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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| A Fo | r the | 201 | 3 cal | endar year, or tax year beginning | 11-01-2013 , 2013, and end | ding 10 | -31-2014 | | | |
|--------------------------------|----------|--------|---------|--|--|------------|---------------|----------------------------|--|----------------------------|
| B Che | eck if a | applic | able | C Name of organization IOWA FARM BUREAU FEDERATION | | | | D Emplo | yer ide | entification number |
| ☐ Add | lress c | hang | e | | | | | 42-03 | 3184 | 0 |
| ∏ Naı | me cha | ange | | Doing Business As | | | | | | |
| Init | | | | Number and street (or P O box if m | ail is not delivered to street address) | Room/ | suite | E Telepho | one nun | mber |
| Ter | | | | 5400 UNIVERSITY AVENUE | | | | (515) | 225- | 5400 |
| ☐ Am | | | | City or town, state or province, coun WEST DES MOINES, IA 502665997 | try, and ZIP or foreign postal code | | | (/ | | |
| ☐ App | olicatio | n per | ndıng | , | | | | G Gross r | eceipts | \$ 103,815,958 |
| | | | | F Name and address of prin DENNY J PRESNALL | cıpal officer | | | s this a group | | |
| | | | | 5400 UNIVERSITY AVENU | | | S | ubordinates? | | Γ Yes Γ No |
| | | | | WEST DES MOINES, IA 50 | 2665997 | | | re all subordi | nates | ┌ Yes ┌ No |
| | x-exer | nnt s | tatus | 「 501(c)(3) | ncert no \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 527 | | ncluded? f "No " attach | a lict | (see instructions) |
| | | | | | 111sert 110) 4947(a)(1) 01 | 321 | \dashv | | | |
| | | | | WIOWAFARMBUREAU COM | | | H(c) | Group exempt | ion nu | ımber ► 0626 |
| | | | | Corporation Trust Association | Other 🕨 | | L Year | of formation 19 | 18 N | State of legal domicile IA |
| Pa | rt I | | | mary | | | | | | |
| | | | | escribe the organization's missio ANIZATION DEDICATED TO F | | | | | 0114 | ITIV OF LIFE |
| o) | | AN | ORG | ANIZATION DEDICATED TO F | ELPING FARM FAMILIES PR | COSPE | RANDIMP | KOVE INEIK | QUA | LIII OF LIFE |
| <u>နို</u> | | | | | | | | | | |
| 룓 | | | | | | | | | | |
| 產 | 2 | Che | ck th | is box দ if the organization dis | continued its operations or di | isposed | d of more th | an 25% of its | net a | ssets |
| Activities & Governance | | | | | | | | | | 1 |
| 25 | l | | | of voting members of the governi | | | | | 3 | 11 |
| ĕ | l | | | of independent voting members of | | | | | 4 | 0 |
| 톭 | l | | | mber of individuals employed in o | | | | | 6 | 62 |
| ď | l | | | mber of volunteers (estimate if no related business revenue from Pa | | | | | 7a | 4,519,540 |
| | | | | lated business taxable income fr | | | | | 7a 7b | 7,519,540 |
| | | 1100 | unic | Tated business taxable medile in | | • | | Prior Year | | Current Year |
| | 8 | С | ontri | butions and grants (Part VIII, lir | ne 1 h) | | - | 35, | 000 | 35,000 |
| ≗ | 9 | | | m service revenue (Part VIII, III | · | | | 9,236,646 | | 9,506,993 |
| Rayenue | 10 | | _ | ment income (Part VIII, column | | | | 93,085,733 | | 46,854,737 |
| 걆 | 11 | | | revenue (Part VIII, column (A), | | | | 8,048,294 | | 5,545,512 |
| | 12 | | | evenue—add lines 8 through 11 | • | | ne | | | |
| | 40 | | | | | | | 110,405, | | 61,942,242 |
| | 13 | | | and similar amounts paid (Part | | | | 2,353, | 0 | 2,494,415 |
| | 14 | | | ts paid to or for members (Part I es, other compensation, employe | | | | | - | 0 |
| \$ | 15 | | – 10) | | e benenits (Part 1X, Column (A | (), iiiles | ' | 7,883, | 844 | 7,782,253 |
| Expenses | 16a | Ρ | rofes | sional fundraising fees (Part IX, | column (A), line 11e) | | | 15, | 196 | 12,540 |
| ੜੀ | ь | To | otal fu | ndraısıng expenses (Part IX, column (D) | , line 25) ▶ <u>0</u> | | | | | |
| | 17 | 0 | ther | expenses (Part IX, column (A), l | nes 11a-11d, 11f-24e) . | | | 19,177, | 226 | 19,758,097 |
| | 18 | | | expenses Add lines 13-17 (mus | | | | 29,430, | 182 | 30,047,305 |
| | 19 | R | even | ue less expenses Subtract line : | 18 from line 12 | | | 80,975, | | 31,894,937 |
| Not Assets or Fund Balances | | | | | | | Begir | nning of Curre Year | nt | End of Year |
| Set | 20 | т | otala | assets (Part X, line 16) | | _ | | 1,041,931, | 807 | 1,139,797,741 |
| A B | 21 | | | iabilities (Part X, line 26) | | | ` <u></u> | 30,345, | | 30,363,347 |
| 2 2 2 2 | 22 | | | sets or fund balances Subtract | | · | | 1,011,586, | | 1,109,434,394 |
| Pai | t II | _ | | ature Block | | | | . , , | | |
| my kı | nowle | dge | and l | | | | | | | |
| Sign | | | Signa | ture of officer | | | | Date | | |
| Here | | | DENN | IY J PRESNALL EXECUTIVE DIRECTOR, S | ECRETARY/TREAS | | | | | |
| | | | | or print name and title | | | | | I | |
| | | | P S | rınt/Type preparer's name TEPHEN L KOEHN | Preparer's signature | | Date | Check if self-employed | PTIN P0008 | 39588 |
| Paid | | | - ⊢ | ırm's name | AND COMPANY PLLC | | | Firm's EIN 🟲 4 | | |
| Pre | • | | - | umple address In AEOO MESTOWN BASKS | VAN CLITTE 14C | | | Dhon /515 | .) 222 (| 2002 |
| Use | On | ılv | | ırm's address 🟲 4500 WESTOWN PARKV | MT SULIE 140 | | | Phone no (515 | 1) 223-(| JUUZ |

WEST DES MOINES, IA 502666717

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

✓ Yes ☐ No

| Par | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | .[v |
|-----|--|------------------------------------|
| 1 | Briefly describe the organization's mission | |
| ANG | RGANIZATION 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? | • |
| | If "Yes," describe these new services on Schedule O | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | D |
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ including grants of \$) (Revenue \$) | |
| | MARKETING AND COMMUNICATIONS - NEWS SERVICE ISSUES THE WEEKLY PUBLICATION, "IOWA FARM BUREAU SPOKESMAN," WHICH IS THE PRIMARY COMMUNICATIONS VEHICLE BETWEEN STATE AND COUNTY LEADERS AND FARMING MEMBERS PROVIDING REPORTS ON FARM BUREAU POLICY IMPLEMENT. AND REGULATORY ISSUES AS WELL AS STATE, NATIONAL AND INTERNATIONAL AGRICULTURE NEWS ALSO PUBLISHED IS A MONTHLY NEWSPAPER, "FAMILY DISTRIBUTED TO AG-SUPPORTING MEMBERS APPROXIMATELY 150,000 MEMBERS BENEFITED FROM BOTH PUBLICATIONS ADDITIONALLY, A WEEKLY ENEWSLETTER FOR MEMBER LEADERS, "THE DIRT", IS ALSO PUBLISHED BY NEWS SERVICES APPROXIMATELY 2,000 MEMBERS BENEFIT FROM THIS NEWSLE EACH WEEK THE TEAM ALSO PRODUCES A SEMI-ANNUAL CONSUMER E-NEWSLETTER, "THE IOWA DISH," THAT IS DISTRIBUTED TO 22,000 CONSUMERS CONTAINING FARM AND FOOD NEWS MARKETING FOCUSES ON MEMBER RETENTION AND ACQUISITION THROUGH VARIOUS MEDIUMS INCLUDING VIDEO, ADVERTISING, MULTI-MEDIA AND WEB MARKETING THE TEAM MARKETS FARM BUREAU BENEFITS, SERVICES AND PROGRAMS TO THE MEMBERSHIP AS WE THE GENERAL PUBLIC AND MANAGES THE ORGANIZATION'S BRAND PUBLIC RELATIONS STRATEGICALLY COMMUNICATES FARM BUREAU POLICY AND AGRICULTURAL ISSUES TO KEY ORGANIZATIONAL STAKEHOLDERS, INCLUDING MEMBERS, EMPLOYEES, ELECTED LEADERS, MEMBERS OF THE NEWS MEDIA THE GENERAL PUBLIC THE TEAM ALSO PRODUCES A WEEKLY TV COMMERCIAL, THE IOWA MINUTE, WHICH AIRS TO OVER TWO MILLION HOUSEHOLDS THIS COMMUNITY DEPARTMENT PROVIDES STRATEGIC OUTREACH THROUGH ONLINE (WEB-BASED) AND SOCIAL MEDIA PLATFORMS TO ENGAGE, DEVELOP, MAIN AND EXPAND RELEVANT AND IMPACTFUL DIALOGUES WITH KEY AUDIENCES OVER 153,000 MEMBERS BENEFITED FROM THESE PROGRAMS | LIVING," TTER LL AS AND ONLINE |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | FIELD SERVICE - WORK WITH 100 COUNTY FARM BUREAUS AND THEIR VOLUNTEER LEADERS AROUND THE STATE TO IMPLEMENT PROGRAMS AND POLICIE BENEFIT MEMBERS AND THE ORGANIZATION IN GENERAL THIS IS ACCOMPLISHED BY DEVELOPMENT AND DELIVERY OF TRAINING PROGRAMS FOR COUNTY BOARDS OF DIRECTORS AND THEIR EXECUTIVE BOARDS AS WELL AS KEY COUNTY COMMITTEE MEMBERS LIKE YOUNG FARMERS AND AG EDUCATION VOLUNTHESE PROGRAMS ENHANCE LEADERSHIP SKILLS AND STIMULATE DEVELOPMENT OF FUTURE LEADERS FOR FARM BUREAU, AGRICULTURE, AND RURAL ION TAKE ROOT PROGRAM HELPS MEMBERS ACROSS THE STATE WITH THEIR SUCCESSION AND TRANSITION CHALLENGES THE PROGRAM ALSO ASSISTS FARMERS YOUNG FARMERS TO BEGIN NEW FARM BUSINESSES, ASSISTS FARMERS AND YOUNG FARMERS TO IMPROVE THEIR EXISTING FARM AND BUSINESS MANAG SKILLS AND TO IMPROVE NET FARM INCOME | NTEERS /A THE ERS AND |
| | | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) GOVERNMENT RELATIONS - WORK WITH VOLUNTEER AGRICULTURAL LEADERS TO INFLUENCE PUBLIC POLICY DECISIONS AT THE COUNTY, STATE AND NAT LEVELS PROVIDES INFORMATION ABOUT ISSUES REFLECTING RURAL IOWANS OVER 153,000 MEMBERS BENEFITED | IONAL |
| | | |
| | (Code) (Expenses \$ including grants of \$) (Revenue \$) COMMODITY SERVICES - PROVIDES ECONOMIC AND POLICY RESEARCH ASSISTANCE FOR THE POLICY DEVELOPMENT AND IMPLEMENTATION WORK OF THE FARM BUREAU FEDERATION ASSISTS MEMBERS BY DEVELOPING INFORMATION AND EDUCATIONAL MATERIALS IN ADDITION, THE COMMODITY SERVICES OFFERS FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS AND SERVICES TO MEMBERS MORE THAN 90,000 MEMBERS FROM THE EDUCATIONAL AND INFORMATIONAL MATERIALS WHICH ARE PUBLISHED AND DISTRIBUTED THROUGH THE SPOKESMAN AND IOWAFARMBUREAU OVER 5,000 MEMBERS ARE DIRECTLY SERVED THROUGH PARTICIPATION IN THE FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS | GROUP BENEFIT |
| | (Color A) (European A) and also a Color A) (European A) | |
| | (Code) (Expenses \$ including grants of \$) (Revenue \$) OTHER PROGRAMS - COMMUNITY RESOURCES AND RENEW RURAL IOWA | |
| | | |
| 4d | Other program services (Describe in Schedule O) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 🕨 | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$ | 2 | Yes | |
| 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^{\bullet} | 3 | | No |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 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 | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2 | 8 | | No |
| 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^{\square} | 9 | | N o |
| 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 | | No |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| 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 | | No |
| | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νo |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i> | 16 | | No |
| 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 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 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 | | N o |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | N o |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or 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 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| 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 | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 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 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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 | Yes | |
| 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 | | No |
| 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 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| 311 | Check if Schedule O contains a response or note to any line in this Part V | | | _ |
|-----|---|----------|-----|----|
| | Check in Schedule O contains a response of note to any fine in this Part V | | Yes | No |
| 3 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 186 | | | |
|) | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | N |
| | | | | |
| | If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | שכ | | |
| | II 163, to line 3a of 3b, the the organization line Form 6000-17 | 5c | | |
| ı | 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 | | N |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | <u> </u> | | |
| | | [| 1 | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | بّ | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | • | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. |] | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | [| | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

