				# 1.18 1.18 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Separate basis Consolidated basis Both consolidated and separate basis		ST.	5 168 A	
b	Were the organization's financial statements audited by an independent accountant? .		2b	X	الشاهد
•	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• •	5.37.2	2	الأحداث الم
	separate basis, consolidated basis, or both.				17.
	X Separate basis Consolidated basis Both consolidated and separate basis				*
				Portag Samijang	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		200	<u> </u>	iasa a
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	75. TH
	If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O				أعتشط
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				NI/A
	the Single Audit Act and OMB Circular A-133?		3a		N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1		NI/A
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	000	N/A
			Form	33U ((2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Employer identification number

	A FARM BUREAU FEDERATION D/B/A JOHN		42-0688068			
Par		or Advised Funds or Other Similar Fu	unds 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	nor advisors in writing that the assets held in	donor advised			
	funds are the organization's property, subject					
6	Did the organization inform all grantees, dono	ors, and donor advisors in writing that grant fo	unds 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 ben	efit?	Yes No			
Part	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held b					
•	Preservation of land for public use (e.g., recre		of an historically important land area			
	=		- · · · · · · · · · · · · · · · · · · ·			
	Protection of natural habitat	Preservation	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organizat	on 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation ease		. 2b			
C	Number of conservation easements on a cert		2c			
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	[]			
	historic structure listed in the National Registe		. 2d			
3	Number of conservation easements modified	, transferred, released, extinguished, or term	inated by the organization			
	during the tax year					
4	Number of states where property subject to c	•••				
5	Does the organization have a written policy re					
	violations, and enforcement of the conservation		Yes No			
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation e	asements during the year			
_						
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation easen	nents during the year			
_	\$					
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements of				
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization rep					
	balance sheet, and include, if applicable, the		ncial statements that describes			
Dav	the organization's accounting for conservation					
Part	Complete if the organization answered	ns of Art, Historical Treasures, or Other Si	milar Assets.			
1a	If the organization elected, as permitted under					
	works of art, historical treasures, or other sim	· · · · · · · · · · · · · · · · · · ·				
	of public service, provide, in Part XIII, the text					
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 a		_			
	following amounts required to be reported un-	•	ems [.]			
а	Revenues included in Form 990, Part VIII, line	e 1	▶ \$			
b	Assets included in Form 990, Part X		▶ \$			

Schedu	ile D (Form 990) 2012 IOWA FARM BUREA	U FEDERATION	D/B/A JO	HNSON (COUNTY FAR	M BU	REAU 42-068	8068	F	age 2
Part	III Organizations Maintaining C	Collections of A	Art, Histo	orical Tr	easures, or	Othe	er Similar Ass	ets (con	tinuec	1)
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).									
а	Public exhibition		d \square	Loan e	or exchange p	rogran	ns			
ß	Scholarly research		, H	Other		•				
	=	_	ـــا	Other	•					
C	Preservation for future generations			45 6		_:				
4	Provide a description of the organization' Part XIII							ose in		
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?									
Part	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.									
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part	XIII and complete	the follow	ving table	:					
	_					<u> </u>		Amount		
C	Beginning balance	•		•		10				
d	Additions during the year	•			• •	10				
e	Distributions during the year	•	•			11	_			0
f	Ending balance	•								
2a	Did the organization include an amount of					•	• •	Y€	s 📈	No
b	If "Yes," explain the arrangement in Part									
Part	V Endowment Funds. Complet	te if the organiza	ation ans	wered "	Yes" to Form	1 990,	Part IV, line 1	0		
		(a) Current year	(b) Pno	or year	(c) Two years I	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains,							ļ		
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities							-		
	and programs							_		
f	Administrative expenses									
g	End of year balance	0		0		<u> </u>		0		0
2	Provide the estimated percentage of the		balance (I	ine 1g, co	olumn (a)) held	d as:				
a	Board designated or quasi-endowment		<u>%</u> .							
b	Permanent endowment	<u></u>								
С	Temporarily restricted endowment	%	1/							
2-	The percentages in lines 2a, 2b, and 2c s	·			المسامس المسم المامطا		and for the			
3a	Are there endowment funds not in the po	ossession of the o	rganizatio	n that are	neid and adn	niniste	red for the		Yes	No
	organization by							3a(i)	162	IAO
	(i) unrelated organizations .(ii) related organizations						•	3a(ii)	-	
h	· ·	stions listed as rea	 uured on 9	Schodulo	D2	•	•	3b		
b 4	If "Yes" to 3a(II), are the related organiza Describe in Part XIII the intended uses or	· ·	•					20		
9 Dort							······			
rart	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value									
	Description of property	(a) Cost or ou			s (other)		depreciation	(a) b	ook value	•
1a	Land	,	0		47,825			········	4	7,825
b	Buildings		o	·	615,815		260,944			4,871
c	Leasehold improvements	·	0		0	-	0			0
d	Equipment		0		46,044	-	40,428			5,616
e	Other		0		0		0			0
Total	. Add lines 1a through 1e (Column (d) mu	ust equal Form 99	0, Part X,	column (B), line 10(c))	>		40	8,312

(8) (9) (10)155 (11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII .



