pepartment of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 201

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

Open to Public Do not enter social security numbers on this form as it may be made public. Inspection

		e 2017 ca	endar year, or tax year beginning , and e	nding		
_		applicable	C Name of organization IOWA FARM BUREAU FEDERATION	- Tuning	D Employer Idea	ntification number
$\overline{}$	Address	• •	Doing business as WARREN COUNTY FARM BUREAU			
	-duress	citalige	Number and street (or PO box if mail is not delivered to street address) Room/suite		42-0681037	
יו	Name ch	ange	200 WEST 2ND AVE		E Telephone nun	nber
$\Box$	nitial reti	um	City or town State ZIP code		· ·	
Ξ,	illuai i Co	um	INDIANOLA IA 50125		(515) 962-2251	
	Final return	n/terminated	Foreign country name Foreign province/state/county Foreign posta	Lcode		
$\Box$	Amended	d return	, or a great and a second production of the se		G Gross receipts	<b>\$</b> 210,247
$\equiv$				T		
	Application	on pending	F Name and address of principal officer	H(a) is th	nis a group return for su	bordinates? Yes X No
			ADAM HILL 11028 165TH AVE, INDIANOLA, IA 50125	H(b) Ar	e all subordinates in	cluded? Yes No
i T	ax-exem	npt status	501(c)(3) X 501(c) ( 5 ) ◀ (Insert no ) 4947(a)(1) or 527	5"	"No," attach a list (s	ee instructions)
		e: ▶ N/A		7		► 0626
				H(C) Gr	oup exemption numb	Der - 0020
KF	orm of o	organization	X Corporation Trust Association Other ▶ L Yes	ar of form	ation 1918	M State of legal domicile  A
Р	art I	Su	mmary			
	1	Briefly d	escribe the organization's mission or most significant activities  AN	ORGAN	IIZATION DEDI	CATED TO HELPING
8			AMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE			
ğ	1					
Governance	_	Chaplet	have been a first the arrangement of the continued the arrangement of the continued th		- 4ba- 050/ -6.4	
ò	2		his box  I if the organization discontinued its operations or disposed	of mor	1 .	1
	3		of voting members of the governing body (Part VI, line 1a)	•	3	<del></del>
S	4		of independent voting members of the governing body (Part VI, line 1b)	•	4	<del></del>
ŧ	5		mber of individuals employed in calendar year 2017 (Part V, line 2a) .		5	<del></del>
Activities &	6		mber of volunteers (estimate if necessary) .		6	21
ĕ	7a	Total un	related business revenue from Part VIII, column (C), line 12		_78	0
	b	Net unre	elated business taxable income from Form 990-T, line 34.		71	0
	1			L	Prior Year	Current Year
a	8	Contribu	utions and grants (Part VIII, line 1h)		18,70	20,100
ğ	9	Program	n service revenue (Part VIII, line 2g)		137,49	126,111
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	5,82	
ď	11		venue (Part VIII, column (A), mas 660 86 96, 10c, and 11e)		18,07	
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>—</b> —	180,09	<del></del>
	13		and similar amounts paid art [X, column (A), tines (3)	<del> </del>		0 0
	14	Renefits	paid to or for members (Rert IX, column (A), line 4)	<del> </del>	5,11	<del></del>
	15	Salanee	other compensation, employee benefits (Part IX, column (A), lines 5–10)		43,07	<del></del>
Expenses	1	Drefere	onel fundament foca (Part IX CORP (W) Include)	<del></del> -	43,07	0 42,035
Ë	16a		onal fundraising fees (Part IX Column (A) line 11e)	1/2 3 34	1. of 1. or . 40 \$1500 at	
×	b			V 1254 18		
	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	120,70	<del></del>
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	168,90	
<del></del>	19	Revenu	e less expenses Subtract line 18 from line 12	<b> </b>	11,19	<del></del>
Assets or Balances				Begin	ning of Current Yea	<del></del>
sset Jalau	20		sets (Part X, line 16)	ļ <u>.</u>	679,19	
d A	21	Total Iia	bilities (Part X, line 26)	<u></u>	4,97	'1 6,3 <u>75</u>
Net A Fund	22	Net ass	ets or fund balances Subtract line 21 from line 20	<u> </u>	674,22	664,652
	irt II		nature Block			
			y, I declare that I have examined this return, including accompanying schedules and statements			
and	belief, it	is true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h prepare	r has any knowledge	
Sig	ın		al 10		8/20	//8
He		<b>7</b>	Signature of officer		Date	
пе	16		Adam HIII President			
			Type or print name and title			
_		Pnn	VType preparer's name Preparer's signature	Dat	te	PTIN
Pai	id			l	Check	<b>—</b> 1
	pare	r <u> MA</u>	XN STUDER Muy A, Judes CPA		14/2018   self-e	mployed P01272566
	e Onl		's name ► MAX N STUDER CPA		Firm's EIN > 27	-5346832
-50	- <b>-</b>		o's address ▶ PO BOX 1463, JOHNSTON, IA 50131			15) 238-1766
Mar	the I		s this return with the preparer shown above? (see instructions)			
_				·	<u> </u>	
For	Paper	work Red	uction Act Notice, see the separate instructions.			Form <b>990</b> (2017)

