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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 11-01-2014 , and ending 10-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

IOWA FARM BUREAU FEDERATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

5400 UNIVERSITY AVE

City or town, state or province, country, and ZIP or foreign postal code

WEST DES MOINES, IA 50266

F Name and address of principal officer

DENNY J PRESNALL

5400 UNIVERSITY AVE

WEST DES MOINES,IA 50266

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0626

I Tax-exempt status

☐ 501(c)(3)☒ 501(c) (5)

(insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.IOWAFARMBUREAU.COM

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1918

M State of legal domicile IA

Part I	Summary																								
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALTIY OF LIFE</div>																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>11</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>0</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>65</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>4,004,155</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-6,463</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	65	6 Total number of volunteers (estimate if necessary)	6	0	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,004,155	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-6,463						
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

DENNY J PRESNALL EXECUTIVE DIRECTOR, SECRETARY/TREAS

Type or print name and title

2016-07-26

Date

Paid Preparer Use Only

Print/Type preparer's name

STEPHEN L KOEHN

Preparer's signature

STEPHEN L KOEHN

Date

Check ☐ if self-employed

PTIN

P00089588

Firm's name

MERIWETHER WILSON AND COMPANY PLLC

Firm's EIN

42-0731256

Phone no

(515) 223-0002

Firm's address

4500 WESTOWN PARKWAY SUITE 140

WEST DES MOINES, IA 502666717

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

☒

1

Briefly describe the organization's mission

AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 IMPLEMENTATION AND REGULATORY ISSUES AS WELL AS STATE, NATIONAL AND INTERNATIONAL AGRICULTURE NEWS ALSO PUBLISHED IS A MONTHLY NEWSPAPER, "FAMILY LIVING," DISTRIBUTED TO AG-SUPPORTING MEMBERS APPROXIMATELY 150,000 MEMBERS BENEFITED FROM BOTH PUBLICATIONS ADDITIONALLY, A WEEKLY E-NEWSLETTER FOR MEMBER LEADERS, "THE DIRT", IS ALSO PUBLISHED BY NEWS SERVICES APPROXIMATELY 2,000 MEMBERS BENEFIT FROM THIS NEWSLETTER 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 WELL AS 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 AND THE GENERAL PUBLIC THE TEAM ALSO PRODUCES A WEEKLY TV COMMERCIAL, THE IOWA MINUTE, WHICH AIRS TO OVER TWO MILLION HOUSEHOLDS THE ONLINE COMMUNITY DEPARTMENT PROVIDES STRATEGIC OUTREACH THROUGH ONLINE (WEB-BASED) AND SOCIAL MEDIA PLATFORMS TO ENGAGE, DEVELOP, MAINTAIN AND EXPAND RELEVANT AND IMPACTFUL DIALOGUES WITH KEY AUDIENCES OVER 153,000 MEMBERS BENEFITED FROM THESE PROGRAMS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

FIELD SERVICE - WORK WITH 100 COUNTY FARM BUREAUS AND THEIR VOLUNTEER LEADERS AROUND THE STATE TO IMPLEMENT PROGRAMS AND POLICIES THAT BENEFIT MEMBERS AND THE ORGANIZATION IN GENERAL THIS IS ACCOMPLISHED BY DEVELOPMENT AND DELIVERY OF TRAINING PROGRAMS FOR COUNTY BOARDS OF DIRECTORS AND THEIR EXECUTIVE BOARDS AS WELL AS KEY COUNTY COMMITTEE MEMBERS LIKE YOUNG FARMERS AND AG EDUCATION VOLUNTEERS THESE PROGRAMS ENHANCE LEADERSHIP SKILLS AND STIMULATE DEVELOPMENT OF FUTURE LEADERS FOR FARM BUREAU, AGRICULTURE, AND RURAL IOWA THE TAKE ROOT PROGRAM HELPS MEMBERS ACROSS THE STATE WITH THEIR SUCCESSION AND TRANSITION CHALLENGES THE PROGRAM ALSO ASSISTS FARMERS AND YOUNG FARMERS TO BEGIN NEW FARM BUSINESSES, ASSISTS FARMERS AND YOUNG FARMERS TO IMPROVE THEIR EXISTING FARM AND BUSINESS MANAGEMENT SKILLS AND TO IMPROVE NET FARM INCOME

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

GOVERNMENT RELATIONS - WORK WITH VOLUNTEER AGRICULTURAL LEADERS TO INFLUENCE PUBLIC POLICY DECISIONS AT THE COUNTY, STATE AND NATIONAL LEVELS PROVIDES INFORMATION ABOUT ISSUES REFLECTING RURAL IOWANS OVER 159,000 MEMBERS BENEFITED