Park XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net urrealized gains on investments 2 Donated services and use of facilities c Recovenes of prior year grants 2 C J J J J J J J J J J J J J J J J J J	Schedu	e D (Form 990) 2012 IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COL	YTNL	FARM BUREAU	42-0688068	Page 4
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Conade services and use of facilities c Recoveries of pror year grants d Other (Describe in Part XIII) a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 b Other (Describe in Part XIII) c Add lines 4a and 4b. c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) Total expenses and losses per audited financial statements. 1 267, 277 Amounts included on line 1 but not on Form 990, Part II, line 12.) Total expenses and losses per audited financial statements. 1 267, 277 Amounts included on line 1 but not on Form 990, Part II, line 25. a Donated services and use of facilities b Prory year adjustments. c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d of Other (Describe in Part XIII) e Add lines 2a through 2d of Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d of Other (Describe in Part XIII) e Add lines 2a through 2d of Other (Describe in Part XIII) e Add lines 2a through 2d of Other (Describe in Part XIII) e Add lines 2a through 2d of Other (Describe in Part XIII) e Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) of Total expenses not included on Form 990, Part VIII, line 7b of Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 18) Fart XIII 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 X, line 2; Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Camplete 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 X, line 2; Part X, lines 2d and 4b, and Part XII, lines 2d an	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
a Net unrealized gains on investments b Donated services and use of facilities C Recovenes of prior year grants C Recovenes not included on Form 990, Part VIII, line 7b C Reconciliation of Expenses prior year grants C Recovenes and use of facilities C Recover and use of facilities C Recov	1 Total revenue, gains, and other support per audited financial statements .					311,805
by Donated services and use of facilities c Recovenes of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses and lines 3 and 4b. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Pror year adjustments c Other losses. d Other (Describe in Part XIII) 2 Add lines 2a through 2d 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) 5 Catal lenes 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Catal lenes 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Catal lene 2e from line 1 5 Catal lenes 4a and 4b. 6 Catal lenes 4a and 4b. 7 Catal lenes 4a and 4b. 8 Catal lenes 4a and 4b. 9 Catal lenes 4a and 4b. 7 Catal lenes 4a and 4b. 8 Catal lenes 4a and 4b. 9 Catal lenes 4a and 4b. 9 Catal lenes 4a and 4b. 1 Catal lenes 4a and 4b. 1 Catal lenes 4a and 4b. 1 Catal lenes 4a and 4b. 2 Catal lenes 4a and 4b. 3 Catal lenes 4a and 4b. 4 Catal lenes 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Catal lenes 4a and 4b. 7 Catal lenes 4a and 4b. 8 Catal lenes 4a and 4b. 9 Catal lenes 4and 4b. 9 Catal lenes 4a and 4b. 9 Catal lenes 4a and 4b. 9 Catal	2	1				
c Recovenes of pnor year grants d Other (Describe in Part XIII)	а	Net unrealized gains on investments	2a		11	
d Other (Describe in Part XIII) . 2d 53,393	b .	Donated services and use of facilities	2b		0.7 1	
Add lines 2a through 2d 3a 3a 3a 3a 3a 3a 3a 3	С	Recoveries of prior year grants	2c], "', ']	
3 258.412 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 b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 258.412 Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited Financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Pnor year adjustments c Other (Describe in Part XIII) 2 Add lines 2a through 2d 2 Amounts included on Form 990, Part IX, line 25. a Donated services and use of facilities b Pnor year adjustments 2 Amounts included on Form 990, Part IX, line 25. a Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 18 b Other (Describe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 7b 4 Add lines 3a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII 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 X, line 4, Part X, line 2, Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses IV	d	Other (Describe in Part XIII)	2d	53,393	اختث	
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 \$ 258,412 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited Financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Pnor year adjustments c Other losses. d Other (Describe in Part XIII) c Add lines 2a through 2d 2	е	Add lines 2a through 2d		•	2e	53,393
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b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			1 350	
c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Z58,412 Part XII Supplemental Information Part XIII Supplemental Information Part XIII Supplemental Information Part XIII Supplemental Information Part XIII Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company determines that a tax position is more likely than not of being sustained. It recognizes the largest amount of the ansing benefit that is greater than 50% of being utter than 50	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
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Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b for total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 213,884 Part XIII 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 X, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XI Line 2d Rent/Building Exp	С			•	4c	0
1 Total expenses and losses per audited financial statements	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	258,412
2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2b Donated services and use of facilities 2c Donated Services and use of facilities 2c Donated Services 2c Dona	Part	XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses p	er Return	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b C Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b, Part XIII line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part XI Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained. It recognizes the largest amount of the arising benefit that is greater than 50% of being	1	Total expenses and losses per audited financial statements			1	267,277
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Other (Describe in Part XIII) c Add lines 4a and 4b C Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 8 Total expenses. Add lines 4 and 4b. 8 Total expenses. Add lines 4 and 4b. Also complete this part to provide any additional information. 9 Part XII Line 2d Rent/Building Expenses 9 Part XI	2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			4	
c Other losses .	а	Donated services and use of facilities	2a		1355	
d Other (Describe in Part XIII) 2d 53,393 e Add lines 2a through 2d 2e 53,393 3 Subtract line 2e from line 1 3 213,884 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 4a 4b b Other (Describe in Part XIII) 4b 4c 6 0 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16) 5 213,884 Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part X Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained. It recognizes the largest amount of the arising benefit that is greater than 50% of being	b	Prior year adjustments	2b		! \$\$5]	
a dod lines 2a through 2d subtract line 2e from line 1	С	Other losses	2c			
a dod lines 2a through 2d subtract line 2e from line 1	d	Other (Describe in Part XIII)	2d	53,393		
3 213,884 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. b Other (Describe in Part XIII) c Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 213,884 Part XIII 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, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part X Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits ansing from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained. it recognizes the largest amount of the arising benefit that is greater than 50% of being	е	Add lines 2a through 2d				53,393
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. b Other (Describe in Part XIII) c Add lines 4a and 4b. c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 213,884 Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part X Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained. It recognizes the largest amount of the arising benefit that is greater than 50% of being	3				3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4				1996	
b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 213,884 Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained. it recognizes the largest amount of the arising benefit that is greater than 50% of being	а		4a			
c Add lines 4a and 4b	b	· · · · · · · · · · · · · · · · · · ·				
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 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, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XI Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	С	· · · · · · · · · · · · · · · · · · ·			4c	0
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, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	5					213.884
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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	Part				<u> </u>	
Part 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 provide any additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being			III. line	es 1a and 4: Part IV	/. lines 1b and	
additional information. Part XI Line 2d Rent/Building Expenses Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being						,
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Part XII Line 2d Rent/Building Expenses Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being						
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Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	D	III O.I.D IID III				
evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	Рап XII Line 2d RenvBuilding Expenses					
based on the liklihood of being sustained upon examination by applicable tax authorities If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	Part X Line 2 In accordance with the Income Taxes Topic of the FASB ASC, the Company					
If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being	evaluates uncertain tax benefits arising from tax positions taken or expected to be taken					
ıt recognizes the largest amount of the arising benefit that is greater than 50% of being	based on the liklihood of being sustained upon examination by applicable tax authorities					
	If the Company determines that a tax position is more likely than not of being sustained,					
	it recognizes the largest amount of the arising benefit that is greater than 50% of being					