| | | | | _ |
|---|---|---------------------------|---------------------------------|------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 11 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | О | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship will other officer, director, trustee, or key employee? | th any | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors or trustees, or key employees to a management company or other perso | 1 4 | Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 v | vas 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | . 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body? | one or 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stock or persons other than the governing body? | holders, 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following | g the | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If "Yes," provide the names and addresses in Schedule O | ed at the 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Inc | ternal Reve | nue Co | de.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | . 10a | Yes | |
| h | If "Yes," did the organization have written policies and procedures governing the activities of such chapte | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes | | Yes | |
| | | 3? 10h | + | |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of this Form 990 to all members of its governing body before the organization provided and other copy of the organization | ore filing | + | |
| 11a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body beform? | ore filing | Yes | |
| 11a b 12a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? | ore filing 11a 12a 1 give | Yes | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? | 100 pre filing | Yes Yes Yes | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or | 100 pore filing | Yes Yes Yes | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," on the Schedule O how this was done. | 100 pore filing | Yes Yes Yes Yes Yes | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? | 100 pre filing | Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes that the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body beform? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body beform? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or In Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements? | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b 16a b | Affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body befit the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements? List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5 | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b 16a b | Affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body befit the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements? Ection C. Disclosure | 100 ore filing | Yes Yes Yes Yes Yes Yes Yes Yes | |

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

interest policy, and financial statements available to the public during the tax year

►JAMES W GARDNER CFO 5400 UNIVERSITY AVE WEST DES MOINES,IA 50266 (515) 225-5400

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | from the organization and related organizations | |
| (1) CRAIG D HILL | 16 00 | х | | Х | | | | 0 | 420,950 | 44,932 | |
| PRESIDENT | 24 00 | | | | | | | | 120,550 | 11,332 | |
| (2) CARLTON KJOS | 18 00 | x | | | | | | 44,139 | 0 | O | |
| DISTRICT 1 DIRECTOR | 0 00 | L^_ | | | | | | 44,139 | | | |
| (3) CHARLIE NORRIS | 18 00 | | | | | | | 50,068 | 61 031 | | |
| DISTRICT 2 DIRECTOR | 0 00 | Х | | | | | | 50,068 | 61,821 | C | |
| (4) PHIL SUNDBLAD | 18 00 | V | | | | | | 40.760 | 22.400 | | |
| DISTRICT 3 DIRECTOR | 0 00 | Х | | | | | | 48,760 | 33,100 | C | |
| (5) DOUG GRONAU | 18 00 | | | | | | | | | | |
| DISTRICT 4 DIRECTOR | 0 00 | × | | | | | | 43,835 | 0 | C | |
| (6) MARK BUSKOHL | 18 00 | | | | | | | | | | |
| DISTRICT 5 DIRECTOR | 0 00 | Х | | | | | | 33,578 | 0 | С | |
| (7) NICK PODHAJSKY | 18 00 | | | | | | | | | | |
| | | х | | | | | | 35,815 | 0 | C | |
| DISTRICT 6 DIRECTOR (8) ANDREW HORA | 0 00 | | | | | | | | | | |
| | | х | | | | | | 40,014 | 0 | C | |
| DISTRICT 7 DIRECTOR (9) CALVIN ROZENBOOM | 0 00 | | | | \vdash | | | | | | |
| | 18 00 | × | | | | | | 45,871 | 0 | C | |
| DISTRICT 8 DIRECTOR | 0 00 | | | | | | | | | | |
| (10) JIM MCKNIGHT | 18 00 | × | | | | | | 44,124 | 0 | C | |
| DISTRICT 9 DIRECTOR | 0 00 | | | | | | | ,121 | | | |
| (11) JOE HEINRICH | 18 00 | × | | x | | | | 60,583 | 0 | C | |
| VICE PRESIDENT | 0 00 | L^_ | | | | | | 00,383 | | | |
| (12) DENNY J PRESNALL | 20 00 | | | | | | | | 414.100 | 220 724 | |
| EXECUTIVE DIRECTOR / SECRETARY-TREASURER | 30 00 | | | Х | | | | 0 | 414,196 | 228,724 | |
| (13) EDWARD G PARKER | 30 00 | | | | | | | | | | |
| GENERAL COUNSEL | 30 00 | | | Х | | | | 0 | 497,374 | 60,421 | |
| (14) JAMES GARDNER | 30 00 | | | | | | | | | | |
| CHIEF FINANCIAL OFFICER & CONTROLLER | 20 00 | | | Х | | | | 0 | 220,805 | 41,308 | |
| (15) DUANE JOHNSON | 40 00 | | | | | | | | | | |
| , | | | | | х | | | 161,416 | 0 | 111,127 | |
| DIRECTOR, FIELD SERVICE (16) CHAD BISHOP | 25 00 | | | | | | | | | | |
| | | | | | х | | | 0 | 157,961 | 14,123 | |
| DIRECTOR, INFORMATION RESOURCES (17) SARA PAYNE | 25 00 | | | | | | | | | | |
| | 40 00 | | | | х | | | 0 | 229,884 | 9,648 | |
| CHIEF MKTG & COMMUNICATIONS OFFICER | 0 00 | ı | | | ı | I | 1 | I | * | | |

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not bo: h ar | chec x, unle n offic rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensation from the | |
|---|---|-----------------------------------|-----------------------|------------|--------------------|--------------------------------------|-----------|---|--|------|---|---------|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099 MISC) |) - | organiz and re organiz | lated |
| (18) DAVID SENGPIEL | 40 00 | | | | | Х | | (| 224 | ,112 | | 133,666 |
| SENIOR INVESTMENT MANAGER (19) BARBARA LYKINS | 0 00 | | | | | | | | | | | |
| | 40 00 | | | | | x | | C | 148 | ,492 | | -18,156 |
| DIRECTOR, COMMUNITY RESOURCES (20) DAVID MILLER | 0 00 40 00 | | | | | | | | | | | |
| DIRECTOR, RESEARCH & COMMODITY SERV | 0 00 | | | | | х | | 201,507 | | 0 | | 132,886 |
| (21) DONALD PETERSEN | 40 00 | | | | | x | | 181,492 | | 0 | | -37,677 |
| DIRECTOR, GOVERNMENT RELATIONS | 0 00 | | | | | | | 101,432 | | | | 37,077 |
| (22) DANA ARDARY | 40 00 | | | | | x | | 119,379 | | 0 | | 15,898 |
| MANAGER, MARKETING (23) CRAIG LANG | 0 00 40 00 | | | | | | | | | | | |
| PRESIDENT | | | | | | | x | C | 489 | ,413 | | 1,901 |
| PRESIDENT | 0 00 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-Total | | | | | | + | | | | | | |
| c Total from continuation sheets to Part | VII, Section A | | | • | | | | | | | | |
| | | | | | | <u> </u> | | 1,110,581 | 2,898,10 | 8 | | 738,801 |
| Total number of individuals (including by \$100,000 of reportable compensation | | | | ed al | bove | e) who | rec | eived more than | | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former off on line 1a? If "Yes," complete Schedule. | | | | | | | | nhest compensate | ed employee | 3 | Yes | |
| 4 For any individual listed on line 1a, is to organization and related organizations individual | | | | | | | | | om the | 4 | Yes | |
| 5 Did any person listed on line 1a receiv | or accrile com | nensat | ion f | rom | anv | unrel | ated | f organization or i | ndividual for | | 162 | |
| services rendered to the organization? | | | | | | | | | | 5 | | No |
| | | | | | | | | | | | | |
| Section B. Independent Contract | | | | | | | | | | | | |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|--|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| ITA GROUP 4800 WESTOWN PARKWAY SUITE 300 WEST DES MOINES IA 50266 | TRAVEL SERVICES | 662,425 |
| STRATEGIC AMERICA 6600 WESTOWN PKWY STE 100 WEST DES MOINES IA 50266 | MARKETING & PR | 631,917 |
| TIMES CITIZEN COMMUNICATIONS PO BOX 670 IOWA FALLS IA 50126 | MGT & PRINTING SERV | 402,415 |
| DECISION INNOVATION SOLUTIONS LLC 3315 109TH ST STE B URBANDALE IA 50322 | ECON & RESEARCH SERVICE | 248,300 |
| BOW AND ARROW PRODUCTIONS 820 PRAIRIE ST ADEL IA 50003 | MKTG PRODUCTION SERVICE | 115,268 |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►7

