Return of Organizatio

xempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

mei		ne Service	to to www.no.gov. ormoto for matacatoria and are latest mornia		IIIe	pedilon			
<u>A</u>			endar year, or tax year beginning , and ending						
		applicable	C Name of organization IOWA FARM BUREAU FEDERATION	D Employer id	tentification num	ıber			
Ш	Address	change	Doing business as BREMER COUNTY FARM BUREAU						
\Box	Name ch	ange	l l	<u>42-0680736</u>					
\equiv		•	P.O. BOX 615	E Telephone n	umber				
Ш	Initial reti	nw	City or town State ZIP code	(319) 352-36	67				
\Box	Final return	v/terminated	VVAVERLY IA 50577						
一	A	4	Foreign country name Foreign province/state/county Foreign postal code	0 0		102 965			
ᆜ	Amended	return (G Gross receip	018 \$	193,865			
Ц	Application	on pending	F Name and address of principal officer:	s a group return for	subordinates?	Yes X No			
			Luke Schuldt 2361 210th Street, Tripoli, IA 50676	all subordinates	included?	Yes No			
1	Tax-exem	pt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or \$27 If "	No," attach a list.	(see instructions)				
	J Website: ► N/A H(c) Group exemption number ► 0626								
_									
		rganization	X Corporation Trust Association Other ► L Year of forma	tion 1918	M State of legal	I domicile IA			
F	art I		mmary						
_	1			ZATION DEC	DICATED TO I	HELPING			
ဋ]	FARM F	AMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE						
Activities & Governance	1								
Š	2	Check th	nis box • In if the organization discontinued its operations or disposed of more	than 25% of	its net assets	;			
Ö	3		of voting members of the governing body (Part VI, line 1a)	1	3	12			
ග්	4	Number	of independent voting members of the governing body (Part VI, line 1b)	Г	4	12			
ŧ	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)	. [5	3			
₹	6		mber of volunteers (estimate if necessary)		6	25			
Ą	7a		related business revenue from Part VIII, column (C), line 12		7a	0			
	b	Net unre	elated business taxable income from Form 990-T, line 34		7b	0			
				Prior Year	Cu	rrent Year			
Revenue	8	Contribu	itions and grants (Part VIII, line 1h)	26,	950	19,350			
	9	Program	service revenue (Part VIII, line 2g)	85,2	275	84,150			
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	14,	107	13,619			
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,9	968	50,858			
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,	300	167,977			
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	12,2	226	3,889			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	69,	171	68,551			
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)		0	0			
ĝ	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0						
Û	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e).	98,0	092	91,434			
	18	Total exp	Denses Add lines 13–17 (must equal Part IX, column (A) line 25)	179,	489	163,874			
	19	Revenue	e less expenses Subtract line 18 from line 12	-2,	189	4,103			
Net Assets or Fund Balances				ing of Current Y	ear En	nd of Year			
seta	20	Total ass	sets (Part X, line 16) AUG 1 4 2018	548,	601	534,474			
A A	21		mides (Fait X, line 20)	4,	710	4,214			
		Net asse	ets or fund balances Subtract line 21 from line 20	543,	891	530,260			
	art II		nature Block 스트스스 (Control Control Co						
			, I declare that I have examined this return, including accompanying schedules and statements, and to the						
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									
Śsię	gn	•	Signature of officer						
Here				Date	7-23	2-12			
)					1-2)	10			
		Pont	Type or print name and title /Type preparer's name Preparer's signature Date		107	ΓIN			
- ∂Pa	id		i reparer a signature		eck X if				
,	iu eparei	MAX	KN STUDER Mys 1. Never CA 7/1			1272566			
	e Only		's name MAX N STUDER CPA	Firm's EIN ► 2	27-5346832				
, 03	Jill	,	's address ▶ PO BOX 1463, JOHNSTON, IA 50131		515) 238-176	6			
Ma	v the IF		s this return with the preparer shown above? (see instructions)		<u> X </u>				
			uction Act Notice see the senarate instructions		<u> </u>	Form 990 (2017)			
	ranen	with MAN	urium ari mulica soo ina sanarata instriktikka			Lores WHILL (2017)			