See Additional Data

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)? 	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 	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? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part III 	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 	9	No
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		
a 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
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e 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	No
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	No
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? If "Yes," complete Schedule F, Parts III and IV	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	Yes
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	185	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	65	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. 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
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records JAMES W GARDNER CFO

5400 UNIVERSITY AVE
WEST DES MOINES,IA 50266 (515) 225-5400

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

Check if Schedule O contains a response or note to any line in this Part VII

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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG D HILL PRESIDENT	20 00 30 00	X		X				0	381,918	81,869
(2) CARLTON KJOS DISTRICT 1 DIRECTOR	18 00 0 00	X						47,140	0	0
(3) CHARLIE NORRIS DISTRICT 2 DIRECTOR	18 00 0 00	X						52,632	0	0
(4) PHIL SUNDBLAD DISTRICT 3 DIRECTOR	18 00 0 00	X						52,535	0	0
(5) DOUG GRONAU DISTRICT 4 DIRECTOR	18 00 0 00	X						46,628	0	0
(6) MARK BUSKOHL DISTRICT 5 DIRECTOR	18 00 0 00	X						39,241	0	0
(7) NICK PODHAJSKY DISTRICT 6 DIRECTOR	18 00 0 00	X						40,415	0	0
(8) ANDREW HORA DISTRICT 7 DIRECTOR	18 00 0 00	X						44,854	0	0
(9) CALVIN ROZENBOOM DISTRICT 8 DIRECTOR	18 00 0 00	X						50,386	0	0
(10) WILLIAM FRAZEE DISTRICT 9 DIRECTOR (12/14-10/15)	18 00 0 00	X						4,607	0	0
(11) JIM MCKNIGHT DISTRICT 9 DIRECTOR (11/14)	18 00 0 00	X						48,233	0	0
(12) JOE HEINRICH VICE PRESIDENT	18 00 0 00	X		X				63,212	0	0
(13) DENNY J PRESNALL EXECUTIVE DIRECTOR / SECRETARY-TREASURER	20 00 30 00			X				0	607,791	264,895
(14) EDWARD G PARKER GENERAL COUNSEL	30 00 30 00			X				0	666,540	191,623

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES GARDNER CHIEF FINANCIAL OFFICER & CONTROLLER	30 00 20 00			X				0	294,825	206,357
(16) DUANE JOHNSON DIRECTOR, FIELD SERVICE	40 00 0 00				X			196,141	0	109,140
(17) CHAD BISHOP DIRECTOR, INFORMATION RESOURCES	25 00 25 00				X			0	184,407	53,972
(18) SARA PAYNE CHIEF MKTG & COMMUNICATION OFFICER	40 00 0 00				X			0	297,028	128,936
(19) DAVID SENGPIEL SENIOR INVESTMENT MANAGER	40 00 0 00					X		0	251,534	158,607
(20) DAVID MILLER DIRECTOR, RESEARCH & COMMODITY SERV	40 00 0 00					X		232,293	0	148,085
(21) DONALD PETERSEN DIRECTOR, GOVERNMENT RELATIONS	40 00 0 00					X		213,118	0	221,181
(22) KARL OLSON ASSISTANT GENERAL COUNSEL	40 00 0 00					X		0	181,752	35,579
(23) KIP STADTLANDER SENIOR PRODUCTION ASSISTANT	40 00 0 00					X		0	176,207	46,805
(24) CRAIG LANG PRESIDENT	0 00						X	0	213,145	2,868

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,131,435	3,255,147	1,649,917

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶34

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIMES CITIZEN COMMUNICATIONS PO BOX 670 IOWA FALLS, IA 50126	MGT & PRINTING SERV	402,415
BOW AND ARROW PRODUCTIONS 820 PRAIRIE ST ADEL, IA 50003	MKTG PRODUCTION SERVICE	307,647
DECISION INNOVATION SOLUTIONS LLC 3315 109TH ST STE B URBANDALE, IA 50322	ECON & RESEARCH SERVICE	248,803
STRATEGIC AMERICA 6600 WESTOWN PKWY STE 100 WEST DES MOINES, IA 50266	MARKETING & PR	221,881
TRAVEL AND TRANSPORT 2955 100TH ST URBANDALE, IA 50322	TRAVEL SERVICES	162,738