| | | Check if Schedi | ule O contains a respo | nse or note to any ii | ne in this Part VIII | <u> </u> | <u> </u> | <u> </u> |
|---|--------|---|---|--------------------------|-----------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated cam | paigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership du | | | | | | |
| Gr. | С | Fundraising eve | ents 1c | | | | | |
| ifts, ar∆ | d | Related organiz | zations 1d | | | | | |
| s,e ≡ë | e | Government grants | s (contributions) 1e | | | | | |
| ion r Si | f | All other contribution | ons, gifts, grants, and 1f | 35,000 | | | | |
| ibut | g | sımılar amounts no Noncash contribution | or included above | | | | | |
| on tr | | 1a-1f \$ | - 1 - 16 | | 35,000 | | | |
| <u>ਹ #</u> | h | Total. Add lines | 5 1 d - 11 | | 33,000 | | | |
| nu e | 2a | PUBLICATION REV | ENUE | Business Code 511120 | 4,894,014 | 374,474 | 4,519,540 | |
| 94. 94. | ь | MEMBERSHIP DUES | | 813410 | 3,357,553 | 3,357,553 | | |
| Ce F | С | RECOVERY OF EXP | OTHER ENTITIES | 561000 | 933,330 | 933,330 | | |
| že. Ž | d | PROGRAM SERVIC | E TRIP RECOVERIES | 900099 | 220,082 | 220,082 | | |
| Program Service Revenue | e | EVENT REGISTRAT | | 900099 | 102,014 | 102,014 | | |
| i Do | f | All other progra | am service revenue | | | | | |
| | g | | s 2a-2f | | 9,506,993 | | | |
| | 3 | | ome (including dividen ar amounts) | | 38,195,318 | | | 38,195,318 |
| | 4 | | stment of tax-exempt bond | | 5,454,454 | | | 5,454,454 |
| | 5 | Royalties | (ı) Real | (II) Personal | 3,434,434 | | | 3,434,434 |
| | 6a | Gross rents | (1) | (11) | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | | from sales of assets other | 50,526,830 | | | | | |
| | ь | than inventory Less cost or | 41,867,411 | | | | | |
| | | other basis and sales expenses Gain or (loss) | 8,659,419 | | | | | |
| | d | | (SS) | | 8,659,419 | | | 8,659,419 |
| | 8a | Gross income f | rom fundraising | | | | | |
| Other Revenue | | events (not inc \$ | luding | | | | | |
| क > | | | reported on line 1c) | | | | | |
| ř. Œ | | | a | | | | | |
| ¥ | b | | penses b | | | | | |
| 0 | C | Net income or (| (loss) from fundraising | events 🛌 | | | | |
| | 9a | | rom gaming activities ne 19 | | | | | |
| | | 1 4 | a | | | | | |
| | b c | | penses b (loss) from gamıng actı | | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ١. | | a | 15,063 | | | | |
| | b c | | oods sold b (loss) from sales of inv | 6,305 entory . | 8,758 | 8,758 | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | OTHER REVEN | IUE | 900099 | 82,300 | 82,300 | | |
| | b | | | | | | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | | 🕨 | 82,300 | | | |
| | 12 | Total revenue. | See Instructions . | | 61,942,242 | 5,078,511 | 4,519,540 | 52,309,191 |
| | 1 | | | | 01,942,242 | 3,078,311 | 4,319,340 | JZ, 3U9, 191 |

| | , | |
|------------|---|--|
| Part IX | Statement of Functional Expenses | |
| Section 50 | 1(c)(3) and $501(c)(4)$ organizations must complete all columns | All other organizations must complete column (A) |

| Jecen | on 301(c)(3) and 301(c)(4) organizations must complete an columns An | other organizati | ons must comp | nete column (A) | |
|----------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in this | Part IX | | | <u></u> |
| | ot include amounts reported on lines 6b, o, 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 | 2,305,944 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 188,471 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 436,559 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 5,212,502 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 813,858 | | | |
| 9 | Other employee benefits | 910,589 | | | |
| 10 | Payroll taxes | 408,745 | | | |
| 11 | Fees for services (non-employees) | , | | | |
| а | Management | 851,356 | | | |
| b | Legal | 418,322 | | | _ |
| c | Accounting | 1,810,059 | | | |
| | Lobbying | 1,810,039 | | | |
| d | | 12.510 | | | |
| e | Professional fundraising services See Part IV, line 17 | 12,540 | | | |
| f | Investment management fees | 238,723 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,154,458 | | | |
| 12 | Advertising and promotion | 2,866,768 | | | |
| 13 | Office expenses | 307,824 | | | _ |
| 14 | Information technology | 1,579,598 | | | |
| 15 | Royalties | 1,413,494 | | | |
| 16 | | 507,351 | | | |
| 10 17 | Occupancy | · · · · · · | | | |
| | Payments of travel or entertainment expenses for any federal, | 800,852 | | | |
| 18 | state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,417,378 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 626,968 | | | |
| 22 | Depreciation, depletion, and amortization | 11,935 | | | |
| 23 | Insurance | 135,255 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PUBLICATIONS | 4,495,577 | | | |
| b | PROGRAM SERVICES | 93,069 | | | |
| С | DUES AND SUBSCRIPTIONS | 74,299 | | | |
| d | REPAIRS & MAINTENANCE | 31,142 | | | |
| e | All other expenses | -76,331 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 30,047,305 | | | _ |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| Part X | Balance Sheet |
|--------|----------------------|
| | Check if Schedule O |

| Par | LA | Check if Schedule O contains a response or note to any line in | this Part X | | | | | | |
|-----------------|----------|---|--|---------------------------------------|-------|-----------------------------|--|--|--|
| | | | | (A) Beginning of year | | (B) End of year | | | |
| | 1 | Cash-non-interest-bearing | | 833,752 | 1 | 1,139,311 | | | |
| | 2 | Savings and temporary cash investments | | 101,294,205 | 2 | 16,672,975 | | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | | | |
| | 4 | Accounts receivable, net | | 16,499,957 | 4 | 21,123,122 | | | |
| | 5 | key employees, and highest compensated employees Comple | oans and other receivables from current and former officers, directors, trustees, ey employees, and highest compensated employees. Complete Part II of chedule L | | | | | | |
| Assets | 6 | Loans and other receivables from other disqualified persons (a section $4958(f)(1)$), persons described in section $4958(c)(3)$ employers and sponsoring organizations of section $501(c)(9)$ employees' beneficiary organizations (see instructions) Comp. Schedule L |)(B), and contributing voluntary | | 5 | | | | |
| Š | _ | Nicker and leave accessible and | | 330,472 | 6 | 1,362,232 | | | |
| ⋖ | 7 | Notes and loans receivable, net | | | 7 | <u> </u> | | | |
| | 8 | Inventories for sale or use | | 69,132 | | 89,675 | | | |
| | 9 | Prepaid expenses and deferred charges | | 1,277,814 | 9 | 1,138,964 | | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 421,172 | | | | | | |
| | Ь | Less accumulated depreciation | 10b 403,268 | , , , , , , , , , , , , , , , , , , , | | 17,904 | | | |
| | 11 | Investments—publicly traded securities | | 110,562,567 | 11 | 224,738,125 | | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 791,826,690 | | 854,222,262 | | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | | | |
| | 14 | Intangible assets | | 19,008,556 | | 19,008,556 | | | |
| | 15 | Other assets See Part IV, line 11 | | 207,154 | + | 284,615 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | 1,041,931,807 | 16 | 1,139,797,741 | | | |
| | 17 | Accounts payable and accrued expenses | | 2,341,338 24,338,924 | | 2,967,068 | | | |
| | 18 | | · | | | | | | |
| | 19 | | | | | | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | | |
| S. | 21 | Escrow or custodial account liability Complete Part IV of Sch | | | 21 | | | | |
| Liabilities | 22 | Loans and other payables to current and former officers, direc key employees, highest compensated employees, and disqual | | | | | | | |
| 逗 | | persons Complete Part II of Schedule L | | | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parti- | es | | 23 | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | | | |
| | 25 | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete P | art X of Schedule | 1,652,529 | 25 | 1,180,449 | | | |
| | 26 | D | | 30,345,172 | 26 | 30,363,347 | | | |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ | | 50,545,172 | 20 | 30,300,047 | | | |
| φ | | lines 27 through 29, and lines 33 and 34. | y and complete | | | | | | |
| 皇 | 27 | Unrestricted net assets | | 1,011,586,635 | 27 | 1,109,434,394 | | | |
| <u> </u> | 28 | Temporarily restricted net assets | | | 28 | | | | |
| = | 29 | Permanently restricted net assets | | | 29 | | | | |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check | | | | | | | |
| <u> </u> | | complete lines 30 through 34. | , | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | |
| | | | | I | ا مما | | | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | | | |
| Assets | 31 32 | Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other | | | 31 | | | | |
| | | | funds | 1,011,586,635 | | 1,109,434,394 | | | |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|--|-----------|----|---------|---------|
| | , | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 61,9 | 942,242 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 30,0 | 047,305 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 894,937 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 586,635 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 952,822 |
| 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 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 1.109.4 | 434,394 |
| Par | rt XIII Financial Statements and Reporting | <u> </u> | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | ewed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | arate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of the | 2c | | No |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | ie | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

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DLN: 93493251001635

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

| | me of the organization VA FARM BUREAU FEDERATION | · | | Employer iden | tification number |
|-----|--|---|---|--|---|
| 101 | WITHIN BOILENO FEBERATION | | | 42-0331840 | |
| Par | t I-A Complete if the or | ganization is exempt unde | er section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect po | lıtıcal campaıgn act | ivities in Part IV | |
| 2 | Political expenditures | | | ▶ | \$ |
| 3 | Volunteer hours | | | | |
| Par | t I-B Complete if the or | ganization is exempt unde | er section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization | under section 4955 | > | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization mar | nagers under section | n 4955 🕨 | \$ |
| 3 | If the organization incurred a s | ection 4955 tax, did it file Form 4 | 720 for this year? | | ┌ Yes ┌ No |
| 4a | Was a correction made? | | | | ┌ Yes ┌ No |
| b | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the or | ganization is exempt unde | er section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for | section 527 exemp | ot function activities 🕨 | \$ |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to | other organizations | s for section 527 ▶ | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter he | re and on Form 112 | 0-POL, line 17b | \$ |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | ☐ Yes ☐ No |
| 5 | organization made payments lamount of political contribution | nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC) | the amount paid fro d directly delivered | om the filing organization's f to a separate political orga | funds Also enter the inization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
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| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|---|---------------------------|----------------------------------|-----------------------------|--|-------------------------------------|
| Pä | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Doub TV an | - h - 66:1: - h - d | | a adduses FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | iist in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | l" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| La | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influence a legisl | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | o) | | Γ | | |
| d | O ther exempt purpose expenditures | | | Γ | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | Γ | | |
| f | Lobbying nontaxable amount Enter the amount is columns | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ue 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | havè to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera ⊤ | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