Form 9	90 (2017)	IOWA FARM BUREAU FEDERATION D/B/A WARREN COUNTY FARM BUREAU	42-0681037	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		x
1		escribe the organization's mission  SANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUAL		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?  describe these new services on Schedule O	Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ? describe these changes on Schedule O	. Yes	X No
4	Describ expense	e the organization's program service accomplishments for each of its three largest program services, see Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	as measured by ocations to others,	
4a	activities with local board m voting d local an legislativattend m Nationa	POLICY The Company is very active in their Policy Development and Policy Implementation  a. An opinionnaire is sent to approximately 290 members each year with issues dealing  a. state and national issues. Proposed resolutions are formulated and presented at a  eeting and thoroughly debated and amended. Adopted resolutions are then supported by the  elegate at the state policy conference. The Company's board and members then support		
4b	to cut act the schomaterial college AG Day fair to ec	CATION The Company is a strong supporter of agricultural education. The Company has very hard at keeping agricultural education in the local schools. Many schools have tried a education out of the school budget and the Company has worked diligently to keep it in pols curriculum. The Company provides teachers from the local schools with information and set to present to their classes. The Company awarded 6 scholarships to students attending contailing \$3000. The Company continues to work with the local EEA Chapters to develop on		
<b>4</b> c	PUBLIC with the member movie th member	) (Expenses \$ 2,705 including grants of \$ ) (Revenue RELATIONS The Company sponsored a day at the County Fair. The Company works very closely Public Health Office to adopt a family in need for Christmas. The Board and individual s donate gifts and items for families in need. The Company sponsored local farm tours and leater adds to promote agriculture. During the year, they gave gift baskets to lucky s to promote animal agriculture.		
4d	Other pr	ogram services (Describe in Schedule O ) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total pro	ogram service expenses  10.718		

Page 3

# 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	]	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
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,	_ <u>`</u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Î	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	.,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		V
А	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		Х
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 <u>d</u>	х	
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	426		v
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\hat{x}}{x}$
	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b		X
5	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		Х
6	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		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х

Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ł	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		Χ_
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	۱ ا		
	employees? If "Yes," complete Schedule J	23		X
24a	, , , , , , , , , , , , , , , , , , , ,	i i		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24.		~
<b>h</b>	24b through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		Х
ď		24d		X
25a		1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		i	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1	<u> </u>	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	206		v
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29		$\frac{\hat{x}}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1 1		
	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	[		ļ <u>,.</u>
20	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			
27	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			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		<del>  ^-</del>
J0	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	to the state of th		990	(2017)
				/