	90 (2017) IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 42-0680736	Page 2
Pa	* Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. 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 \$ 3,000 including grants of \$) (Revenue \$ PUBLIC POLICY The Company's annual meeting was held in March & county supervisors attended Attendees were encouraged to fill out opininnaires to help form current year resolutions. In July the Company held a resolution meeting to approve current year resolutions which were then forwarded to the state office to be included with all of the lowa Counties resolutions. A board member attended the Washington DC legislative trip to lobby for agriculture. The board president attended the Presidents Conference. A board meber attended a regional group visit to Senator. Grassley's office where the group raised several guestions on concerns facing farmers today. In December, the board of directors finished up the year with an appreciation meeting/dinner inviting local legislators and county supervisors whom the Company had worked with throughout the year on issues & concerns effecting agriculture and farmer members.	
4b	(Code	
4c	(Code) (Expenses \$ 6,000 including grants of \$) (Revenue \$ PUBLIC RELATIONS. The Compnay participated in and sponsored a number of events for the benefit of members and non members alike. Th Company sponsored Ag calendars for Farms at \$615. In March the Company co-sponsored with local banks a Farm Bill/Crop Insurance meeting. Several board members attended and \$500 was donated to help pay for meals. The Company hosted a Stroke Detection Plus health screening 4 times during the year. A Health Day with a local hospital was also sponsored which provided members and the general public a low cost 23 profile blood draw. The Company donated and Board members volunteered at the 4-H Omelet Breakfast in March. Napkins, cups and \$750 was donated to this event. The Company sponsored a Farm Bureau Day at the County Fair. Activities for kids at the fair included ice cream in a bag. The Company invited area teachers to participate in a milking challenge to win money for their classrooms to teach agriculture topics. An evening activity was a free watermelon feed where 20 watermelons were provided to fairgoers.	
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 12,553	

) }

	·		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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		-^-
4	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,	Ì	İ	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	_6_		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			,
•	complete Schedule D, Part III	8		<u>×</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1)
	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		×
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		×
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	33-30		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1100		X140(\$759.1
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· '		1
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII Nos the ergoprotion included in consolidated independent endited financial statements for the torriver? If IIVes II	12a	X	├
IJ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			Ì
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4=	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-	}	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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	40	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		 ^
	If "Yes," complete Schedule G, Part III	19	}	x
			000	(2017)

Гаг	Checkist of Required Schedules (continued)			
00-	Delthe and falls and the second and the second and the second at the sec	, , , , , , , , , , , , , , , , , , ,	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\dashv	
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	- 1	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 ^ ' 		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	}	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	├ 	\neg	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1	- 1	
	employees? If "Yes," complete Schedule J	23	- 1	Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		$\neg \neg$	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	{		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	}	Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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	l	Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	\sqcap		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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	\	- 1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1 1)	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	} }	}	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		[
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ł	v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	1 20 1	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30	\dashv	^
J1	Part I	31	- {	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	- -		
-	If "Yes," complete Schedule N, Part II	32	}	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1 .	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	}		1
	19? Note, All Form 990 filers are required to complete Schedule O	38	X	1