| | - | ion under section 501(h)). | (8 | 1) | | (b) | |
|--|---|---|-----------|--------|-------|--------|-----|
| For e activ | | gh 11 below, provide in Part IV a detailed description of the lobbying | | | | Amoun | nt |
| 1 | legislation, including any attempt to infl through the use of | on attempt to influence foreign, national, state or local uence public opinion on a legislative matter or referendum, | | | | | |
| a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | | | | |
| d | Mailings to members, legislators, or the | public? | | | | | |
| e | Publications, or published or broadcast | · | | | | | |
| f | Grants to other organizations for lobbyi | <u> </u> | | | + | | |
| g | | iffs, government officials, or a legislative body? | | | | | |
| h | | ventions, speeches, lectures, or any similar means? | | | | | |
| i | O ther activities? | | | | | | |
| j | Total Add lines 1c through 1: | | | | | | |
| 2a | Did the activities in line 1 cause the org | ganization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax ın | curred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax in | curred by organization managers under section 4912 | _ | | | | |
| | | ion 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | <u> </u> | zation is exempt under section 501(c)(4), section 5 | 501(c) |)(5), | or se | ectio | n |
| | 501(c)(6). | | | | | Yes | No |
| 1 | Were substantially all (90% or more) di | ues received nondeductible by members? | | ſ | 1 | Yes | |
| 2 | | e lobbying expenditures of \$2,000 or less? | | Ī | 2 | | No |
| 3 | Did the organization agree to carry over | lobbying and political expenditures from the prior year? | | Ī | 3 | | No |
| Par | | zation is exempt under section 501(c)(4), section 5 (a) BOTH Part III-A, lines 1 and 2, are answered " ss." | | | | | |
| 1 | Dues, assessments and similar amount | | 1 | | | | |
| 2 | expenses for which the section 527(f) | and political expenditures (do not include amounts of political tax was paid). | 20 | | | | |
| a | Current year | | 2a | | | | |
| b | Carryover from last year Total | | 2b 2c | | | | |
| 3 | | 033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 4 | | line 2c exceeds the amount on line 3, what portion of the excess | | | | | |
| • | | r to the reasonable estimate of nondeductible lobbying and | | | | | |
| | political expenditure next year? | | 4 | | | | |
| 5 | Taxable amount of lobbying and politica | | 5 | | | | |
| | art IV Supplemental Informa | | | | | | |
| | ovide the descriptions required for Part I- rt II-B, line 1 Also, complete this part for | A , line 1 , Part l-B , line 4 , Part l-C , line 5 , Part II-A (affiliated grou any additional information | ıp lıst), | Part I | I-A,I | ine 2, | and |
| | Return Reference | Explanation | | | | | |
| PAR | | OF DUES CAME FROM PERSONS, FAMILIES, OR ENTITIES WHO OF \$108 OR LESS IN 2013 SEE REV PROC 2012-41 | O EAC | H PAI | INA C | NUAL | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3 | i age -i | |
|--|-----------------------|--|
| Part IV Supplemental Information | on <i>(continued)</i> | |
| Return Reference | Explanation | |
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Schedule D (Form 990) 2013

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DLN: 93493251001635

OMB No 1545-0047

SCHEDULE D Supplemental Financial Statements

(Form 990)

Department of the Treasury

► 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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| Name | e of the organization FARM BUREAU FEDERATION | | | loyer identifica | tion number | |
|-----------|--|---|-----------------------|------------------------|---------------------|-----------|
| Part | Organizations Maintaining Donor Advorganization answered "Yes" to Form 990, | | | 0331840 or Accounts | . Complete | e if the |
| | organization answered Tes to Form 550, | (a) Donor advised funds | | (b) Funds and | other accour | nts |
| Т | otal number at end of year | (| | (-, | | |
| | Aggregate contributions to (during year) | | | | | |
| | Aggregate grants from (during year) | | | | | |
| | Aggregate value at end of year | | | | | |
| ı | Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org | | nor advı | ısed | ☐ Yes | |
| l | Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit? | onor advisors in writing that grant fund | | | ┌ Yes | □ No |
| | Conservation Easements. Complete if | the organization answered "Yes" | to Forn | n 990 Part I\ | | , |
| | Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a | anization (check all that apply) or education) | n histori certifie | ically important | t land area ture | |
| | easement on the last day of the tax year | 4 | | | | |
| | | | | Held at the | End of the | Year |
| - | Total number of conservation easements | | 2a | | | |
| - | Total acreage restricted by conservation easements | | 2b | | | |
| ı | Number of conservation easements on a certified histo | rıc structure ıncluded ın (a) | 2c | | | |
| | Number of conservation easements included in (c) acquinstoric structure listed in the National Register | uired after 8/17/06, and not on a | 2d | | | |
| | Number of conservation easements modified, transferre the tax year ► | ed, released, extinguished, or terminat | ed by th | ne organization | during | |
| ı | Number of states where property subject to conservation | on easement is located ► | | | | |
| | Does the organization have a written policy regarding the enforcement of the conservation easements it holds? | he periodic monitoring, inspection, hai | ndling of | violations, and | │ ├ Yes | ┌ No |
| : | Staff and volunteer hours devoted to monitoring, inspec | cting, and enforcing conservation ease | ments d | during the year | | |
| | ——— A mount of expenses incurred in monitoring, inspecting, ►\$ | , and enforcing conservation easemen | ts durınç | g the year | | |
| I | Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(II)? |) above satisfy the requirements of se | ction 17 | 70(h)(4)(B)(ı) | ┌ Yes | ┌ No |
| ŀ | In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemei | e footnote to the organization's financia | | | | |
| rt | Organizations Maintaining Collections Complete if the organization answered "Ye | | or Otl | her Similar | Assets. | |
| ١ | If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to | ts held for public exhibition, education | , or rese | arch in furthera | | _ <u></u> |
| ١ | If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide the following amounts relating to these | ts held for public exhibition, education | | | | с |
| (| (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| (| (ii) Assets included in Form 990, Part X | | | | | |
|] | If the organization received or held works of art, historical following amounts required to be reported under SFAS | | | | | |
| ı | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | Accets included in Form 990 Part V | | | L ¢ | | |

| Part | TITLE Organizations Maintaining Co | <u>llections of Art,</u> | , His | <u>torı</u> | <u>cal T</u> | <u>reasur</u> | es, or O | ther | Similar As | sets (| continued) |
|------|---|--------------------------|---------|-------------|--------------|----------------------|--------------------------|---------------|--------------------------------|----------------------|--|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other record | ds, ch | eck | any of | the follo | wing that a | are a | sıgnıfıcant use | of its | |
| а | Public exhibition | | d | Γ | Loan | or exch | ange progi | ams | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and explai | n hov | v the | y furth | er the or | rganızatıon | ı's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | o be maintained as | part o | f the | organ | ızatıon's | collection | ۱۶ | | ┌ Yes | ┌ No |
| Par | Part IV, line 9, or reported an an | | | | | | answere | d "Ye | es" to Form 9 | } 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | dıary | for c | ontrıb | utions o | r other ass | ets n | ot | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follow | ving t | able | | _ | | | | |
| | | | | | | | | | An | nount | |
| С | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | | 1e | | | |
| f | Ending balance | | | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | | ☐ Yes | ☐ No |
| ь | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | anatı | on has | been pr | ovided in f | art X | (III | | <u> </u> |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| 4_ | Danimum of warmhalanaa | (a)Current year | (b) | Prior | year | b (c) Tw | o years back | (d) ⊺ | hree years back | (e)Four | years back |
| 1a | Beginning of year balance | | | | | | | + | | | |
| b | Contributions | | | | | | | + | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | | | + | | | |
| Т | Administrative expenses | | | | | | | + | | | |
| g | End of year balance | | | | | <u> </u> | | <u> </u> | | | |
| 2 | Provide the estimated percentage of the curi | ent year end balanc | e (lın | e 1g | colun | nn (a)) h | eld as | | | | |
| а | Board designated or quasi-endowment ► | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | |
| C | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show | uld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posses organization by | ssion of the organiza | ition t | that | are hel | d and ac | dministere | d for t | the | Yes | s No |
| | (i) unrelated organizations | | | | | | | | 3a | | 140 |
| | (ii) related organizations | | | | | | | | 3a(| | |
| b | If "Yes" to 3a(II), are the related organizatio | | | | | | | | 31 | ь | |
| 4 | Describe in Part XIII the intended uses of th | = | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1 | | he oi | rgan | ızatıo | n answ | ered 'Yes | ' to I | Form 990, Pa | art IV, | line |
| | Description of property | | | | | or other estment) | (b)Cost or basis (oth | | (c) Accumulate depreciation | | Book value |
| | Land | | | + | | | | | | + | |
| | Buildings | | | | | | | | | - | |
| | Leasehold improvements | | • | \vdash | | | | | | + | |
| | Equipment | | | | | | 42 | 1,172 | 403, | 268 | 17,904 |
| | • • | | | | | | ,,, | _, | 103, | | 2.,501 |
| | | | | mn (| B), line | 10(c).) | | | ► | \dashv | 17,904 |
| | Other | | | mn (| B), line | 10(c).) | | • 1 | - Schedule [|) (Form | |

| Part VII Investments—Other Securities. Con See Form 990, Part X, line 12. | nplete if the organization a | nswered 'Yes' to Form 990, Part IV, line 11b. |
|--|------------------------------|---|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives (2)Closely-held equity interests | | |
| (3)Other | | |
| (A) FBL FINANCIAL GROUP CLASS A | 731,815,823 | F |
| (B) TRUST PREFERRED SECURITITES | 79,462,981 | С |
| (C) PARTNERSHIP INTERESTS | 5,205,649 | С |
| | | |
| (D) CLOSELY HELD EQUITY INTEREST | 37,737,809 | C |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ 854,222,262 | |
| Part VIII Investments—Program Related. Co | mplete if the organization | answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation |
| (a) Description of investment | (5) Book turus | Cost or end-of-year market value |
| | | |
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| | | |
| Tabel (Calume (h) must agual Farra 000, Part V, cal (P) line 12.) | > | |
| Total (Column (2) must equal term 350, tare ty cor (2) mic 15) | | Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Descri | | (b) Book value |
| | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | | |
| Part X Other Liabilities. Complete if the orga | | |
| Form 990, Part X, line 25. | (In) Produce live | |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes ACCRUED PENSION COSTS | 1,180,449 | |
| ACCROED FENSION COSTS | 1,180,449 | |
| | | |
| | | |
| | | |
| | + | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 1,180,449 | |
| 2 Liphility for uncertain tay necitions In Part VIII provide | | organization's financial statements that |