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶8

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	30,000				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	30,000				
Program Service Revenue	2a	PUBLICATION REVENUE	Business Code 511120	4,386,742	382,587	4,004,155	
	b	MEMBERSHIP DUES	813410	3,378,246	3,378,246		
	c	RECOVERY OF EXP OTHER ENTITIES	561000	900,436	900,436		
	d	PROGRAM SERVICE TRIP RECOVERIES	900099	171,478	171,478		
	e	EVENT REGISTRATIONS	900099	120,026	120,026		
	f	All other program service revenue		64,168	64,168		
	g	Total. Add lines 2a-2f	9,021,096				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	71,063,260			71,063,260
4		Income from investment of tax-exempt bond proceeds					
5		Royalties	5,644,745			5,644,745	
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)	2,151,230			2,151,230
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory	2,008	2,008		
	Miscellaneous Revenue		Business Code				
11a	OTHER REVENUE	900099	76,076	76,076			
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	76,076				
12	Total revenue. See Instructions		87,988,415	5,095,025	4,004,155	78,859,235	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,804,028			
2	Grants and other assistance to domestic individuals See Part IV, line 22	199,519			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	443,153			
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	5,370,671			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,164,052			
9	Other employee benefits	833,822			
10	Payroll taxes	405,674			
11	Fees for services (non-employees)				
a	Management	918,575			
b	Legal	422,690			
c	Accounting	1,893,538			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	15,011			
f	Investment management fees	219,538			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,197,249			
12	Advertising and promotion	2,532,276			
13	Office expenses	265,068			
14	Information technology	1,683,593			
15	Royalties	1,443,180			
16	Occupancy	549,020			
17	Travel	785,844			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,338,956			
20	Interest				
21	Payments to affiliates	637,484			
22	Depreciation, depletion, and amortization	10,487			
23	Insurance	152,987			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PUBLICATIONS	4,292,221			
b	SPECIAL PROJECTS	543,650			
c	UNRELATED BUSINESS INC	197,626			
d	INTERNATIONAL STUDY TOU	117,946			
e	All other expenses	121,716			
25	Total functional expenses. Add lines 1 through 24e	31,559,574			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,139,311	1	671,467
	2	Savings and temporary cash investments			16,672,975	2	20,256,487
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,123,122	4	21,665,941
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,362,232	7	357,894
	8	Inventories for sale or use			89,675	8	78,759
	9	Prepaid expenses and deferred charges			1,138,964	9	817,929
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	370,264	17,904	10c	14,214
	b	Less: accumulated depreciation	10b	356,050			
	11	Investments—publicly traded securities			224,738,125	11	275,251,492
	12	Investments—other securities. See Part IV, line 11			854,222,262	12	1,050,915,352
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			19,008,556	14	19,008,556
	15	Other assets. See Part IV, line 11			284,615	15	96,280
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,139,797,741	16	1,389,134,371	
Liabilities	17	Accounts payable and accrued expenses			2,967,068	17	3,438,683
	18	Grants payable			24,189,711	18	24,174,184
	19	Deferred revenue			2,026,119	19	2,046,929
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,180,449	25	1,266,584
	26	Total liabilities. Add lines 17 through 25			30,363,347	26	30,926,380
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,109,434,394	27	1,358,207,991
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,109,434,394	33	1,358,207,991
34	Total liabilities and net assets/fund balances			1,139,797,741	34	1,389,134,371	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,988,415
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,559,574
3	Revenue less expenses Subtract line 2 from line 1	3	56,428,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,109,434,394
5	Net unrealized gains (losses) on investments	5	192,344,756
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,358,207,991

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 42-0331840
Name: IOWA FARM BUREAU FEDERATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$	including grants of \$	(Revenue \$)
COMMODITY SERVICES - PROVIDES ECONOMIC AND POLICY RESEARCH ASSISTANCE FOR THE POLICY DEVELOPMENT AND IMPLEMENTATION WORK OF THE IOWA FARM BUREAU FEDERATION ASSITS MEMBERS BY DEVELOPING INFORMATION AND EDUCATIONAL MATERIALS IN ADDITION, THE COMMODITY SERVICES GROUP OFFERS FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS AND SERVICES TO MEMBERS MORE THAN 90,000 MEMBERS BENEFIT FROM THE EDUCATIONAL AND INFORMATIONAL MATERIALS WHICH ARE PUBLISHED AND DISTRIBUTED THROUGH THE SPOKESMAN AND IOWAFARMBUREAU COM OVER 5,000 MEMBERS ARE DIRECTLY SERVED THROUGH PARTICIPATION IN THE FINANCIAL MANAGEMENT, RISK MANAGEMENT AND MARKET EDUCATION PROGRAMS				
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
OTHER PROGRAMS - COMMUNITY RESOURCES AND RENEW RURAL IOWA				