Form 9	990 (2017) IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 42-068	30736	Р	age 5
Par	t 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			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	, [_	\vdash
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7	ł	1
•	gaming (gambling) winnings to prize winners?	1c	X	1
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 2a	d		Į.
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- -	 ^ -	t
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
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	 	 ^ -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	135	 	
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	l	})
	account)?	4a]	x
b	If "Yes," enter the name of the foreign country	48	├	 ^
U			Ì	}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1	}	1
5a	(FBAR)	F.		
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	}	+^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	├—	\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0.	1	
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
7	gifts were not tax deductible?	6b	├	┼──
7	Organizations that may receive deductible contributions under section 170(c).	}	•	}
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		 _ _
_	and services provided to the payor?	7a 7b	├	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	<u> </u>	┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- - -	ļ	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	 X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├	<u>X</u>
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	├	╂
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	-[
a	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		İ]
a	Initiation fees and capital contributions included on Part VIII, line 12	4	Ì]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	4	}	}
11	Section 501(c)(12) organizations. Enter		1	1
a	Gross income from members or shareholders	-	İ	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	1
	against amounts due or received from them)		 	-
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	4	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	 	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	
	Note. See the instructions for additional information the organization must report on Schedule O	1	}	}
h	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	1

the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

14a

14b

13b

Part VI

Sect	ion 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	1 a 12	4		
	If there are material differences in voting rights among members of the governing body, or		1		
	if the governing body delegated broad authority to an executive committee or similar]
	committee, explain in Schedule O] !		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			l i
_	any other officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?	•	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint		.,	
	one or more members of the governing body?		7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,			[
•	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	1		
_	the year by the following				 -
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	الم مام م	8b	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reat the organization's mailing addresses in Schodula O.	eacneo			1
2004	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Internal Parisaria	9		<u> </u>
اناتور	ion B. Policies (This Section B requests information about policies not required by the	internal Revenue	Juae.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters			 ^
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	or ming the term.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u>-</u> -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	•			
	describe in Schedule O how this was done	·	12c	х	
13	Did the organization have a written whistleblower policy?		13	X_	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		 	
а	The organization's CEO, Executive Director, or top management official .		15a		N/A
b	Other officers or key employees of the organization		15b	L	N/A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1]	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement	L		
	with a taxable entity during the year?		16a	<u> </u>	_×_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		1	1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard		<u> </u>	
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	L
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed A Section 6104 requires an organization to make its Forms 1023 for 1024 if applicable), 990, and 990.	O T (Contrar 504/2)/)o o=!		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	U- I (Section SUI(C)(3	ys oni	y)	
	available for public inspection. Indicate how you made these available. Check all that apply Own website	valous un Schadula (1)			
19	Own website Another's website X Upon request Other (expressible in Schedule O whether (and if so, how) the organization made its governing documents,	(plain in Schedule O)		nd	
13	financial statements available to the public during the tax year	connector interest po	icy, ai	i.u	
20	State the name, address, and telephone number of the person who possesses the organization's li	oooks and records	•		
	THE ORGANIZATION		,		
	PO BOX 615 WAVERLY IA 50677		-		

Form 990 (2017)	IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 42-06	680736 Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
· Er	mployees, and Independent Contractors	
C	Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Of	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (Both and a director/trustee) Officer (Both and a director/trustee) Officer (Both and a director/trustee) Officer (Both and a director/trustee) Officer (Both and a director/trustee) Officer (Both and a director/trustee)				ıs both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LUKE SCHULDT	1 50	\vdash	┢╌	-	Н	<u> </u>	├─	<u> </u>		
PRESIDENT	0 00	x		x	1			l o		1
(2) CLINT MUNK	1 50	<u> </u>	-	<u> </u>				<u> </u>		
VICE PRESIDENT	0 00	x		x				l o		
(3) JENNIFER DEMUTH	1 50				П					
SECRETARY	0 00	x	ļ	\mathbf{x}^{\perp}				0	,	1
(4) KEVIN MEYER	1 50									
TREASURER	0 00	х		x				o		
(5) DENNIS SCHNADT	1 50									
VOTING DELEGATE	0.00	Х		x				0		
(6) JOHN EVEN	0 50									
DIRECTOR	0 00	X	L	<u> </u>				_ 0		
(7) PAT LENTZ	0 50									
DIRECTOR	0 00	X					L	0		
(8) ANDY SCHARNHORST	0.50									
DIRECTOR	0 00	X	乚	<u> </u>				0		L
(9) MEAGHIN VOSSBERG	0 50	[1	}				ļ	ł	
DIRECTOR	0 00	-		<u> </u>			_	0		
(10) NICK TIEDT	0 50		1)	
DIRECTOR	0 00			<u> </u>	L	<u> </u>	_	0	<u></u>	
(11) WARREN SCHWAKE	0 50		1			l]		
DIRECTOR	0 00	X	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	0	ļ	<u> </u>
(12) DEAN LANTZKY	0 50	١						_	ļ	
DIRECTOR	0 00	X	<u> </u>	├		-	ļ	0	 	
(13)		{								
(14)										