Schedule D (Form 990) 2012 IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU 6888068	Page 5
Part XIII Supplemental Information (continued)	
expected to be taken that do not pass the more likely than not test, the Company	
establishes reserves offsetting the benefits related to such positions. Interest and	
penalties if any, are included in the current period provision for income taxes in the	
Company's statements of activities and are included as a current liability in the	
statement of financial position Effective January 1, 2009, the company adopted	
"Accounting for Uncertainty in Income Taxes" under the Income Taxes Topic of the FASB ASC	
Under this topic, the Company recognizes any uncertain tax benefit if such benefits are a	
result of a tax position that is more likely than not sustainable upon examination by	
Federal and State tax authorities When an uncertain benefit is determined to be more	
likely than not sustained, the Company values the position, for financial purposes, of the	
largest amount of the tax benefit that is more than 50% likely of being realized upon	
resolution of the benefit. For any tax positions taken that do not meet the more likely	
than not criteria, the Company establishes a tax reserve for 100% of the position taken	
Adoption of "Accounting for Uncertainty in Income Taxes" did not have an impact on the	
Company's financial position. For the year ended December 31, 2012, no signifiacant	
amounts of unrecognized tax benefits existed nor does the Company anticipate any	
significant changes in unrecognized tax benefits to occur within the next twelve months,	-
other than normal tax settlements	-
	·
	

SCHEDULE O (Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

IOWA FARM BUREAU FEDERATION D/B/A JOHNSON COUNTY FARM BUREAU	42-0688068			
Form 990 Part III Line 4d The Company has many various programs that are aimed at providing				
information to members on current agricultural issues through news letters, meetings, etc				
4,145 members were benefitted in this manner during 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 benefits.				
Form 990 Part VI Section A Line 7a The organization's members elect the Board of Directors In				
order to hold an officer or director position within Farm Bureau, the member must be actively				
engaged in farming, which must be his/her primary interest.				
Form 990 Part VI Section A Line 7b Decisions of the governing body subject to approval by				
members include setting the annual membership dues and nominating voting delegates to the low	'a			
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 member	's			
of the governing body. Following final approval, the return is signed by an officer and				
submitted to the IRS.				
Form 990 Part VI Section B Line 12c On an annual basis, the organization requires the				
governing body and key employees to sign a conflicts of interest policy certification stating				
that they have received, read and agree to comply with provisions set forth in the				
organization's 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				