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization IOWA FARM BUREAU FEDERATION	Employer identification number 42-0331840
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART III-A, LINE 1	90% OF DUES CAME FROM PERSONS, FAMILIES, OR ENTITIES WHO EACH PAID ANNUAL DUES OF \$110 OR LESS IN 2014. SEE REV. PROC. 2013-35.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization IOWA FARM BUREAU FEDERATION	Employer identification number 42-0331840
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		370,264	356,050	14,214
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				14,214

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	86,545,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	86,545,235
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,443,180
c	Add lines 4a and 4b	4c	1,443,180
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	87,988,415

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	30,116,394
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	30,116,394
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,443,180
c	Add lines 4a and 4b	4c	1,443,180
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	31,559,574

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROYALTY PAYMENTS TO COUNTY FARM BUREAUS, NETTED WITH ROYALTY INC IN AUDIT 1,443,180
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROYALTY PAYMENTS TO COUNTY FARM BUREAUS, NETTED WITH ROYALTY INC IN AUDIT 1,443,180

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 VICTORY ENTERPRISES 5200 30TH ST SW DAVENPORT, IA 52802	IFBF PAC MAILING, VIDEO & ADVERTISING CONSULTING		No	74,045	15,011	59,034
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				74,045	15,011	59,034

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	<div>Volunteer labor</div> <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><div></div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	<div><div></div><div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div></div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

YesNo

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YesNo

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

YesNo

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

YesNo

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2B	THE REVENUE GENERATED BY THIS FUNDRAISER WENT DIRECTLY TO THE IOWA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE THE IOWA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE IS A SEPARATELY STATED FUND UNDER SECTION 527 AND FILES ITS OWN FORM 990

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

16

3

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

100

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) AGRICULTURAL SCHOLARSHIPS	165	165,046			
(2) TEACHER SUPPLEMENTAL GRANTS	179	34,473			

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA 4-H FOUNDATION 214 E BARTLETT HALL UNI CEDAR FALLS,IA 50614	42-6061606	501(C)(3)	20,000				PARTNERSHIP CONTRIBUTIONS
IOWA FFA FOUNDATION 1055 SW PRAIRIE TRAIL PKWY ANKENY,IA 50021	42-1305468	501(C)(3)	22,600				PARTNERSHIP CONTRIBUTIONS
IOWA GIRLS HIGH SCHOOL ATHLETIC UNION PO BOX 10348 2900 GRAND AVENUE DES MOINES,IA 50306	42-0650134	501(C)(3)	125,000	500,000	BOOK	PLEDGE	PLEDGE - 5 ANNUAL PAYMENTS OF \$125,000