(A) Name and title		(B) Average hours per	e box, unless person is both an Reportable Repo er officer and a director/trustee) compensation compe						(E) Reportal compensa) (F) table Estima isation amoun				
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-i	เดกร	com fr org an	other pensati om the anizatio d relate anizatio	on ed
(15)												_		
(16)				-	-			_				<u>-</u>		
(17)			-	-	-									
(18)					 -			_						
(19)				-	-	-	-	-		 _				
(20)			-	-				<u> </u>		<u></u>				
(21)			-	-	-	-						<u>.</u>		
(22)			-		-	-		 						
(23)			_	-	_			-						
(24)			 	-			 	-						
(25)			-	\vdash		_		-						
1b	Sub-total Sub-total	L	Ц	<u> </u>	L	Ĺ	L	•	0		0			0
d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)						•	<u> </u>	0	<u> </u>	0			<u>0</u> 0
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a		e) v 0	vho —	recei	ved	more than \$100	1,000 of				
3	Did the organization list any former officer, dire				oye	e, o	r hıgl	nesi	t compensated				Yes	
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of				on a	nd (other	cor	mpensation from		•	3		X
	the organization and related organizations greated individual									h		4	* {** 	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual						X							
Sec	tion B. Independent Contractors	es, complete st	Jileuu	ile J	101	Suc	n per	301				5		
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 add	ress							(B) Description of ser	vices	((C Comper		
								-						0
					_			-						0
					_	_								0
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 ■ 0								الم الم	O				

7 0.111 050 (2017)

Statement of Revenue

		Check if Schedule O contain	s a response or r	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
93 99	1a	Federated campaigns	. <u>1a</u>	0				1
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	<u> 1b</u>	0				1
S, G	С	Fundraising events .	<u>1c</u>	0				1
Gift lar,	d	Related organizations	<u>1d</u>	19,350])
is,	е	Government grants (contribution	· —	0	1	Ì)
otto er S	f	All other contributions, gifts, grain		Ì				1
를 들		similar amounts not included ab-		0				1
Con	g	Noncash contributions included in	lines 1a-1f: \$	0				}
	<u>h</u>	Total. Add lines 1a-1f			19,350			<u> </u>
971				Business Code	:-:-:	15-1.25		
ever	2a	MEMBERSHIP DUES		900099	84,150	84,150		ļ
ě.	b			 	0			
Ž	C			 	0			
S.	a				0			
Jran		All other program service revenu		<u> </u>	0			
Program Service Revenue	,	Total. Add lines 2a–2f	ie .		84,150			}
	3	Investment income (including div	/idends. interest		04,130			1
	_	other similar amounts)		▶	13,619	13,619		ĺ
	4	Income from investment of tax-e	xempt bond prod	ceeds 🕨	0	10,010		
	5	Royalties	,	. •	18,906	18,906		
		•	(ı) Real	(ii) Personal				1
	6a	Gross rents	25,279			}		
	b	Less rental expenses	25,888			,		Í
	С	Rental income or (loss)	-609	0				
ļ	ď	Net rental income or (loss)		•	-609			<u> </u>
	7a	Gross amount from sales of	(ı) Secunties	(II) Other		į		Į
		assets other than inventory	0	0				
	b	Less cost or other basis						1
)		and sales expenses)		}
)	C	Gain or (loss)	0	 -				ļ
j	d	Net gain or (loss) .	·	· · · · · · · · · · · · · · · · · · ·	0			}
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c)a	0				
粪	þ	Less direct expenses	b	0		\		
١		Net income or (loss) from fundra			0			<u> </u>
	9a	Gross income from gaming active See Part IV, line 19	rities . a	0				
ĺ	b	Less. direct expenses	b	0				
ĺ	С	Net income or (loss) from gamin	g activities	•	0			
Ì	10a	Gross sales of inventory, less						
1		returns and allowances	а	0				
1	b	Less cost of goods sold	. b	0				<u> </u>
ļ	С	Net income or (loss) from sales	of inventory.	. ▶	0			<u> </u>
}		Miscellaneous Revenue		Business Code				<u> </u>
	11a	Expense Recoveries		900099	32,561	32,561		
}	b			ļ	0			ļ <u>. </u>
ļ	C				0			
ĺ	d	All other revenue		L	0			
ĺ	e	Total. Add lines 11a-11d			32,561	4.40.003		
	12	Total revenue. See instructions		>	167,977	148,627	(00