		81037	P	age <b>5</b>
Pai	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			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100		$\vdash$
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country	<del>"</del>		<del>  ^-</del> -
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	]		
	· · · · · · · · · · · · · · · · · · ·	-		ļ
F.	(FBAR)			- v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1.	1	١.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١	ľ	
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).		į	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	7g		
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	ļ		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	╛		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ł
11	Section 501(c)(12) organizations. Enter.	1	1	
а	Gross income from members or shareholders	_]		į
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ī
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		}
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand . 13c	7		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	- / P			

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 <u>1a</u> 18			
	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	ł		1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	L		<u> </u>
	any other officer, director, trustee, or key employee?	2		X
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?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	′_		L!
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9_		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ	N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_	
b	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	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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	<u> </u>
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	ļ.,
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?			
a	The organization's CEO, Executive Director, or top management official	15a		N/A
b	Other officers or key employees of the organization	15b		N/A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- <u>-</u> -
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
<u> </u>	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► IA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	e on!		
18	available for public inspection. Indicate how you made these available. Check all that apply	s only	7)	
10	Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	~, ~-	d	
19	financial statements available to the public during the tax year.	cy, an	u	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ODGANIZATION			
	200 WEST 2ND AVE, INDIANOLA, IA 50125	<b>-</b>		

Form 990 (2017)	IOWA FARM BUREAU FEDERATION D/B/A WARREN COUNTY FARM BUREAU	42-0681037	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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, 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

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	Ďοx,	unie: er an	Pos neck ss pe	rson	n th standard Highest compensated to some series of the s	an	(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
	line)		rustee		ō	ensated				organizations
(1) ADAM HILL	2 00	l								
PRESIDENT	0 00	X	<u> </u>	X	_			0	0	0
(2) SHAM BROWN	2 00									
VICE PRESIDENT	0 00	X	┖	X	<u> </u>			0	0	0
(3) KIM DELAY	2 00									
SECRETARY	0.00	X	L	X	ļ			0	0	0
(4) ZACH PRESTON	2 00									
TREASURER	0 00	_	<u> </u>	Х				0	0	0
(5) DUANE OHNEMUS	2 00									
VOTING DELEGATE	0 00	Х		X	L			0	0	0
(6) ALEX ROGERS	1 00									
DIRECTOR	0 00	X						0	0	0
(7) RAY DITTMER	1 00									
DIRECTOR	0 00	X	<u> </u>					0	0	0
(8) KEITH HENRY	1 00									
DIRECTOR	0 00	X						0	0	0
(9) KURT MOFFITT	1 00									
DIRECTOR	0 00	X	_					0	0	0
(10) JOSH JENSEN	1 00									
DIRECTOR	0 00	X						0	0	0
(11) FRANK HAWK	1 00					1				
DIRECTOR	0 00	Х						0	0	0
(12) ROBERT HAEGELE	1 00									
DIRECTOR	0 00	Х						0	0	0
(13) GARY DENNISTON	1 00									
DIRECTOR	0 00	Х	L					0	0	0
(14) BRAD BALL	1 00								1	
DIRECTOR	0 00	Х						0	o	0

P	Section A. Officers, Directors, Tru	ıstees, Key Emp	oloye	es,	_	1 Hi	ghes	t Co	ompensated Em	ployees (contin	ued)	
	. (A) Name and title	(B) Average hours per	box,	unles	Pos neck as pe	nore	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated	
		week (list any hours for related organizations below dotted line)	or director		-		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation the organization and relate organization	on on
	JEFF GIBSON CTOR	1.00 0.00	x						0	0		0
(16)	PAUL MEAD CTOR	1 00							0	0		<del>_</del> 0
(17)	BRIAN LESTER	1 00		-								
(18)	CTOR ADAM BRUMMER	0 00		-					0	0		0
(19)	CTOR	0 00	X		_				0	0		0
(20)				$\vdash$		_					_ <del></del>	
(21)				-		-					<del>,</del>	
(22)			_		-							
(23)				-			ļ 	,				
(24)					 				,			
(25)				<u> </u>	-	-						
1b	Sub-total			L	!	L	L	<b>▶</b>	0	0		0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A .			•			<b>&gt;</b>	0	0		<u>0</u>
2	Total number of individuals (including but not lir reportable compensation from the organization				•	vho	recei	ved	more than \$100			
	reportable compensation from the organization			_	<u> </u>	_					Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? If "Yes," complete Sched		•		oye	e, o	r high	nest	compensated		3	X
4	For any individual listed on line 1a, is the sum of	of reportable con	pens	satio					•		, 300 m	
	the organization and related organizations greated individual.	iter than \$150,00	11 900.	' "Υ <i>ϵ</i>	es, "	con	iplete	Sc	hedule J for suci 	h	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye				•			_		vidual	5	X
Sec	ion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization Report co year										tax	_
	(A) Name and business addi	ress				_			(B) Description of ser	vices (	(C) Compensation	
												0
												0
		<del></del>								<del></del>		<u>0</u> 0
				_	_	_						0
2	Total number of independent contractors (including more than \$100,000 of compensation from the	-	ed to	tho	se l	ıste	d abo	ve)	who received			