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 4B - OTHER

| Pa | | evenue per Audited Financial State ered 'Yes' to Form 990, Part IV, line 1 | | nts W | ith Re | evenue p | er R | Return Complete If |
|-----|---|--|--|---|---|--|--|--|
| 1 | | support per audited financial statements | | | | | 1 | 60,498,748 |
| 2 | Amounts included on line 1 but | not on Form 990, Part VIII, line 12 | | | | | | |
| а | Net unrealized gains on investr | nents | 2a | | | | | |
| b | Donated services and use of fa | cilities | 2b | | | | | |
| С | Recoveries of prior year grants | | 2c | | | | | |
| d | Other (Describe in Part XIII) | | 2d | | | | | |
| e | Add lines 2a through 2d . | | | | | | 2e | 0 |
| 3 | Subtract line $\mathbf{2e}$ from line 1 . | | | | | | 3 | 60,498,748 |
| 4 | Amounts included on Form 990 | , Part VIII, line 12, but not on line 1 | | | | | | |
| а | Investment expenses not inclu | ded on Form 990, Part VIII, line 7b . | 4a | | | | | |
| b | Other (Describe in Part XIII) | | 4b | | 1 | ,443,494 | | |
| С | Add lines 4a and 4b | | | | | | 4c | 1,443,494 |
| 5 | Total revenue Add lines 3 and | 4c. (This must equal Form 990, Part I, line | 12) | | | | 5 | 61,942,242 |
| Par | | penses per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line | | | With E | xpenses | per | Return. Complete |
| 1 | Total expenses and losses per | audited financial statements | | | | | 1 | 28,603,811 |
| 2 | Amounts included on line 1 but | not on Form 990, Part IX, line 25 | | | | | | |
| а | Donated services and use of fac | cilities | 2a | | | | | |
| b | Prior year adjustments | | 2b | | | | | |
| c | Otherlosses | | 2c | | | | | |
| d | Other (Describe in Part XIII) | | 2d | | | | | |
| е | Add lines 2a through 2d | | | | | | 2e | 0 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | | | 3 | 28,603,811 |
| 4 | Amounts included on Form 990 | , Part IX, line 25, but not on line 1: | | | | | | |
| а | Investment expenses not inclu | ded on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII) | | 4b | | 1 | .,443,494 | | |
| С | Add lines 4a and 4b | | | | | | 4c | 1,443,494 |
| 5 | Total expenses Add lines 3 and | d 4c. (This must equal Form 990, Part I, line | e 18) | | | | 5 | 30,047,305 |
| Par | t XIII Supplemental Info | ormation | | | | | | |
| Par | | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and | | | | | | de any additional |
| | Return Reference | Explanation | | | | | | |
| PAR | X, LINE 2 | ON NOVEMBER 1, 2009 THE ORGANIZA UNCERTAIN TAX POSITIONS, WHICH R UNCERTAIN TAX POSITIONS TAKEN OF REQUIRE RECOGNITION OF A LIABILIT 31, 2014 AND 2013, THE ORGANIZATION RECOGNITION IN THE FINANCIAL STASUBJECT TO FEDERAL AND STATE INCO | EQUII R EXPI Y REL DN HA TEME DME T | RES EN ECTED .ATED D NO NTS T | VALUA TO BE TO TH UNCEF HE OR | TION OF TAKEN I OSE TAX RTAIN TA GANIZAT | THE I N A T POSI X POS ION I | MPACT OF AX RETURN AND MAY TIONS AT OCTOBER SITIONS REQUIRING IS NO LONGER |
| | | YEARS ENDING BEFORE OCTOBER 31, 2 | | | | | | |
| PAR | XI, LINE 4B - OTHER | OTHER INCOME NETTED WITH EXPENS | E 30,0 | 00 R | OYALT | Y PAYMEN | NTS T | O COUNTY FARM |

BUREAUS, NETTED WITH ROYALTY INC IN AUDIT 1,413,494

1,413,494 OTHER INCOME NETTED WITH EXPENSE 30,000

ROYALTY PAYMENTS TO COUNTY FARM BUREAUS, NETTED WITH ROYALTY INC IN AUDIT

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
| | | |
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Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493251001635

2013

OMB No 1545-0047

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

| | Complet | te if the organization | answered "Yes," to Form | 1 990. Part IV. line 21 or | 22. | | |
|---|--|--|---|---|---|--|-------------------------------------|
| Department of the Treasury | | | Attach to Form 990 | ,, | | O | oen to Public |
| Internal Revenue Service | ► Information | n about Schedule I (Fo | orm 990) and its instruct | ions is at <u>www.i<i>rs.go</i>v/</u> | form 990. | | Inspection |
| Name of the organization | | | | | | Employer identification | on number |
| IOWA FARM BUREAU FEDERATIOI | N | | | | | 42-0331840 | |
| Part I General Informati | on on Grants and | Assistance | | | | | |
| Does the organization maintain the selection criteria used to a Describe in Part IV the organization | ward the grants or as: zation's procedures fo | r monitoring the use o | f grant funds in the Unite | ed States | | | √ Yes |
| | | | rganizations in the more than \$5,000. Pa | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gra or assistance |
| See Addıtıonal Data Table | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 5 | | <u> </u> | ted in the line 1 table . | | | • | 14 |

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

100

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance | | | | |
|---|----------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|--|--|--|--|
| (1) A GRICULTURAL SCHOLARSHIPS | 163 | 163,052 | | | | | | | |
| (2) TEACHER SUPPLEMENTAL GRANT | S 120 | 25,419 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | | |
| | anation | | | | | | | | |

| Part IV Supplemental I | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | | | | |
| PART I, LINE 2 | GRANT REQUESTS ARE ACCEPTED FROM NON-PROFIT ORGANIZATIONS THAT ARE ALIGNED WITH THE MISSION AND GOALS OF THE IOWA FARM BUREAU FEDERATION (IFBF) DISBURSEMENT OF FUNDS IS PERMITTED WITHIN THE ANNUAL GRANT BUDGET AS APPROVED BY THE IFBF BOARD OF DIRECTORS AFTER RECEIPT OF W-9 IFBF REQUIRES WRITTEN DOCUMENTATION OF THE GRANT REQUEST WHICH MUST INCLUDE THE ORGANIZATION'S CONTACT INFORMATION INCLUDING KEY STAFF AND/OR VOLUNTEER CONTACT, NON-PROFIT STATUS AND A DETAILED INTENT FOR USE OF GRANT DOLLARS MONITORING OF AWARDED GRANTS MAY INCLUDE ONE OR MORE OF THE FOLLOWING A SITE VISIT TO GRANT RECIPIENT, PHONE CONTACT, FILE NOTES OR AN ANNUAL WRAP UP REPORT AT THE END OF THE GRANTING PERIOD DISBURSEMENTS OF PLEDGE PAYMENTS ARE BASED UPON THE ACCURACY AND PROMPTNESS OF PROGRESS REPORTS | | | | | | | | | | |

Additional Data

Software ID:

Software Version:

EIN: 42-0331840

Name: IOWA FARM BUREAU FEDERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---------------------------------------|--------------------------------------|---|--|--|---------------------------------------|
| IOWA 4-H FOUNDATION 214 E BARTLETT HALL UNI CEDAR FALLS,IA 50614 | 42-6061606 | 501(C)(3) | 15,000 | | | | PARTNERSHIP CONTRIBUTIONS |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FFA FOUNDATION 1055 SW PRAIRIE TRAIL PKWY ANKENY,IA 50021 | 42-1305468 | 501(C)(3) | 72,600 | 200,000 | воок | | PARTNERSHIP CONTRIBUTIONS, 5 YEAR PLEDGE | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA GIRLS HIGH SCHOOL ATHLETIC UNION PO BOX 10348 2900 GRAND AVENUE DES MOINES,IA 50306 | 42-0650134 | 501(C)(3) | 100,000 | | | | PLEDGE - 2 PAYMENTS OF \$50,000 EACH YEAR | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA HIGH SCHOOL ATHLETICS ASSOCIATION PO BOX 10 BOONE,IA 50036 | 20-8062466 | 501(C)(3) | 128,850 | 43,650 | воок | | PLEDGE - CORPORATE PARTNER AGREEMENT, PLEDGE - IOWA HALL OF PRIDE | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA STATE FAIR BLUE RIBBON FOUNDATION PO BOX 57130 DES MOINES,IA 50317 | 42-1376689 | 501(C)(3) | 7,500 | | | | CORN DOG KICKOFF - GRAND CHAMPION SPONSOR | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|------------|---------------------------------------|--------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA STATE UNIVERSITY FOUNDATION 2505 ELWOOD DR AMES,IA 50010 | 42-1143702 | 501(C)(3) | 150,000 | | | | AG PROGRAM - ANIMAL WELL-BEING & ENTREPRENEURSHIP | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| PROGRESSIVE AGRICULTURE FOUNDATION PO BOX 2970 DENVER,CO 80201 | 63-1166618 | 501(C)(3) | 15,000 | | | | SPONSOR PROGRESSIVE AG SAFETY DAY CAMPS | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 14 1ST AVE NE BOX 129 WAUKON,IA 52172 | 42-0680735 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 517 BROOKLYN,IA 52211 | 23-7425261 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| IOWA FARM BUREAU FEDERATION 1105 W 9TH ST VINTON,IA 52349 | 42-0137360 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| IOWA FARM BUREAU FEDERATION 3315 W 4TH ST WATERLOO,IA 50701 | 42-0142423 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | |

| Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| IOWA FARM BUREAU FEDERATION PO BOX 775 INDEPENDENCE,IA 50644 | 42-0158725 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 23024 HIGHWAY 149 SIGOURNEY,IA 52591 | 42-0168070 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 204 N 7TH ST DENISON,IA 51442 | 42-0200725 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 421 1ST AVE N ESTHERVILLE,IA 51334 | 42-0234716 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 65 STATE STREET GARNER,IA 50438 | 42-0293100 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 102 S OLIVE ST MAQUOKETA,IA 52060 | 42-0338220 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 168 ANAMOSA,IA 52205 | 42-0347375 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1323 BOYSON RD HIAWATHA,IA 52233 | 42-0381665 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 920 9TH ST ONAWA,IA 51040 | 42-0421745 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 203 CENTRAL AVE SE ORANGE CITY,IA 51041 | 42-0527883 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 126 E BROADWAY STE 1 COUNCIL BLUFFS,IA 51503 | 42-0593575 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 202 N MARKET ST AUDUBON,IA 50025 | 42-0680700 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 607 POLLOCK BLVD BEDFORD,IA 50833 | 42-0680701 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1520 S STORY ST BOONE,IA 50036 | 42-0680702 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 408 W 8TH ST CARROLL,IA 51401 | 42-0680704 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 1024 N 18TH ST CENTERVILLE,IA 52544 | 42-0680706 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 811 S 4TH ST CHARITON,IA 50049 | 42-0680707 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1102 GILBERT ST CHARLES CITY,IA 50616 | 42-0680708 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 115 W WASHINGTON ST CLARINDA,IA 51632 | 42-0680709 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 347 CLARION,IA 50525 | 42-0680710 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 212 S FRANKLIN CORYDON,IA 50060 | 42-0680711 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 300 SE DELAWARE AVE ANKENY,IA 50021 | 42-0680712 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 2333 JOHN F KENNEDY RD DUBUQUE,IA 52002 | 42-0680713 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 205 E IOWA ST GREENFIELD,IA 50849 | 42-0680714 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 602 8TH ST 1 GRUNDY CENTER,IA 50638 | 42-0680715 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 203 N 4TH ST GUTHRIE CENTER,IA 50115 | 42-0680716 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| IOWA FARM BUREAU FEDERATION 1323 OLIVE AVE HAMPTON,IA 50441 | 42-0680717 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 40 KEOSAUQUA,IA 52565 | 42-0680718 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 127 KNOXVILLE,IA 50138 | 42-0680719 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 115 N 3RD AVE LOGAN,IA 51546 | 42-0680720 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|--------|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 3205 S 6TH ST MARSHALLTOWN,IA 50158 | 42-0680721 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 205 W S ST MOUNT AYR,IA 50854 | 42-0680722 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 268 NEVADA,IA 50201 | 42-0680723 | 501(C)(5) | | 12,397 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 407 S HIGHWAY ST OAKLAND,IA 51560 | 42-0680724 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 2215 N MAIN ST OSCEOLA,IA 50213 | 42-0680725 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 1701 3RD AVE E STE 3 OSKALOOSA,IA 52577 | 42-0680726 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 322 E 4TH ST OTTUMWA,IA 52501 | 42-0680727 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 158 POCAHONTAS,IA 50574 | 42-0680728 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 340 2ND ST SE PRIMGHAR,IA 51245 | 42-0680729 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 710 2ND AVE ROCK RAPIDS,IA 51246 | 42-0680730 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 327 9TH ST SIBLEY,IA 51249 | 42-0680731 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 250 SIDNEY,IA 51652 | 42-0680732 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 427 HIGHWAYS 1 92 WASHINGTON,IA 52353 | 42-0680734 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 615 WAVERLY,IA 50677 | 42-0680736 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 260 WILLIAMSBURG,IA 52361 | 42-0680737 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 115 W COURT WINTERSET,IA 50273 | 42-0680738 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 406 7TH ST CORNING,IA 50841 | 42-0681032 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION PO BOX 220 DONNELLSON,IA 52625 | 42-0681033 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1317 14TH AVE ELDORA,IA 50627 | 42-0681034 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 24542 HWY 13 ELKADER,IA 52043 | 42-0681035 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 367 HUMBOLDT,IA 50548 | 42-0681036 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 200 W 2ND AVE INDIANOLA,IA 50125 | 42-0681037 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 201 E HARRISON ST JEFFERSON,IA 50129 | 42-0681038 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|------------|---------------------------------------|------------------------------|---|---|--|-------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 28 2ND AVE SW LE MARS,IA 51031 | 42-0681039 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 766 NEWTON,IA 50208 | 42-0681040 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COCOUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 846 HIGH STREET ROCKWELL CITY,IA 50579 | 42-0681041 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 115 N MAIN TOLEDO,IA 52342 | 42-0681042 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 712 S WEST STREET SUITE 2 BLOOMFIELD,IA 52537 | 42-0681110 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 422 N MAIN ALLISON,IA 50602 | 42-0681385 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 813 FAIRFIELD,IA 52556 | 42-0681390 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 217 S 25 ST STE C-12 FORT DODGE,IA 50501 | 42-0681391 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 118 N MAIN ST LEON,IA 50144 | 42-0681393 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX A SPIRIT LAKE,IA 51360 | 42-0681397 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|--------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 218 ADEL,IA 50003 | 42-0684990 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|--------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 119 WASHINGTON AVE E ALBIA,IA 52531 | 42-0684991 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 418 HIGHWAY 18 W ALGONA,IA 50511 | 42-0684992 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 209 CENTENNIAL DR STE B CHEROKEE,IA 51012 | 42-0684994 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1721 E LECLAIRE RD ELDRIDGE,IA 52748 | 42-0684995 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 214 WINNEBAGO ST DECORAH,IA 52101 | 42-0684996 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 514 8TH ST DEWITT,IA 52742 | 42-0684997 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 2904 MAIN ST EMMETSBURG,IA 50536 | 42-0684998 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 100 FAYETTE,IA 52142 | 42-0684999 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 908 6TH ST HARLAN,IA 51537 | 42-0685000 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 409 2ND ST IDA GROVE,IA 51445 | 42-0685001 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 107 W 4TH ST MALVERN,IA 51551 | 42-0685002 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 115 E DELAWARE ST MANCHESTER,IA 52057 | 42-0685003 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 4050 4TH ST SW MASON CITY,IA 50401 | 42-0685004 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 326 MOUNT PLEASANT,IA 52641 | 42-0685005 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 490 NEW HAMPTON,IA 50659 | 42-0685006 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 709 CHASE ST OSAGE,IA 50461 | 42-0685007 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 950 SENATE AVE STE A RED OAK,IA 51566 | 42-0685008 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 683 MOVILLE,IA 51039 | 42-0685009 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 508 GRAND AVE SPENCER,IA 51301 | 42-0685010 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 468 STORM LAKE,IA 50588 | 42-0685011 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 106 ADAMS ST THOMPSON,IA 50478 | 42-0685012 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 1327 CEDAR ST TIPTON,IA 52772 | 42-0685013 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 1200 SENECA ST PO BOX 250 WEBSTER CITY,IA 50595 | 42-0685014 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 205 E AGENCY RD WEST BURLINGTON,IA 52655 | 42-0686468 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 206 N ELM ST CRESTON,IA 50801 | 42-0686469 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 601 CENTRAL AVE NORTHWOOD,IA 50459 | 42-0686470 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 245 REUTINGER DR WAPELLO,IA 52653 | 42-0686918 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| Form 990,Schedule 1, Pa | orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION PO BOX 27 CRESCO,IA 52136 | 42-0688067 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 2130 MORMON TREK BLVD IOWA CITY,IA 52246 | 42-0688068 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule 1, Pa | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA FARM BUREAU FEDERATION 2202 HOUSER ST 2 MUSCATINE,IA 52761 | 42-0688072 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | | |

| orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 117 S 5TH ST SAC CITY,IA 50583 | 42-0688076 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IOWA FARM BUREAU FEDERATION 1501 E 7TH ST ATLANTIC,IA 50022 | 42-0940593 | 501(C)(5) | | 12,396 | | CY AMORTIZATION | COUNTY FARM BUREAU INVESTMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| TRUTH ABOUT TRADE & TECHNOLOGY 309 COURT AVE STE 214 DES MOINES,IA 50309 | 42-1500468 | 501(C)(3) | 15,000 | | | | GENERAL PROGRAM/ MESSAGING FOR TRADE AND ECONOMICS | | |

| Form 990,Schedule I, Pa | orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IA ACADEMY OF FAMILY PHYSICIANS FDN 100 E GRAND AVE STE 170 DES MOINES,IA 50309 | 42-1300642 | 501(C)(3) | 25,000 | | | | RURAL PHYSICIANS LOAN REPAYMENT PROGRAM | | | |

| Form 990,Schedule I, Pa | orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SIMON ESTES FOUNDATION 315 E 5TH ST STE 110 DES MOINES,IA 50309 | 42-1525276 | 501(C)(3) | 25,000 | | | | ROOTS & WINGS PROJECT | | | |

| Form 990,Schedule 1, Pa | form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|--|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA AGRICULTURE LITERACY FOUNDATION PO BOX 14458 DES MOINES,IA 50306 | 31-1672416 | 501(C)(3) | 80,000 | 8,753 | | EQUIPMENT, | A GRICULTURE LITERACY FOUNDATION | | | |

| <u> Form 990,Schedule I, Pa</u> | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|---|---------------------------------------|------------------------------|---|--|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GREATER DES MOINES PARTNERSHIP 601 LOCUST ST STE 700 DES MOINES,IA 50309 | 42-1489668 | 501(C)(3) | 25,000 | 50,000 | воок | | CAPITAL CORRIDOR PLEDGE - 3 PAYMENTS OF \$25,000 EACH YEAR | | | | |

| Form 990,Schedule I, Pai | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWANS FOR AGRICULTURE 5400 UNIVERSITY AVENUE WEST DES MOINES,IA 50266 | 20-5548927 | 527 | 40,000 | | | | PROGRAM SUPPORT | | | |

| Form 990,Schedule I, Pa | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| IOWA AGSTATE GROUP 5400 UNIVERSITY AVENUE WEST DES MOINES,IA 50266 | 31-1561195 | 501(C)(5) | 50,000 | | | | PROGRAM SUPPORT | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493251001635

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization IOWA FARM BUREAU FEDERATION **Employer identification number**

42-0331840

| Pa | rt I Questions Regarding Compensation | | | |
|--------|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ▼ Compensation committee | | | |
| | ✓ Independent compensation consultant ✓ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | Yes | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | |
| - h | Any related organization? | 5b | | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | |
| b | Any related organization? | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of | (F) Compensation |
|---------------------------|--------------------------|---|---|--------------------------------|----------------|-----------------------|---|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | columns (B)(ı)-(D) | reported as deferred in prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| The state of the parties and p | |
|--|--|
| Return Reference | Explanation |
| PART I, LINE 1A | THE COMPANY ALLOWS BOARD MEMBERS' AND OFFICERS SPOUSES TO ATTEND THE AFBF ANNUAL MEETING, COUNTY PRESIDENTS' INCENTIVE TRIP, AND THE NATIONAL AFFAIRS TRIP THE EXPENSES OF THE SPOUSE ARE TAXED TO THE BOARD MEMBER OR OFFICER AND INCLUDED ON THE BOARD MEMBER'S FORM 1099 AND THE OFFICER'S W-2 |
| PART I, LINES 4B-C | ITEM 4B - THE COMPANY, THROUGH A WHOLLY-OWNED SUBSIDIARY, PROVIDES A NONQUALIFIED, DEFINED CONTRIBUTION PLAN TO THE ORGANIZATION'S PRESIDENT DUE TO HISTORICALLY SHORTER TENURE PERIODS FOR THIS POSITION, THE PRESIDENT TYPICALLY DOES NOT BENEFIT FROM THE DEFINED BENEFIT PLAN AVAILABLE TO ALL EMPLOYEES ADDITIONALLY, THE COMPANY'S GENERAL COUNSEL WAS OFFERED A NONQUALIFIED, DEFINED CONTRIBUTION PLAN DUE TO LOSS OF RETIREMENT BENEFITS FROM THEIR PREVIOUS EMPLOYER, ALSO AN AFFILIATE INCOME INCLUDED IN PART II, COLUMN B(III) AMOUNTED TO \$40,445 AND \$135,000, RESPECTIVELY ITEM 4C - AS A RESULT OF OFFICER POSITIONS HELD BY THE PRESIDENT AND EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ITS MANAGEMENT AGREEMENTS IN PLACE WITH ITS MAJORITY-OWNED SUBSIDIARY, THESE TWO POSITIONS ALSO RECEIVE NONQUALIFIED STOCK OPTIONS AND/OR INCENTIVE STOCK OPTIONS FROM THIS MAJORITY-OWNED SUBSIDIARY THIS PRACTICE HAS BEEN DISCONTINUTED BEGINNING WITH 2012 INCOME AMOUNTS ARE NOT DETERMINED UNTIL THE OPTIONS ARE ACTUALLY EXERCISED AMOUNTS EXERCISED AND REPORTABLE IN 2013 BY THE CURRENT AND PAST PRESIDENTS WERE \$156,020 AND \$353,332, RESPECTIVELY, AND ARE REPORTED IN PART II, COLUMN B(II) ABOVE THE TWO POSITIONS RECEIVE RESTRICTED STOCK UNITS BEGINNING IN 2013 AMOUNTS EXERCISED AND REPORTABLE IN 2013 BY THE PRESIDENT AND EXECUTIVE DIRECTOR WERE \$11,874 AND \$10,920, RESPECTIVELY, AND ARE REPORTED IN COLUMN B(II) ABOVE |