Part IX	Statement of	Function	nal E	xpenses
1 01 0 1/1	- Cutcilicit of		,,,,,	APCHICCO

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Giants and other assistance to domestic organizations domestic governments. See Part IV, line 21. Grants and other assistance to domestic organizations domestic governments. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Demand of the assistance of the directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Demand of the assistance of the directors, trustees, and key employees. Depreciation of trustees of the directors, trustees, and key employees. Depreciation of trustees of the directors, trustees, and key employees. Depreciation of trustees of the directors, trustees, and trustee	Secu	Check if Schedule O contains a response or note to any line in this Part IX							
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2 Grants and other assistance to domestic individuals See Part N ine 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1								
Individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. Benefits paid to or for members. Compensation of current officers, irriseters, trustees, and key emplyees. Compensation of current officers, irriseters, trustees, and key emplyees. Compensation not included above, to disqualified persons (as defined under section 4958(0/3)(8) Other saliense and wages Penson plan accruals and contributions (include section 401k) and 403(b) employer contributions) Other employee benefits Payroll taxes 1,370 Description of the properties to the proper		,	0						
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organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers directors, trustees, and key employees. 6 Compensation rot included above, to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons plan accrualis and contributions (include section 401k) and 403(f) employer contributions) 9 Other employee benefits 1 Payroll taxes 1 Payroll taxes 5 1,32 1 Fees for services (non-employees) 1 Management 1		individuals See Part IV, line 22	0						
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persons described in section 4558(c)(3)(B)	6		}						
7 Other salaries and wages 8 Pension plan accurals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,137 10 Payrol taxes 5,132 11 Fees for services (non-employees) 1 Management 1,870 1 Legal 1 Accounting 1 Lobbying 1 Professional fundraising services. See Part IV, line 17 1 Investment management fees 9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 17,258 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest. 10 Payrol List miscellaneous expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount, list line 21g expenses on Schedule O) 18 Payments to affiliates 20 O O O O O O O O O O O O O O O O O O O			ļ						
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9 Other employee benefits 10 Payroll taxes 5,132 11 Fees for services (non-employees) 1	8								
10 Payroll taxes 1 Fees for services (non-employees) 1 Management 1 Legal 2 C Accounting 3 Lobbying 4 Professional fundraising services. See Part IV, line 17 5 Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 17,258 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest. 10 O O O O 10 O O O 11 Advertising and promotion 11 Depreciation, depletion, and amortization 19 Conferences, conventions, and meetings 19 Linerest. 10 O O O O O O O O O O O O O O O O O O O									
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C Accounting 1,115 0 0 0 0 0 0 0 0 0	а								
d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 17,258 117	b								
e Professional fundraising services. See Part IV, line 17. f Investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Advertising and promotion Odic expenses 17,258 Information technology Royalties Royalties Odic Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Odic Occupancy Depreciation, depletion, and amortization Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Payments to affiliates Odic Octupancy Allourance Assembly Octupancy Assembly Octupancy Assembly Octupancy Assembly Octupancy Assembly Octupancy Assembly Octupancy Octupa	C	•							
f Investment management fees 0 0 0 0 0 0 0 0 0	d								
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	е								
(A) amount, list line 11g expenses on Schedule O) 0 0 0 0 122 Advertising and promotion 3,173	f	<u> </u>	0						
12	g		i _i		_				
13 Office expenses 17,258 17,258 16 Information technology 0 0 17 17 18 18 19 19 19 19 19 19					0				
14									
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 SPOKESMAN, DUES & SUBSCRIPTIONS b AG & COMMUNITY PROMOTION c MEMBERSHIP ACQUISITION d Al898 d MISCELLANEOUS e All other expenses 120 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation Check here if 10 10 0 11 0 12 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 10 0		· ·							
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 10 Interest 10 Payments to affiliates 10 O O O O O O O O O O O O O O O O O O O									
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19 Conferences, conventions, and meetings 20 Interest	18	· ·	ا						
20	40								
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 SPOKESMAN, DUES & SUBSCRIPTIONS 4,603 b AG & COMMUNITY PROMOTION 12,204 c MEMBERSHIP ACQUISITION 4,898 d MISCELLANEOUS e All other expenses 0 All other expenses 0 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			5,140						
Depreciation, depletion, and amortization Insurance O O O O O Insurance A688 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) SPOKESMAN, DUES & SUBSCRIPTIONS AG & COMMUNITY PROMOTION C MEMBERSHIP ACQUISITION All other expenses O I O O O O O O O O O O O O O O			20 070						
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c MEMBERSHIP ACQUISITION d MISCELLANEOUS e All other expenses C Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	a h	*							
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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									
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here			103,074	<u>_</u>	 				
from a combined educational campaign and fundraising solicitation. Check here	20	· · · · · · · · · · · · · · · · · · ·] [
fundraising solicitation. Check here		- , , , , , , , , , , , , , , , , , , ,	[
		· · · · · · · · · · · · · · · · · · ·	{						
			ļ						