Part VIII	Statement of Revenue	
-----------	----------------------	--

		<ul> <li>Check if Schedule O contains</li> </ul>	a response or	note to any line ir	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
क्ष क	1a	Federated campaigns	1:	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	11	0				
S, G	С	Fundraising events	10					
ar S	d	Related organizations	<u>1</u> 0	20,100				
SI E	е	Government grants (contribution	s) <u>1</u>	90				
ar S	f	All other contributions, gifts, gran	its, and					
풀 울		similar amounts not included abo		f 0	ļ			
ğ	g	Noncash contributions included in l	ines 1a-1f: \$	0				]
	h	Total. Add lines 1a-1f		<b>•</b>	20,100			
9				Business Code				
Ven	2a	MEMBERSHIP DUES		900099	116,160	116,160		
æ	b	FAIR STAND		900099	9,951	9,951		
25	С				0			
Ser	d				0			
Ë	е				0			
Program Service Revenue	f	All other program service revenu	е		0			
	g	Total. Add lines 2a-2f		<u> </u>	126,111		· ·	
	3	Investment income (including div	ridends, interes	t, and				
		other similar amounts)		. ▶	5,552	5,552		
	4	Income from investment of tax-ex	xempt bond pro	oceeds <b>&gt;</b>	0			
	5	Royalties		•	20,577	20,577		
			(ı) Real	(ii) Personal	ŀ			
	6a	Gross rents .	26,21					~
	b	Less rental expenses	43,83					j
	C	Rental income or (loss) .	-17,62		47.000			
	d	Net rental income or (loss)	(i) Securities	(II) Other	-17,628	-17,628		
	7a	Gross amount from sales of	<del></del>	<del></del>				
	ь	assets other than inventory  Less cost or other basis		0 0				
	"	and sales expenses		ا ا				
	_	Gain or (loss)		0 0				
	d	Net gain or (loss)	L	0 0			<del></del>	<del></del>
		Net gain or (loss)	•		0	<del></del>		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	<u>0</u> 1c)					
Je		See Part IV, line 18	. a					
\$	b	Less direct expenses	. b	0		_		
_	C	Net income or (loss) from fundrai	_	. •	0			
	9a	Gross income from gaming activi						
		See Part IV, line 19 .	a					
	b	Less direct expenses .	b	0			<del></del>	
	C	Net income or (loss) from gaming	activities	·	0			
	10a							
	<b>.</b>		. a					
	b C	Less cost of goods sold	. b	0	0			
	ت	Net income or (loss) from sales of Miscellaneous Revenue	n inventory	Business Code	U			<del> </del>
	11a	Expense Recoveries	_	· · · · · · · · · · · · · · · · · · ·	14 607	11 607		
	b			900099	11,697 0	11,697		
	C				0			<del></del>
	d	All other revenue		<del>  </del>	0	<del></del>		
	e	Total. Add lines 11a-11d.			11,697			<del></del>
	12	Total revenue. See instructions	•		166,409	146,309	0	0
					100,700	170,000	U	