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA STATE FAIR BLUE RIBBON FOUNDATIONPO BOX 57130 DES MOINES,IA 50317	42-1376689	501(C)(3)	7,500				CORN DOG KICKOFF - GRAND CHAMPION SPONSOR
IOWA STATE UNIVERSITY FOUNDATION2505 ELWOOD DR AMES,IA 50010	42-1143702	501(C)(3)	182,000				AG PROGRAM - ANIMAL WELL-BEING & ENTREPRENEURSHIP
PROGRESSIVE AGRICULTURE FOUNDATIONPO BOX 2970 DENVER,CO 80201	63-1166618	501(C)(3)	15,000				SPONSOR AG SAFETY DAY CAMPS & ATV SAFETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA FARM BUREAU FEDERATION14 1ST AVE NE BOX 129 WAUKON,IA 52172	42-0680735	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 517 BROOKLYN,IA 52211	23-7425261	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1105 W 9TH ST VINTON,IA 52349	42-0137360	501(C)(5)	13,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION3315 W 4TH ST WATERLOO,IA 50701	42-0142423	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	130 - 08/06/15 10 51AM WORKSHEET ORGANIZATION/GOVERNMENT GRANTS
IOWA FARM BUREAU FEDERATIONPO BOX 775 INDEPENDENCE,IA 50644	42-0158725	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION23024 HIGHWAY 149 SIGOURNEY,IA 52591	42-0168070	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA FARM BUREAU FEDERATION204 N 7TH ST DENISON,IA 51442	42-0200725	501(C)(5)	6,500	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION421 1ST AVE N ESTHERVILLE,IA 51334	42-0234716	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION65 STATE STREET GARNER,IA 50438	42-0293100	501(C)(5)	7,500	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION102 S OLIVE ST MAQUOKETA,IA 52060	42-0338220	501(C)(5)	15,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 168 ANAMOSA,IA 52205	42-0347375	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1323 BOYSON RD HIAWATHA,IA 52233	42-0381665	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION920 9TH ST ONAWA,IA 51040	42-0421745	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION203 CENTRAL AVE SE ORANGE CITY,IA 51041	42-0527883	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION126 E BROADWAY STE 1 COUNCIL BLUFFS,IA 51503	42-0593575	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA FARM BUREAU FEDERATION202 N MARKET ST AUDUBON,IA 50025	42-0680700	501(C)(5)	9,700	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION607 POLLOCK BLVD BEDFORD,IA 50833	42-0680701	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1520 S STORY ST BOONE,IA 50036	42-0680702	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA FARM BUREAU FEDERATION408 W 8TH ST CARROLL,IA 51401	42-0680704	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1024 N 18TH ST CENTERVILLE,IA 52544	42-0680706	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION811 S 4TH ST CHARITON,IA 50049	42-0680707	501(C)(5)	9,500	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION1102 GILBERT ST CHARLES CITY,IA 50616	42-0680708	501(C)(5)	15,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION115 W WASHINGTON ST CLARINDA,IA 51632	42-0680709	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 347 CLARION,IA 50525	42-0680710	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION212 S FRANKLIN CORYDON,IA 50060	42-0680711	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION300 SE DELAWARE AVE ANKENY,IA 50021	42-0680712	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION2333 JOHN F KENNEDY RD DUBUQUE,IA 52002	42-0680713	501(C)(5)	9,600	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION205 E IOWA ST GREENFIELD,IA 50849	42-0680714	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION602 8TH ST 1 GRUNDY CENTER,IA 50638	42-0680715	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION203 N 4TH ST GUTHRIE CENTER,IA 50115	42-0680716	501(C)(5)	7,022	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION1323 OLIVE AVE HAMPTON,IA 50441	42-0680717	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 40 KEOSAUQUA,IA 52565	42-0680718	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 127 KNOXVILLE,IA 50138	42-0680719	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA FARM BUREAU FEDERATION115 N 3RD AVE LOGAN,IA 51546	42-0680720	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION3205 S 6TH ST MARSHALLTOWN,IA 50158	42-0680721	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION205 W S ST MOUNT AYR,IA 50854	42-0680722	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATIONPO BOX 268 NEVADA,IA 50201	42-0680723	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION407 S HIGHWAY ST OAKLAND,IA 51560	42-0680724	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION2215 N MAIN ST OSCEOLA,IA 50213	42-0680725	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION1701 3RD AVE E STE 3 OSKALOOSA,IA 52577	42-0680726	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION322 E 4TH ST OTTUMWA,IA 52501	42-0680727	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 158 POCAHONTAS,IA 50574	42-0680728	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION340 2ND ST SE PRIMGHAR,IA 51245	42-0680729	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION710 2ND AVE ROCK RAPIDS,IA 51246	42-0680730	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION327 9TH ST SIBLEY,IA 51249	42-0680731	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATIONPO BOX 250 SIDNEY,IA 51652	42-0680732	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION427 HIGHWAYS 1 92 WASHINGTON,IA 52353	42-0680734	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 615 WAVERLY,IA 50677	42-0680736	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATIONPO BOX 260 WILLIAMSBURG,IA 52361	42-0680737	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION115 WCOURT WINTERSET,IA 50273	42-0680738	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION406 7TH ST CORNING,IA 50841	42-0681032	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATIONPO BOX 220 DONNELLSO,IA 52625	42-0681033	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1317 14TH AVE ELDORA,IA 50627	42-0681034	501(C)(5)	12,345	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION24542 HWY 13 ELKADER,IA 52043	42-0681035	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATIONPO BOX 367 HUMBOLDT,IA 50548	42-0681036	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION200 W 2ND AVE INDIANOLA,IA 50125	42-0681037	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION201 E HARRISON ST JEFFERSON,IA 50129	42-0681038	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION28 2ND AVE SW LE MARS, IA 51031	42-0681039	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 766 NEWTON, IA 50208	42-0681040	501(C)(5)	7,635	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COCOUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION846 HIGH STREET ROCKWELL CITY, IA 50579	42-0681041	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