	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			0	1	0
	2	Savings and temporary cash investments		[5,365	2	10,453
	3	Pledges and grants receivable, net	Ī	0.	3	0	
	4	Accounts receivable, net	5,381	4	6,866		
	5	Loans and other receivables from current and t					
	-	trustees, key employees, and highest compens					
		Complete Part II of Schedule L			0	5	······································
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B).					
	ŀ	sponsoring organizations of section 501(c)(9) voluntary					
23		organizations (see instructions). Complete Part II of Sch		- J		6	
Assets	7	Notes and loans receivable, net .	edule L.	· · · · · · · · · · · · · · · · · · ·	0	7	0
As	8	Inventories for sale or use	0				
-	-	· · · · · · · · · · · · · · · · · · ·	•	•	0	8	0
	9	Prepaid expenses and deferred charges	ı	, ·	0	9	0
	10a		1				
	١.	other basis Complete Part VI of Schedule D	10a	351,082			
	b	Less accumulated depreciation	10b	229,725	127,940	10c	121,357
	11	Investments—publicly traded securities		<u> </u>	278,140	11	271,869
	12	Investments—other securities See Part IV, line		<u>ļ</u>	0	12	0
	13	Investments—program-related See Part IV, In	e 11		0	13	0
	14	Intangible assets	•		0	14	0
	15	Other assets See Part IV, line 11			131,775	15	123,929
	16	Total assets. Add lines 1 through 15 (must equ	ial line :	34) .	548,601	16	534,474
	17	Accounts payable and accrued expenses			4,710	17	4,214
	18	Grants payable	0	18	0		
	19	Deferred revenue	0	_19	0		
	20	Tax-exempt bond liabilities .	0	20	0		
	21	Escrow or custodial account liability Complete	0	21	0		
es	22	Loans and other payables to current and forme					
III		trustees, key employees, highest compensated					
Liabilities		disqualified persons Complete Part II of Sched	0	22	0		
Ľ	23	Secured mortgages and notes payable to unrel	0	23	0		
	24	Unsecured notes and loans payable to unrelate	0	24	0		
	25	Other liabilities (including federal income tax, p.					
		parties, and other liabilities not included on line	s 17-24) Complete			
		Part X of Schedule D	0	25	0		
	26	Total liabilities. Add lines 17 through 25			4,710	26	4,214
		Organizations that follow SFAS 117 (ASC 95	8), che	ck here ► X and	-		
es		complete lines 27 through 29, and lines 33 a					
Juc I	27	Unrestricted net assets		-	543,891	27	530,260
ala	28	Temporarily restricted net assets	0	28	330,200		
3.8	29	Permanently restricted net assets		· · ·	0	29	0
ŭ,	23	•		h		_ 45	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check i	nere			
S	20	•					
set	30	Capital stock or trust principal, or current funds	0	30	0		
As	31	Paid-in or capital surplus, or land, building, or e		<u>-</u>	0	31	0
e e	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	0	32	0
Z	33	Total net assets or fund balances		Ļ	543,891	33	530,260
	34	Total liabilities and net assets/fund balances			548,601	34	534,474