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must d	omplete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments See Part IV, line 21			ļ	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals See Part IV, lines 15 and 16	o		1	
4	Benefits paid to or for members	6,662			
5	Compensation of current officers, directors,	0,002			···
•	trustees, and key employees .			ol	
6	Compensation not included above, to disqualified				
0	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and			1	
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	30,929			··· · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	8,601			
10	Payroll taxes	2,525			
11	Fees for services (non-employees)				
а	Management	5,229			
b	Legal .	0			
c	Accounting	1,265			
ď	Lobbying .	0	<del></del> _		<del></del>
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees .	0			
	Other (If line 11g amount exceeds 10% of line 25, column	<del>- 4</del>		· · · · · · · · · · · · · · · · · · ·	
g	(A) amount, list line 11g expenses on Schedule O)	o		اه	
40			- <del></del>		
12	Advertising and promotion	6,221		<del></del>	<del></del>
13	Office expenses	11,878			
14	Information technology	0			
15	Royalties	0			<del></del>
16	Occupancy .	0	<del></del>		
17	Travel .	239		<u> </u>	·
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings .	16,423			
20	Interest	0			
21	Payments to affiliates	60,984			
22	Depreciation, depletion, and amortization .	704	0	0	(
23	Insurance .	1,920			
24	Other expenses Itemize expenses not covered	3,5=5			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	i			
	(A) amount, list line 24e expenses on Schedule O)				
_	SPOKESMAN, DUES & SUBSCRIPTIONS	6,298	<del></del>	<del> </del>	<del></del>
a	~				
b	AG & COMMUNITY PROMOTION	4,521		<del></del>	<del> </del>
C	MEMBERSHIP ACQUISITION	2,602			
d	OTHER	34			····
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	167,035	0	0	(
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following COD 09.2 (ACC 059.720)	1 1			

		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			142,707	2	152,448
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	4,438	4	6,103		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations	ated en	nployees			
	Ì	Complete Part II of Schedule L .		, '	0	5	0
	6	Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
B	ļ	organizations (see instructions) Complete Part II of Sche			0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
ď	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges .			0	9	0
	10a	Land, buildings, and equipment cost or	{				
		other basis Complete Part VI of Schedule D	10a	616,564			
	ь	Less accumulated depreciation .	10b	282,649	346,309	10c	333,915
	11	Investments—publicly traded securities			82,252	11	73,306
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			103,489		105,255
	16	Total assets. Add lines 1 through 15 (must equal	al line :	34)	679,195	_	671,027
	17	Accounts payable and accrued expenses	<u> </u>		4,971	17	6,375
	18	Grants payable			0	18	0,070
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities		}	0	20	0
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D	0	21	0
s	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated					
þi		disqualified persons Complete Part II of Schedi		,ccs, and	0	22	0
Ë	23	Secured mortgages and notes payable to unrela		rd narties	0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa		·		2.7	<u> </u>
		parties, and other liabilities not included on lines					
	l	Part X of Schedule D	, ,, = ,	, 50	o	25	0
	26	Total liabilities. Add lines 17 through 25	4,971	26	6,375		
			· ·		7,011		0,070
Ś	İ	Organizations that follow SFAS 117 (ASC 958		k here ► X and			
ည		complete lines 27 through 29, and lines 33 ar	la 34.				
<u>la</u>	27	Unrestricted net assets			674,224	27	664,652
Ba	28	Temporarily restricted net assets	•		0	28	0
П	29	Permanently restricted net assets			0	29	0
Ţ		Organizations that do not follow SFAS 117 (ASC958),	check h	nere ► and			
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0	30	0
SSE	31	Paid-in or capital surplus, or land, building, or ed	guipme	nt fund	0	31	0
ţ	32	Retained earnings, endowment, accumulated in			0	32	0
Š	33	Total net assets or fund balances	1		674,224		664,652
	34	Total liabilities and net assets/fund balances	679,195		671,027		