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IOWA FARM BUREAU FEDERATION115 N MAIN TOLEDO,IA 52342	42-0681042	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION712 S WEST STREET SUITE 2 BLOOMFIELD,IA 52537	42-0681110	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION422 N MAIN ALLISON,IA 50602	42-0681385	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATIONPO BOX 813 FAIRFIELD,IA 52556	42-0681390	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION217 S 25 ST STE C-12 FORT DODGE,IA 50501	42-0681391	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION118 N MAIN ST LEON,IA 50144	42-0681393	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATIONPO BOX A SPIRIT LAKE,IA 51360	42-0681397	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 218 ADEL,IA 50003	42-0684990	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION119 WASHINGTON AVE E ALBIA,IA 52531	42-0684991	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION418 HIGHWAY 18 W ALGONA,IA 50511	42-0684992	501(C)(5)	10,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION209 CENTENNIAL DR STE B CHEROKEE,IA 51012	42-0684994	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1721 E LECLAIRE RD ELDRIDGE,IA 52748	42-0684995	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION214 WINNEBAGO ST DECORAH,IA 52101	42-0684996	501(C)(5)	11,000	12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION514 8TH ST DEWITT,IA 52742	42-0684997	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION2904 MAIN ST EMMETSBURG,IA 50536	42-0684998	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATIONPO BOX 100 FAYETTE,IA 52142	42-0684999	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION908 6TH ST HARLAN,IA 51537	42-0685000	501(C)(5)		12,256	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION409 2ND ST IDA GROVE,IA 51445	42-0685001	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION107 W 4TH ST MALVERN,IA 51551	42-0685002	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION115 E DELAWARE ST MANCHESTER,IA 52057	42-0685003	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION4050 4TH ST SW MASON CITY,IA 50401	42-0685004	501(C)(5)	10,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATIONPO BOX 326 MOUNT PLEASANT, IA 52641	42-0685005	501(C)(5)	15,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 490 NEW HAMPTON, IA 50659	42-0685006	501(C)(5)	6,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION709 CHASE ST OSAGE, IA 50461	42-0685007	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION950 SENATE AVE STE A RED OAK,IA 51566	42-0685008	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 683 MOVILLE,IA 51039	42-0685009	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION508 GRAND AVE SPENCER,IA 51301	42-0685010	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATIONPO BOX 468 STORM LAKE,IA 50588	42-0685011	501(C)(5)	8,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION106 ADAMS ST THOMPSON,IA 50478	42-0685012	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION1327 CEDAR ST TIPTON,IA 52772	42-0685013	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION1200 SENECA ST PO BOX 250 WEBSTER CITY,IA 50595	42-0685014	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION205 E AGENCY RD WEST BURLINGTON,IA 52655	42-0686468	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION206 N ELM ST CRESTON,IA 50801	42-0686469	501(C)(5)	10,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION601 CENTRAL AVE NORTHWOOD,IA 50459	42-0686470	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION245 REUTINGER DR WAPELLO,IA 52653	42-0686918	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATIONPO BOX 27 CRESCO,IA 52136	42-0688067	501(C)(5)	6,000	12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION2130 MORMON TREK BLVD IOWA CITY,IA 52246	42-0688068	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION2202 HOUSER ST 2 MUSCATINE,IA 52761	42-0688072	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA FARM BUREAU FEDERATION117 S 5TH ST SAC CITY,IA 50583	42-0688076	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION1501 E 7TH ST ATLANTIC,IA 50022	42-0940593	501(C)(5)		12,257	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU INVESTMENT
IOWA AGRICULTURE LITERACY FOUNDATION 5400 UNIVERSITY AVENUE WEST DES MOINES,IA 50266	31-1672416	501(C)(3)	60,000				GENERAL PROGRAM SUPPORT
GLOBAL FARMER NETWORK 309 COURT AVE STE 214 DES MOINES,IA 50309	42-1500468	501(C)(3)	15,000				GENERAL PROGRAM, MESSAGING FOR TRADE & ECON ANALYSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTHERN IOWA1227 W 27TH ST CEDAR FALLS,IA 50614	42-6004333	GOVERNMENT	142,542				DREAM BIG GROW HERE PROGRAM & EDUCATION PROJECT
FARMER VETERAN COALITION10861 DOUGLAS AVE B URBANDALE,IA 50322	46-3831804	501(C)(3)	5,000				VIA STRATEGIC PLANNING CONSULTANT EXPENSE
IOWA SISTER STATES200 E GRAND AVENUE DES MOINES,IA 50309	42-1266418	501(C)(3)	5,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATION145 N RIVERSIDE DR S153A CPH IOWA CITY,IA 52242	42-0796760	501(C)(3)	25,000				YOUNG DRIVERS SAFETY PROGRAM
WILDWOOD HILLS RANCH 2552 UNION LANE ST ST CHARLES,IA 50240	42-1517411	501(C)(3)	80,000				AG CAMP SCHOLARSHIPS
SEED HERE LLC404 W PARK RD IOWA CITY,IA 52246	45-2637576	501(C)(3)	7,500				ENTREFEST SPONSOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER DES MOINES 1915 GRAND AVE DES MOINES,IA 50309	42-6139033	501(C)(3)	25,000				GOV BRANSTAD REYNOLDS SCHOLARSHIP FUND
TECHNOLOGY ASSOCIATION OF IOWA 500 E COURT STE 100 DES MOINES,IA 50309	39-1908574	501(C)(3)	5,500				PROMETHEUS & IA WOMEN OF INNOVATION AWARDS