Form	990 (2017) IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU	4	12-0680736	Pag	ge 12
Par	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		167	7,977
2	Total expenses (must equal Part IX, column (A), line 25)	2		163	3,874
3	Revenue less expenses Subtract line 2 from line 1	3			4,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,89 <u>1</u>
5	Net unrealized gains (losses) on investments	5		<u>-17</u>	7,734
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10		<u>530</u>	<u>0,260</u>
Part	Financial Statements and Reporting				$\overline{}$
_	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	·	ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990				1
	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?	•	2a		X
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u>
þ	Were the organization's financial statements audited by an independent accountant? .		2b	_ <u>X</u> _	
	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				
	X Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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?		3a		N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		Ι ΝΙ/Δ

Form **990** (2017)

SCHEDULE D (Form 990)'

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

Open to Public

Employer identification number

Inspection

OMB No 1545-0047

IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Νo Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a 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 Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, 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 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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" on 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 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Organizations Maintaining Calle		_					_		age Z
	Organizations Maintaining Collection									
3										
	collection items (check all that apply):		_	7						
а	Public exhibition		d [_	Loan	or exchange	progran	ns			
b	Scholarly research		е [Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Y6	s 🔲	No
Part	Complete if the organization answer		n Form	990, Part	t IV, line 9, c	r repo	rted an amour	nt on For	m	
1a	Is the organization an agent, trustee, custodi	an or other in	ntermedia	ry for cont	ributions or o	ther ass	sets not			
b	Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete	 e the follo	.w.na tahle		•		Y€	es	No
	Tes, explain the all angement in a let All	and complete	o the folic	wing table	•			Amount		
С	Beginning balance					10				
d	Additions during the year.					10	1			
е	Distributions during the year .					16				
f	Ending balance .					11				0
2a	Did the organization include an amount on F	orm 990, Par	t X, line 2	1, for escr	row or custod	al acco	unt liability?	Y	s X	No
b	If "Yes," explain the arrangement in Part XIII									
Part										
Ligit	Complete if the organization answer	ered "Yes" o	n Form	990 Parl	HV line 10					
		Current year		or year	(c) Two years	back	(d) Three years bac	ck (e) Fo	ur years	back
1a	Beginning of year balance		(4)	ioi your	(0) 1110 years	-	(4) 111100 30410 541	(0,11		
b	Contributions						- -			
c	Net investment earnings, gains,		<u> </u>	•		-				
•	and losses		ŀ							
d	Grants or scholarships .									
е	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses									
g	End of year balance	0				0		0		0
2	Provide the estimated percentage of the curr	ent year end	balance	(line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	•	%	_						
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	2%							
3a	Are there endowment funds not in the posse	ssion of the c	organizati	on that are	e held and ad	mınıste	red for the			
	organization by·								Yes	No
	(i) unrelated organizations .	•						3a(i)		
	(ii) related organizations				•			3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						•	3b_		
4_	Describe in Part XIII the intended uses of the		<u>'s endow</u>	ment fund	<u> s</u>					
Part			_			_			46	
	Complete if the organization answer	ered "Yes" o	n Form	<u>990, Parl</u>	t IV, li <u>ne 11a</u>	. See	Form 990, Pa			
	Description of property	(a) Cost or of			ost or other		Accumulated	(d) B	ook valu	е
	- ,,	(investri			is (other)	<u> </u>	depreciation			
1a	Land .				21,694	<u> </u>	120 55-	_		21,694
b	Buildings	<u> </u>			295,169	<u> </u>	195,506			9,663
C	Leasehold improvements				24 240		0 0 0 0 0 0	_		0
ď	Equipment .	<u> </u>	(34,219		34,219			0
E Tabal	Other				0	L	0		42	1 257