Form 9	990 (2017) IOWA FARM BUREAU FEDERATION D/B/A WARREN COUNTY FARM BUREAU	4	<u>2-068103</u>	<u>7 Ρε</u>	ige 12
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_		16	6,409
2	Total expenses (must equal Part IX, column (A), line 25)	2		16	7,035
3	Revenue less expenses Subtract line 2 from line 1	3			-626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			4,224
5	Net unrealized gains (losses) on investments	5		=	<u>8,946</u>
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>66</u>	<u>4,652</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>	<del></del>	<u> </u>
			_	Yes	No
1	Accounting method used to prepare the Form 990				1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		1
	Schedule O		-		<del>   </del>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2</u> a	Ц	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		ì	Ì	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	) X	
	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			Ì	
	X Separate basis Consolidated basis Both consolidated and separate basis		İ	Ì	1 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			}	1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	;	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			$\top$	
	Schedule O		j		) )
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	<u>. [</u>	N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t	, ]	<u>N/A</u>
			For	m 990	(2017)

### SCHEDULE D (Form 990)

Department of the Treasury 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.

► Attach to Form 990. Go to www.irs.gov/Form990 for Instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name	of the organization			Employer identification number
<u>IO</u> W	A FARM BUREAU FEDERATION D/B/A WARRE	N COUNTY FARM BURE	AU _	42-0681037
Par	Organizations Maintaining Donor			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 6.	<u></u>
		(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	<u> </u>		<u> </u>
5	Did the organization inform all donors and don	_		
_	funds are the organization's property, subject t	-	_	
6	Did the organization inform all grantees, donor			
	used only for charitable purposes and not for the		donor advisor, o	· — — —
	purpose conferring impermissible private bene	IIL?		. Yes No
Par	Conservation Easements.		D 4 D / 1' 7	
	Complete if the organization answere			<del></del>
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	ecreation or education)	=	on of a historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conserv	ation contribution	on in the form of a conservation
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		•	
b	Total acreage restricted by conservation easer			2b
C	Number of conservation easements on a certif			2c
d	Number of conservation easements included in historic structure listed in the National Register		s, and not on a	2d
3	Number of conservation easements modified,		 naushed orten	<u> </u>
•	the tax year	iransioned, rolcased, extir	iguisileu, or teri	minated by the organization during
4	Number of states where property subject to co	nservation easement is loc	cated >	
5	Does the organization have a written policy reg			n handling of
	violations, and enforcement of the conservation			Yes No
6	Staff and volunteer hours devoted to monitoring, in-		ns, and enforcing	conservation easements during the year
	<b>•</b>		_	-
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, a	nd enforcing cons	servation easements during the year
	<b>\$</b>			
8	Does each conservation easement reported or	i line 2(d) above satisfy the	e 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 repo			
	balance sheet, and include, if applicable, the te		rganızatıon's fin	ancial statements that describes
	the organization's accounting for conservation			<u> </u>
Par	Organizations Maintaining Collect			
4-	Complete if the organization answere			
ıa	If the organization elected, as permitted under			
	works of art, historical treasures, or other similar of public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted under			
IJ	works of art, historical treasures, or other similar			
	of public service, provide the following amount		A HURIOII, EUUCA	non, or research in miniterative
	(i) Revenue included on Form 990, Part VIII, li	_		<b>&gt;</b> \$
	•			• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of ar			ets for financial gain, provide the
_	following amounts required to be reported und			
а	Revenue included on Form 990, Part VIII, line			
b	Assets included in Form 990, Part X			. <b>&gt;</b> \$