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	Yes	
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div><div>7</div><div>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.</div></div>		
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

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

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

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

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.

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 AND INCLUDED IN THE BOARD MEMBER'S FORM 1099, BOX 7.
PART I, LINES 4A-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 \$43,697 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 DISCONTINUED BEGINNING WITH 2012. INCOME AMOUNTS ARE NOT DETERMINED UNTIL THE OPTIONS ARE ACTUALLY EXERCISED. AMOUNTS EXERCISED AND REPORTABLE IN 2014 BY THE PAST PRESIDENT WAS \$73,996 AND IS REPORTED IN PART II, COLUMN B(II) ABOVE. THE TWO POSITIONS RECEIVE RESTRICTED STOCK UNITS BEGINNING IN 2013. AMOUNTS EXERCISED AND REPORTABLE IN 2014 BY THE PRESIDENT AND EXECUTIVE DIRECTOR WERE \$27,952 AND \$26,295, RESPECTIVELY, AND ARE REPORTED IN COLUMN B(II) ABOVE.

Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG D HILL, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	200,848	97,560	83,510	71,447	10,422	463,787	0
DENNY J PRESNALL, EXECUTIVE DIRECTOR / SECRETARY-TREAS	(i)	0	0	0	0	0	0	0
	(ii)	401,806	156,226	49,759	246,538	18,357	872,686	0
EDWARD G PARKER, GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	372,473	119,533	174,534	172,527	19,096	858,163	0
JAMES GARDNER, CHIEF FINANCIAL OFFICER & CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	215,866	57,952	21,007	188,677	17,680	501,182	0
DUANE JOHNSON, DIRECTOR, FIELD SERVICE	(i)	155,751	19,737	20,653	94,204	14,936	305,281	0
	(ii)	0	0	0	0	0	0	0
CHAD BISHOP, DIRECTOR, INFORMATION RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	155,066	19,834	9,507	36,111	17,861	238,379	0
SARA PAYNE, CHIEF MKTG & COMMUNICATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	223,782	60,599	12,647	110,135	18,801	425,964	0
DAVID SENGPIEL, SENIOR INVESTMENT MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	206,725	27,052	17,757	143,733	14,874	410,141	0
DAVID MILLER, DIRECTOR, RESEARCH & COMMODITY SERV	(i)	186,255	24,060	21,978	130,475	17,610	380,378	0
	(ii)	0	0	0	0	0	0	0
DONALD PETERSEN, DIRECTOR, GOVERNMENT RELATIONS	(i)	177,402	22,828	12,888	206,307	14,874	434,299	0
	(ii)	0	0	0	0	0	0	0
KARL OLSON, ASSISTANT GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	164,127	9,516	8,109	27,367	8,212	217,331	0
KIP STADTLANDER, SENIOR PRODUCTION ASSISTANT	(i)	0	0	0	0	0	0	0
	(ii)	8,174	3,053	164,980	45,270	1,535	223,012	0
CRAIG LANG, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	0	73,996	139,149	2,642	226	216,013	138,924

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization IOWA FARM BUREAU FEDERATION	Employer identification number 42-0331840
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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 interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FARM BUREAU FINANCIAL SERVICES	COMMON DIRECTORS	309,450	SHARED EXPENSES THE 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, CARLTON KJOS, DISTRICT 1 DIRECTOR, CHARLIE NORRIS, DISTRICT 2 DIRECTOR, CAL ROZENBOOM, DISTRICT 8 DIRECTOR, AND PHIL SUNDBLAD, DISTRICT 3 DIRECTOR		No
(2) FARM BUREAU MANAGEMENT CORP	COMMON OFFICERS	5,543,457	ADMINISTRATIVE SERVICES - 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, DAVID SENGPIEL, SENIOR INVESTMENT MANAGER, AND SARA PAYNE, CHIEF MARKETING OFFICER		No
(3) FBL FINANCIAL GROUP INC	COMMON OFFICERS & DIRECTORS	371,587	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	549,020	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