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 42-0331840

Name: IOWA FARM BUREAU FEDERATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Torin 550, Schedule 5, Part II Officers, Directors, Trustees, Rey Employees, and | | | ingilest compens | acca Employees | | | | |
|--|--------------------------|---|------------------------------|----------------|----------------|----------------------|--|--|
| (A) Name | (B) Breakdown | of W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form | |
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) O ther compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ | |
| CRAIG D HILL (I PRESIDENT (II | ı) 191,35 | 0 2 0 167,894 | 0 61,704 | 0 32,218 | 0 12,714 | 0 465,882 | 0 0 | |
| DENNY J PRESNALL EXECUTIVE DIRECTOR / SECRETARY-TREAS | 351,01 | 0 0 10,920 | 0 52,261 | 0 201,808 | 0 26,916 | 0 642,920 | 0 | |
| EDWARD G PARKER GENERAL COUNSEL (II | ı) ı) 321,55 | 0 5 | 0 175,819 | 0 35,057 | 0 25,364 | 0 557,795 | 0 | |
| JAMES GARDNER CHIEF FINANCIAL OFFICER & CONTROLLER | | 0 0 0 | 0 15,023 | 0 21,057 | 0 20,251 | 0 262,113 | 0 | |
| DUANE JOHNSON (I DIRECTOR, FIELD (II SERVICE | 146,00 | 7 0 0 | 15,409 0 | 92,862 0 | 18,265 0 | 272,543 0 | 0 | |
| CHAD BISHOP (IDIRECTOR, INFORMATION RESOURCES | 1) 1) 147,50 | 0 0 | 0 10,455 | 0 9,562 | 0 4,561 | 0 172,084 | 0 | |
| SARA PAYNE CHIEF MKTG & (II COMMUNICATIONS OFFICER | 1) 217,09 | 0 0 0 | 0 12,789 | 0 -11,719 | 0 21,367 | 0 239,532 | 0 | |
| DAVID SENGPIEL (I SENIOR INVESTMENT (II MANAGER | ı) 203,34 | 0 0 0 | ١ | 0 117,852 | 0 15,814 | 0 357,778 | · · · · · · · · · · · · · · · · · · · | |
| DAVID MILLER (I DIRECTOR, RESEARCH & COMMODITY SERV | 177,99 | 0 0 | 23,515 0 | 110,046 0 | 22,840 0 | 334,393 0 | 0 | |
| CRAIG LANG (I PRESIDENT (II | 1) | 0 0 353,332 | 0 136,081 | 0 1,780 | 0 121 | _ | 0 135,879 | |

DLN: 93493251001635

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Transactions with Interested Persons

► Complete if the organization answered

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

IOWA FARM BUREAU FEDERATION 42-0331840 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

| Part IV Business Transactions In Complete of the organization | | | ne 28a, 28b, or 28c. | | |
|---|--|----------------------------|---|-------------------|--|
| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sh organiz | f |
| | organization | | | reven | |
| (1) FARM BUREAU FINANCIAL | COMMON | 222.500 | SHARED EXPENSES THE | Yes | No No |
| ` ' | DIRECTORS | 322,300 | ORGANIZATION RECEIVES PAYMENTS FROM FARM BUREAU FINANCIAL SERVICES (FBFS) AS A RESULT OF SHARED BOARD OF DIRECTOR EXPENSES THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OR DIRCTORS OF FBFS CRAIG HILL, PRESIDENT, DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, JOE HEINRICH, VICE PRESIDENT, DOUG GRONAU, DISTRICT 4 DIRECTOR, JIM MCKNIGHT, DISTRICT 9 DIRECTOR, CHARLIE NORRIS, DISTRICT 2 DIRECTOR, CAL ROZENBOOM, DISTRICT 8 DIRECTOR, AND PHIL SUNDBLAD, DISTRICT 3 | | ine in the second secon |
| (2) FARM BUREAU MANAGEMENT CORP | COMMON OFFICERS | 5 296 577 | DIRECTOR ADMINISTRATIVE SERVICES - | | No |
| | | | THE ORGANIZATION MAKES PAYMENTS TO FARM BUREAU MANAGEMENT CORPORATION (FBMC) FOR MANAGEMENT AND ADMINISTRATIVE SERVICES THE FOLLOWING INDIVIDUALS WERE ALSO OFFCERS, DIRECTORS, OR KEY EMPLOYEES OF FBMC CRAIG HILL, PRESIDENT, DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, ED PARKER, GENERAL COUNSEL, JIM GARDNER, CHIEF FINANCIAL OFFICER, CHAD BISHOP, DIRECTOR INFORMATION RESOURCES, BARB LYKINS, DIRECTOR COMMUNITY RESOURCES, AND SARA PAYNE, CHIEF MARKETING OFFICER | | |
| (3) FBL FINANCIAL GROUP INC | COMMON OFFICERS & DIRECTORS | 404,273 | ADMINISTRATIVE SERVICES - THE ORGANIZATION MAKES PAYMENTS TO FBL FINANCIAL GROUP, INC (FBL) FOR ADMINISTRATIVE SERVICES THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OR DIRECTORS OF FBL CRAIG HILL, PRESIDENT, JOE HEINRICH, VICE PRESIDENT, AND DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR | | No |
| (4) IFBF PROPERTY MANAGEMENT INC | COMMON OFFICERS | 507,351 | RENT - THE ORGANIZATION PAYS RENT TO IFBF PROPERTY MANAGEMENT, INC THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OF IFBF PROPERTY MANAGEMENT, INC CRAIG HILL, PRESIDENT, DENNY PRESNALL, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, ED PARKER, GENERAL COUNSEL, AND JIM GARDNER, CHIEF FINANCIAL OFFICER | | No |

Supplemental InformationProvide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493251001635

2013

Open to Public
Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
IOWA FARM BUREAU FEDERATION

42-0331840

| Return Reference | Explanation |
|---------------------|--|
| · · | THE ORGANIZATION UTILIZES A WHOLLY OWNED SUBSIDIARY, FARM BUREAU MANAGEMENT CORPORATION (FBMC), TO PROVIDE THE DAY TO DAY MANAGEMENT FUNCTION OF IFBF THIS CORPORATION EMPLOYS THE PRESIDENT, SECRETARY-TREASURER, GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER, DIRECTOR, COMMUNITY RESOURSES AND DIRECTOR, INFORMATION RESOURCES AND ALLOCATES THEIR EXPENSES ACROSS ALL OF THE ENTITIES UNDER FBMC MANAGEMENT |

| Return Reference | Explanation |
|---|---|
| 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 IN ORDER TO HOLD AN OFFICER OR DIRECTOR POSITION WITHIN FARM BUREAU, THE MEMBER MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 7A | THE PRESIDENT AND VICE PRESIDENT OF FARM BUREAU ARE VOTED ON BY THE HOUSE OF DELEGATES ALL OTHER DIRECTORS ARE VOTED ON BY THE HOUSE OF DELEGATES IS COMPRISED OF ONE MEMBER FROM EACH COUNTY IN IOWA WHO IS VOTED INTO THAT POSITION BY THAT COUNTY'S FARM BUREAU MEMBERS THE DELEGATE MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST |

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

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | THE OFFICERS OF THE ORGANIZATION REVIEW THE COMPLETED FORM 990 FIRST TWO WEEKS BEFORE THE SEPTEMBER BOARD MEETING, AN ELECTRONIC VERSION OF THE 990 IS PLACED ON THE BOARD WEBSITE FOR BOARD REVIEW PRIOR TO THE SEPTEMBER BOARD MEETING AFTER ALL COMMENTS OR QUESTIONS HAVE BEEN ADDRESSED, THE EXECUTIVE DIRECTOR WILL SIGN THE RETURN AND INSTRUCT THE ACCOUNTING DEPARTMENT TO TIMELY FILE THE RETURN, TAKING INTO ACCOUNT ALL EXTENSIONS AND FILING DEADLINES |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, ITEM 1B- INDEPENDENCE | PER FORM 990 INSTRUCTIONS, THE ORGANIZATION'S BOARD OF DIRECTORS IS NOT CONSIDERED INDEPENDENT BECAUSE THEY RECEIVE COMPENSATION IN EXCESS OF \$10,000 EACH THE ORGANIZATION'S POSITION IS THAT ITS DIRECTORS ARE INDEPENDENT DUE TO THE FOLLOWING 1) ACCORDING TO ARTICLES OF INCORPORATION EACH DIRECTOR IS VOTED ON INDEPENDENTLY BY VOTING DELEGATES (WHO THEMSELVES) ARE VOTED INTO POSITION BY THE ORGANIZATION'S MEMBERSHIP FOR A THREE YEAR TERM, 2) ACCORDING TO ARTICLES OF INCORPORATION EACH DIRECTOR IS REQUIRED TO BE AN ACTIVE FARMER, 3) BOARD MEETINGS ARE HELD DURING THE DAY TIME HOURS TWO DAY'S PER MONTH, AND 4)THE COMPENSATION IS PAID TO EACH DIRECTOR TO MINIMIZE THE FINANCIAL IMPACT OF HIRING HELP TO DO THE FARM WORK IN THEIR ABSENCE |

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) READ AND UNDERSTOOD THE POLICY, 3) AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTAND THAT THE ORGANIZATION IS TAX-EXEMPT AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE. A COMMITTEE, COMPRISED OF NON-CONFLICTED BOARD OF DIRECTORS, ANNUALLY RECEIVES ALL CONFLICT OF INTEREST INFORMATION, REVIEWS, AND DETERMINES IF THERE CONFLICTS OF INTEREST. THE COMMITTEE THEN REPORTS ITS FINDINGS BACK TO THE BOARD. |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | INDEPENDENT THIRD PARTY REVIEWS ARE CONDUCTED FOR ALL OFFICERS, KEY EMPLOYEES, AND OTHER HIGHLY COMPENSATED MANAGEMENT THESE RESULTS ARE FORWARDED TO THE OFFICERS AND BOARD OF DIRECTORS FOR APPROVAL STANDARDIZED REVIEWS AND COMPENSATION FORMULAS ARE UTILIZED FOR NON-MANAGEMENT POSITIONS THE INTERNAL STUDY COMMITTEE (DESCRIBED IN COMMENT FOR PART VI, ITEM 7B) ABOVE) SETS THE PRESIDENT'S COMPENSATION AFTER INPUT FROM THIRD PARTY REVIEWERS THE ORGANIZATION'S VOTING DELEGATES APPROVE THE PRESIDENT, VICE-PRESIDENT AND BOARD OF DIRECTOR'S COMPENSATION |

| Return Reference | Explanation |
|------------------|---|
| 1 | THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION PURSUANT TO STATE LAW, SOME DOCUMENTS MAY BE MADE AVAILABLE TO MEMBERS |