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

X

	- 				
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Par	t IV, IIn	e 12a	T 4 T	176 121
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.			1	176,131
2 a	Net unrealized gains (losses) on investments	2a	-17,7	24	
a b	Donated services and use of facilities	2b	-11,1	"	
c	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	25,8	88	
e	Add lines 2a through 2d			2e	8,154
3	Subtract line 2e from line 1	•		3	167,977
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	İ 1	l	<u>-</u> -	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	!		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b	· ·		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	167,977
Part		nts Wi	th Expenses	er Retur	
	Complete if the organization answered "Yes" on Form 990, Par				
1	Total expenses and losses per audited financial statements .			11	189,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities .	2a		1	
b	Prior year adjustments .	2b		7	
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	25,8	88	
е	Add lines 2a through 2d		_ 	2e	25,888
3	Subtract line 2e from line 1			3	163,874
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
				1 40 1	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	163,874
					<u>_</u>
Part	XIII Supplemental Information.	art IV, I	nes 1b and 2b,	5	163,874
Part Provid				5 Part V, line	163,874
Part Provid 2, Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	vide an	y additional info	5 Part V, line	163,874
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Schedule D (Form 990) 20	17 IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 2-0680736 Page 5
Part XIII Supp	lemental Information (continued)
•	
financial statements	nor was there any unrelated business income for the year ending
December 31, 2017	,
Part XI Line 2d Rent	& Building Expenses
Part XII Line 2d Ren	& Building Expenses

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SCHEDULE O (Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 42-0680	736
990, Part III, Line 4d. The Company has various programs that are aimed at providing	
information to members on current agricultural issues through newsletters, meetings, etc.	
1,921 members were benefitted in this manner during 2017.	
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	····
990, Part VI, Section A, Line 7a. The organization's members elect the Board of Directors. In	
order to hold an officer position within Farm Bureau, the member must be actively engaged in	
farming, which must be his/her primary interest	
990, Part VI, Section A, Line 7b Decisions of the governing body subject to approval by	
members include setting the annual membership dues and nominating voting delegates to the lowa	
Farm Bureau Federation	
990, Part VI, Section B, Line 11a After the organization's CPA firm prepares the	
documentation/return, management reviews the documents and presents the return to all members	
of the governing body Following final approval, the return is signed by an officer and	
submitted to the IRS	***************************************
990, Part VI, Section B, Line 12c On an annual basis, the organization requires the governing	
body and key employees to sign a conflict of interest policy certification stating that they	
have received, read, and agree to comply with provisions set forth in the organizations	
conflicts of interst policy	
990, Part VI, Section C, Line 19 The organization does not make its governing documents,	
conflicts of interest policy, or financial statements available for public inspection	
Pursuant to state law, some documents may be made available to members	
	·