Part V

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization IOWA FARM BUREAU FEDERATION	Employer identification number 42-0331840
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION UTILIZES A WHOLLY OWNED SUBSIDIARY, FARM BUREAU MANAGEMENT CORPORATION (FBMC), TO PROVIDE THE DAY TO DAY MANAGEMENT FUNCTION OF IFBF THIS CORPORATION EMPLOY S THE PRESIDENT, SECRETARY-TREASURER, GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER, SENIOR INVESTMENT MANAGER, 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 FROM THEIR DISTRICTS. THE HOUSE OF DELEGATES IS COMPRISED OF ONE MEMBER FROM EACH COUNTY IN IOWA WHO IS VOTED INTO THAT POSITION BY THAT COUNTY'S FARM BUREAU MEMBERS. THE DELEGATE MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	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 AUGUST BOARD MEETING, AN ELECTRONIC VERSION OF THE 990 IS PLACED ON THE BOARD WEBSITE FOR BOARD REVIEW PRIOR TO THE AUGUST 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 DAYTIME HOURS TWO DAYS PER MONTH, AND 4)THE COMPENSATION IS PAID TO EACH DIRECTOR TO MINIMIZE THE FINANCIAL IMPACT OF HIRING HELP TO DO THE FARM WORK IN THEIR ABSENCE

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 ARE 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
FORM 990, PART VI, SECTION C, LINE 19	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
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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(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	398,159	330,452	IOWA FARM BUREAU FEDERATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IFBF PROPERTY MANAGEMENT INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1472056	TITLE HOLDING COMPANY	IA	501(C)(2)	N/A	IOWA FARM BUREAU FEDERATION	Yes	
(2) IOWA FARM BUREAU FOUNDATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1370988	PUBLIC CHARITY	IA	501(C)(3)	LINE 9	IOWA FARM BUREAU FEDERATION	Yes	
(3) IOWA WETLAND MITIGATION BANK INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1511433	ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION	IA	501(C)(3)	LINE 9	IOWA FARM BUREAU FEDERATION	Yes	
(4) IOWANS FOR AGRICULTURE 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 20-5548927	POLITICAL ORGANIZATION	IA	527	N/A	IOWA FARM BUREAU FEDERATION	Yes	

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 related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RURAL VITALITY FUND LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVESTMENT FUND	IA	RVF LLC	INVESTMENT - SEC 512	14,170	3,952,778	Yes		14,059	Yes		38 350 %
(2) RURAL VITALITY FUND LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVESTMENT FUND - PORTION OWNED BY PART I ABOVE	IA	RVF LLC	INVESTMENT - SEC 512	9,650	114,423	Yes		9,573	Yes		1 110 %
(3) RURAL VITALITY AGRICULTURAL PROCESSING FUND LP 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 26-0529722	INVESTMENT FUND - PORTION OWNED BY PART I ABOVE	IA	RVF LLC	INVESTMENT - SEC 512	23,584	56,336	Yes		-2,217	Yes		1 110 %

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 512 (b)(13) controlled entity?	
								Yes	No
(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	C	4,885	6,337	100 000 %	Yes	
(2) FARM BUREAU MANAGEMENT CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-0686922	MANAGEMENT SERVICES COMPANY	IA	IA FARM BUREAU FEDERATION	C	3,075	3,632,621	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 FEDERATION	C		25,000	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

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)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f Yes

1g

1h

1i

1j

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p

1q

1r

1s

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

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

(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) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 42-0331840

Name: IOWA FARM BUREAU FEDERATION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IFBF PROPERTY MANAGEMENT INC	F	6,175,322	COMPARABLE SALES
IFBF PROPERTY MANAGEMENT INC	K	549,020	COMPARABLE SALES
IOWA FARM BURAU FOUNDATION	B	4,660	COST
RURAL VITALITY FUND LP	B	466,577	COST
FARM BUREAU MANAGEMENT CORPORATION	M	5,632,665	COMPARABLE SALES
FBL FINANCIAL GROUP INC	A	573,833	COMPARABLE SALES
FBL FINANCIAL GROUP INC	L	309,450	COMPARABLE SALES
FBL FINANCIAL GROUP INC	M	152,049	COMPARABLE SALES