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

| Return Reference | Explanation |
|--|--|
| FORM 990, PART IX - LINE 8, PENSION PLAN CONTRIBUTIONS | PENSION PLAN CONTRIBUTIONS INCLUDE THREE AMOUNTS 1) DEFINED CONTRIBUTION PLAN CONTRIBUTIONS, 2) DEFINED BENEFIT PLAN FAS 87 AND FAS 132 ACCRUALS, AND 3) OTHER PENSION CHANGES AS REQUIRED BY FAS 158 THE LATTER TWO ITEMS ARE ACTUARIAL CALCULATIONS THAT DO NOT REQUIRE FUNDING AND SHOULD NOT BE DEEMED AS ACTUAL CONTRIBUTIONS |

DLN: 93493251001635

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization IOWA FARM BUREAU FEDERATION **Employer identification number**

| Part I Identification of Disregarded Entities Comp | | | | · | /f\ | | |
|--|--|---|----------------------------|---|--------------------------------------|--------------------|------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| (1) RVF LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 14-2003564 | INVESTMENT MANAGEMENT | IA | 344,067 | 319,786 | IOWA FARM BUREAU FEDERATIO | N | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | nizations Complete if the tax year. | | | | | had on | ne |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | n (e) Public charity st (if section 501(c | | Section (13) co | ntrolle tity? |
| (1) IFBF PROPERTY MANAGEMENT INC | TITLE HOLDING COMPANY | IA | 501(C)(2) | N/A | IOWA FARM BUREAU | Yes | No |
| 5400 UNIVERSITY AVE | | | | | FEDERATION | | |
| WEST DES MOINES, IA 50266 42-1472056 | | | | | | | |
| (2) IOWA FARM BUREAU FOUNDATION 5400 UNIVERSITY AVE | PUBLIC CHARITY | IA | 501(C)(3) | LINE 9 | IOWA FARM BUREAU FEDERATION | Yes | |
| WEST DES MOINES, IA 50266 42-1370988 | | | | | | | |
| (3) IOWA WETLAND MITIGATION BANK INC 5400 UNIVERSITY AVE | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION | IA IA | 501(C)(3) | LINE 9 | IOWA FARM BUREAU FEDERATION | Yes | |
| WEST DES MOINES, IA 50266 42-1511433 | | | | | | | |
| (4) IOWANS FOR AGRICULTURE | POLITICAL ORGAIZATION | IA | 527 | N/A | IOWA FARM BUREAU FEDERATION | Yes | |
| 5400 UNIVERSITY AVENUE | | | | | | | |
| WEST DES MOINES, IA 50266 20-5548927 | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | 1 | | 1 | | | 1 | |

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

| (a) Name, address, and EIN of | (b) Primary activity | (c) Legal | (d) Direct controlling | (e) Predominant | (f) Share of total | (g) Share of end- | (h Disprop | | (i) Code V-UBI | (j Gener |) ral or l | (k) Percentage |
|---|------------------------------------|--------------|---------------------------|---------------------------|------------------------------|----------------------|---------------|----|-------------------|-------------|---------------|--------------------------|
| related organization | | domicile | entity | income(related, | income | of-year | allocat | | amount in | mana | | ownership |
| • | | (state or | | unrelated, | | assets | | | box 20 of | parti | ner? | · |
| | | foreign | | excluded from | | | | | Schedule K-1 | | | |
| | | country) | | tax under | | | | | (Form 1065) | | | |
| | | | | sections 512- | | | | | | | | |
| | | | | 514) | | | Yes | No | | Yes | No | |
| (1) BAKE HOLDINGS LLC | INVESTMENT | СО | IA FARM | INVESTMENT - | -3,488,921 | 2,036,083 | Yes | | -35,261 | Yes | | 80 350 % |
| · , | MANAGEMENT | | | SEC 512 | , , | , , | | | ' | | | |
| 5400 UNIVERSITY AVE | | | FEDERATION | | | | | | | | | |
| WEST DES MOINES, IA 50266 | | | | | | | | | | | | |
| 83-0358190 | | | | | | | | | | | | |
| (2) RURAL VITALITY FUND LP | INVESTMENT FUND | IA | | INVESTMENT - SEC 512 | -57,801 | 3,950,861 | Yes | | -59,510 | Yes | | 38 350 % |
| 5400 UNIVERSITY AVE | | | | 020 012 | | | | | | | | |
| WEST DES MOINES, IA 50266 | | | | | | | | | | | | |
| 26-0518384 | | | | | | | | | | | | |
| (3) RURAL VITALITY FUND LP | INVESTMENT FUND | | | INVESTMENT - | -39,359 | 114,367 | Yes | | -40,523 | Yes | | 1 110 % |
| 5400 UNIVERSITY AVE | - PORTION OWNED BY PART I ABOVE | | | SEC 512 | | | | | | | | |
| WEST DES MOINES, IA 50266 | DI PARTI ADOVL | | | | | | | | | | | |
| 26-0518384 | | | | | | | | | | | | |
| (4) RURAL VITALITY AGRICULTURAL | INVESTMENT FUND | IA | RVF LLC | INVESTMENT - | 46,872 | 56,336 | Yes | | -698 | Yes | | 1 110 % |
| PROCESSING FUND LP | - PORTION OWNED | | | SEC 512 | 40,072 | 30,330 | 163 | | -096 | 163 | | 1 110 70 |
| TROCESSING FORD E | BY PART I ABOVE | | | JEC 312 | | | | | | | | |
| 5400 UNIVERSITY AVENUE | Bi iiiki Iiibove | | | | | | | | | | | |
| WEST DES MOINES, IA 50266 | | | | | | | | | | | | |
| 26-0529722 | | | | | | | | | | | | |
| (5) HOLDCO LLC | INVESTMENT | IA | IOWA FARM | INVESTMENT - | 877,888 | 2,938,944 | | No | | Yes | | 50 000 % |
| | MANAGEMENT | | | SEC 512 | | | | | | | | |
| 5400 UNIVERSITY AVENUE | | | FEDERATION | | | | | | | | | |
| WEST DES MOINES, IA 50266 | | | | | | | | | | | | |
| 46-2704004 | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of- year assets | (h) Percentage ownership | (i Section (b)(contro entr | n 512 13) olled |
|--|---|---|-------------------------------------|---|--|---|---------------------------------------|---|-----------------------|
| (1) AGRAGATE CLIMATE CREDITS CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 39-1874146 | AGGREGATION & SALE OF AGRICULTURAL CARBON CREDITS | IA | IA FARM BUREAU FEDERATION | С | 3,320 | 4,950 | 100 000 % | Yes Yes | No |
| (2) FARM BUREAU MANAGEMENT CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-0686922 | MANAGEMENT SERVICES COMPANY | IA | IA FARM BUREAU FEDERATION | c | -115,455 | 3,436,959 | 100 000 % | Yes | |
| (3) FBL FINANCIAL GROUP INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1411715 | INSURANCE SERVICES HOLDING COMPANY | IA | IA FARM BUREAU FEDERATION | C | 78,387,933 | 6,462,922,904 | 71 000 % | Yes | |
| (4) CFB SERVICE COMPANY 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 46-3380542 | ACCOUNTING SERVICES COMPANY | IA | IA FARM BUREAU FED | С | | 25,000 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | | | | | |
|------------|---|---|-------------------------------|---|------------|---------|----|--|--|--|
| 1 D | ring the tax year, did the orgranization engage in any of the following transactions with one or more rel | ated organizations li | sted in Parts II-IV? | | | | | | | |
| а | a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | | | | | | |
| b | b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | |
| c | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | | |
| d | d Loans or loan guarantees to or for related organization(s) | | | | | | | | | |
| е | e Loans or loan guarantees by related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| f | f Dividends from related organization(s) | | | | | | | | | |
| g | | | | | | | | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | No | | | |
| i | Exchange of assets with related organization(s) | | | | 1 i | | No | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | | |
| | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Yes | | | | |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| | • Sharing of paid employees with related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| р | p Reimbursement paid to related organization(s) for expenses | | | | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | No | | | |
| | | | | | | | | | | |
| r | r Other transfer of cash or property to related organization(s) | | | | | | | | | |
| s | s Other transfer of cash or property from related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including co | vered relationships | and transaction thresholds | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount II | nvolved | | | | |
| ee A | ditional Data Table | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | | |
|--|--------------------------------|---|--|-----|---|--|--|-----------------------------------|----|---|-----|--------|--------------------------------|--|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) (f) (g) we all partners Share of Share of section total end-of-ye | | (g) Share of end-of-year assets | g) (h) re of of-year allocations? | | (i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership | |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | | |
| | | | | | | | | | | | |] | | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 42-0331840

Name: IOWA FARM BUREAU FEDERATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

| Form 990, Schedule R, Part V - Transactions with Related Organizations | | | | | | | | |
|--|--|-------------------------|---|--|--|--|--|--|
| (a) Name of other organization | (b) Transaction type(a-s) | (c) A mount Involved | (d) Method of determining amount involved | | | | | |
| IFBF PROPERTY MANAGEMENT INC | F | 9,509,623 | COMPARABLE SALES | | | | | |
| IFBF PROPERTY MANAGEMENT INC | К | 507,351 | COMPARABLE SALES | | | | | |
| IOWA FARM BURAU FOUNDATION | В | 5,217 | COST | | | | | |
| IOWANS FOR AGRICULTURE | В | 40,000 | COST | | | | | |
| RURAL VITALITY FUND LP | В | 178,988 | COST | | | | | |
| FARM BUREAU MANAGEMENT CORPORATION | К | 44,743 | COMPARABLE SALES | | | | | |
| FARM BUREAU MANAGEMENT CORPORATION | М | 5,382,967 | COMPARABLE SALES | | | | | |
| FBL FINANCIAL GROUP INC | А | 542,515 | COMPARABLE SALES | | | | | |
| FBL FINANCIAL GROUP INC | К | 721 | COMPARABLE SALES | | | | | |
| FBL FINANCIAL GROUP INC | L | 322,500 | COMPARABLE SALES | | | | | |
| FBL FINANCIAL GROUP INC | М | 165,550 | COMPARABLE SALES | | | | | |