Sched	ule D (Form 990) 2017 IOWA FARM BUREAU	<b>FEDERATION</b>	D/B/A WAF	RREN C	OUNTY FARI	M BUR	EAU 42-0681	037		Page 2
Part	III Organizations Maintaining Coll	ections of A	rt, Histori	cal Tre	asures, or	Other	Similar Assets	(conti	inued)	
3	Using the organization's acquisition, acces	sion, and other	r records, cl	neck any	of the follow	ing tha	t are a significant	use of it	ts	
	collection items (check all that apply).					_	-			
а	Public exhibition		d 🗌	Loan	or exchange	prograi	ms			
b	Scholarly research		. $\Box$	Other						
c	i i		• 🗀	0						
	Preservation for future generations		ll		-4t 4t	• • • • • • • • • • • • • • • • • •				
4	Provide a description of the organization's XIII	collections and	i expiain no	w they it	unner the org	anızatı	on's exempt purpo	se in P	ап	
_							_			
5	During the year, did the organization solicit							П.		1
	assets to be sold to raise funds rather than		ned as part	of the or	ganization's c	collection	on7.	Y	es	No
Part										
	Complete if the organization answ	vered "Yes" o	on Form 99	90, Part	:IV, line 9, c	or repo	rted an amount	on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other in	ntermediary	for conti	ributions or o	ther as	sets not		_	_
	included on Form 990, Part X?.							Y	es 🔃	No
b	If "Yes," explain the arrangement in Part X	II and complete	e the follow	ıng table	·.					
							F	Amount		
C	Beginning balance .					10	<u>c   </u>			
d	Additions during the year	•				10	d			
е	Distributions during the year					10	9			
f	Ending balance					1	f			0
2a	Did the organization include an amount on	Form 990, Par	t X, line 21,	for escr	ow or custod	al acco	ount liability?	<b>□</b> Y	es X	No
b	If "Yes," explain the arrangement in Part X						· ·			ĺ
Part	77.74				40 000p.o			• •		<u></u>
ı aıı	Complete if the organization answ	vered "Vec" o	n Form 00	On Bort	1\/ line 10					
		vereu res c a) Current year	(b) Pnor		(c) Two years	book	(d) Three years back	(a) E	our years	- book
1a	Beginning of year balance	a) Current year	(b) Filor	year	(c) Iwo years	Dack	(d) Tillee years back	(8) 7	our years	Dack
b	Contributions .							+		
c	Net investment earnings, gains,	<u>.</u>								
·	and losses							1		
d	Grants or scholarships .		-				•	<del>-</del>		<del></del>
e	Other expenditures for facilities		<del> </del>					<del> </del>		
·	and programs .					ì				
f	Administrative expenses		-					1		
g	End of year balance	0		0		0	<del></del>			0
2	Provide the estimated percentage of the cu		1				<u>'</u>	ــــــــــــــــــــــــــــــــــــــ		
- а	Board designated or quasi-endowment	► •	%	ic ig, cc	namm (a)) nei	u as				
b	Permanent endowment	%	/-							
c	Temporarily restricted endowment	····· <u></u> %								
•	The percentages on lines 2a, 2b, and 2c sl		-							
3a	Are there endowment funds not in the poss			that are	held and ad	ministe	red for the			
	organization by:		or garnization						Yes	No
	(i) unrelated organizations							3a(i)	1.00	
	(ii) related organizations		•	•	• •		•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	izations listed a	as required	on Sche	dule R2	•	•	3b		<del></del>
4	Describe in Part XIII the intended uses of the		•			•	•	0.5	1	
Part			. 5 5/10011111							
	Complete if the organization answ		n Form 90	n Part	IV line 11a	See	Form 990 Part	X line	10	
	Description of property	(a) Cost or of	Ĭ		est or other		Accumulated		ook valu	
	besorption of property	(a) Cost of of			s (other)		depreciation	(a) B	ook valu	<b>C</b>
1a	Land	<del> </del>	0		73,217					73,217
b	Buildings		0		474,524		213,826			50,698
c	Leasehold improvements .		0		0		213,020			0,030
d	Equipment		0		68,823		68,823			0
e	Other .		0		00,020		00,025			0
	Add lines 1a through 1e (Column (d) must	egual Form 99		column (l			▶		33	33,915

(a) Description		(b) Book value
(1) FBL DEFERRED ANNUITY INVESTMENT		104,833
(2) EQUITY IN OTHER ORGANIZATIONS		422
(3)	-	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		105,255

### Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>

<sup>2.</sup> 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

	ule 0 (Form 990) 2017 IOWA FARM BUREAU FEDERATION D/B/A WARREN COU			42-068	1037 Page 4	
Par			•	r Return.		
	Complete if the organization answered "Yes" on Form 990, Part	t IV, IIn	ie 12a	т. т	201.001	
1 2	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	201,301	
	Net unrealized gains (losses) on investments	2a	-8,9	) 		
a b	Donated services and use of facilities	2b	-0,3	740		
		<del></del>	<u> </u>			
C	Recoveries of prior year grants	2c	42.6	<del></del>		
d	Other (Describe in Part XIII )	_2d	43,8		34,892	
е 3	Add lines 2a through 2d		•	2e 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	۱	3	166,409	
	Investment expenses not included on Form 990, Part VIII, line 7b.	4.				
a b	Other (Describe in Part XIII )	4a 4b		<del> </del>		
C	Add lines 4a and 4b.	40	<u> </u>	4c	0	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	•	•	5	166,409	
	Reconciliation of Expenses per Audited Financial Statemer	ata \A/i	th Evnances			
ı aı	Complete if the organization answered "Yes" on Form 990, Part			bei verni	".	
1	Total expenses and losses per audited financial statements	LIV, III	IC 12a.	1	210,873	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		•	·	210,073	
a	Donated services and use of facilities	2a	I			
a b	Prior year adjustments	2b	<del></del> -	$\dashv$ $\downarrow$		
C	Other losses	2c	<del> </del>	<del>-  </del>		
d	Other (Describe in Part XIII )	2d	43,8	238		
e	Add lines 2a through 2d	Zu	43,0	2e	43,838	
3	Subtract line 2e from line 1		•	3	167,035	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i	ι		107,000	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b				
C	Add lines 4a and 4b		L	4c	0	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	167,035	
	XIII Supplemental Information.		·		107,000	
_	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV I	ines 1h and 2h	Part V line	4 Part X line	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				1, 1 0.1171, 11110	
	X Line 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Ac		•			
rait /	R LINE 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Ac	countin	<u>ıg</u>			
Police	ies In accordance with the Income Taxes Topic of the FASB ASC, the Company e	waluate	e.			
i one	les in accordance with the income taxes topic of the 1 ASB ASC, the Company e	valuate				
uncei	rtain tax benefits arising from tax positions taken or expected to be taken based o	'n				
	tain ax portatio atteng from tax positions taken or expected to be taken based o					
the lil	kelihood of being sustained upon examination by applicable tax authorities. If the					
	termode of being declarice upon examination by approache tax authorities. If the					
Comi	pany determines that a tax position is more likely than not of being sustained, it					
	described which a lax position of more intoly than not of boing described, it					
recoo	inizes the largest amount of the arising benefit that is greater than 50% of being					
realiz	ed upon settlement in the financial statements. Any tax positions taken or expecte	ed				
	as a section and the section of the	22				
to be	taken that do not pass the more likely than not test, the Company establishes					
	terior te					
reser	ves offsetting the benefits related to such positions. Interest and penalties if any,					
are ır	icluded in the current provision for income taxes in the Company's statements of					
activi	activities and are included as a current liability in the statement of financial position					
Incon	Income Tax Footnote The Company has evaluated its tax positions and has concluded that					
the o	rganization had taken no uncertain tax positions that require adjustement to the					

Schedule D (Form 990) 2017 IOWA FARM BUREAU FEDERATION D/B/A WARREN COUNTY FARM BUREAU2-0681037	Page 5
Part XIII Supplemental Information (continued)	
·	
financial statements nor was there any unrelated business income for the year ending	
D	
December 31, 2017.	
Part VI Line 2d Part & Building Evennes	
Part XI Line 2d Rent & Building Expenses	
Part XII Line 2d Rent & Building Expenses	
^	

### 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
2017
Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

Employer identification number

IOWA FARM BUREAU FEDERATION D/B/A WARREN COUNTY FARM BUREAU	42-0681037
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	
3,046 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 low	/a
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 member	's
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	