990

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

Open to Public Inspection

Department of the Treasury

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

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

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			endar year, or tax year beginning , and endin		ido neidio neco	n number	
_		pplicable	C Name of organizationIOWA FARM BUREAU FEDERATION	D Employer	identificatio	on number	
/	Address c	hange	Doing business as BREMER COUNTY FARM BUREAU	—			
\neg .	Name cha	ange	Number and street (or PO box if mail is not delivered to street address)	42-0680736			
Ξ΄		5-	PO BOX 615	E Telephone	numper		
ו	nıtıal retu	rn	City or town State ZIP code	(319) 352-36	367		
٦,	inal <i>r</i> eturni	/terminated	WAVERLY IA 50677			*	
ᆜॱ	illai ictorii	ic.iiiiia.co	Foreign country name Foreign province/state/county Foreign postal code			201	
/	Amended	return		G Gross rece	ipts \$	201	,678
\neg	Applicatio	n pending	F Name and address of principal officer	i) Is this a group return fo	or subordinate	s? Yes X	No
	фриссио			b) Are all subordinate		Yes	าี พ่อ
				•			٥,,, ٦
I T	ax-exemp	ot status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	t (see instru	ctions)	
JV	Vebsite	: ► N/A	, H(c	c) Group exemption n	umber 🕨 (0626	
V -		ganization	X Corporation			of legal domicile	IA
				1918	IVI State	or regar dominate	<u> </u>
P	art l		mmary (
	1			SANIZATION DE	DICATED	TO HELPING	-
ည		FARM F	AMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE				. -
Activities & Governance			·				
Je.	2	Check ti	nis box • If the organization discontinued its operations or disposed of n	more than 25% o	of its net a	ssets	
á			of voting members of the governing body (Part VI, line 1a)		3	100010	11
ತ	3			•	4		
S	4		of independent voting members of the governing body (Part VI, line 1b)	}	-		
Ę	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5		3
妄	6		mber of volunteers (estimate if necessary)	ļ	6		25
₹	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 38		7b		0
				Prior Year		Current Year	
Ф	8	Contribu	itions and grants (Part VIII, line 1h)	19	,350	19	9 <u>,350</u>
5	9	Program	service revenue (Part VIII, line 2g)	84	,150	85	5,365
Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		,619	17	7,529
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,858		,493
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,977		1,737
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	107	0		0
	1		· · · · · · · · · · · · · · · · · · ·				1,701
	14		paid to or for members (Part IX, column (A), line 4)		,889		
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	68	,551	70),53 <u>6</u>
Su	16a		onal fundraising fees (Part IX, column (A), line 11e)		0		0
Expenses	b	Total fur	idraising expenses (Part IX, column (D), line 25) ▶0				
Ŵ	17	Other ex	(penses (Part IX, column (A), lines 11a-11d, 11f-24e)		,434),739
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	163	,874	165	,976
	19	Revenu	e less expenses Subtract line 18 from line 12	4	,103	8	3,761
Net Assets or Fund Balances			RECEIVED	eginning of Current	Year	End of Year	
ets	20	Total as	sets (Part X, line 16) polities (Part X, line 26) SEP 0 4 2019	534	,474	519	9,339
Ass	21	Total lial	ollities (Part X, line 26) SEP 0 4 · 2019 Ses or fund balances Subtract line 21 from line 20		,214		1,837
Set	22	Not acc	ats or fund halances. Subtract line 21 from line 20		,260		,502
			nature Block		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	1002
l land	ırt II	<u> </u>	, I declare that I have examined this return, including accompanies long-dues and statements, and	I to the best of my kny	nudedae		
			ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre				
unu	bener, it is	100,000	95011			·······	
Sig	ın		CNOV				
He		ابر	Signature of officer Luke D. Schuld+ President	Date	1-17-	IC	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7	7-23-1	7	
			Type or print name and title	·		<u> </u>	
		Prin	VType preparer's name Preparer's signature	Date	V	PTIN	
Pai	id	1	VALCTUDED AL TALL		neck X		
Pre	parer	, JIVIA	KN STUDER Mayof Much CFA		-		
	e Only		's name ► MAX N STUDER CPA	Firm's EIN ▶	27-53468	332	
	,		's address ▶ PO BOX 1463, JOHNSTON, IA 50131	Phone no	(515) 238	3-1766	
Ma	the ID		s this return with the preparer shown above? (see instructions)		•	X Yes	No
ivia	y the IR	so discus	s this return with the preparer shown above? (see instructions)				7 140

41	Onn	330	(20	,,,
			_	

P <u>.</u> a	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?	res X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	(a. V Na
	services? If "Yes," describe these changes on Schedule O	res X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code) (Expenses \$ 2,116 including grants of \$) (Revenue \$ PUBLIC POLICY Members were invited to fill out an opinionnaire. From the results of the opinionnaire, a committee developed the proposed resolutions which were presented at the Company's annual meeting in July. Those attending discussed and adopted policies which were sent to the lowa Farm Bureau Federation to be included in state results. A board member attended the Washington DC legislative trip to lobby for agriculture. The board president attended the Presidents Conference. A board member attended a group visit to Senator Grassley's office where the group raised several questions on concerns facing farmers today.	
4b	(Code	
4c	(Code) (Expenses \$ 7,702 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. In March the Company co-sponsored with local banks a Farm)
	Bill/Crop Insurance meeting Several board members attended and the Company helped sponsor the	
	food for the event 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 sponsored a Corn-Feed and watermelon	· · · · · · · · · · · · · · · · · · ·
	feed during the Bremer County Fair. The Company sponsored a Centennial Picnic in June where the	
	meat & cake were provided	
		·
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 18,886	



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		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,	5		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ 5		
	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	0		
	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, 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	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	х	
	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	х	
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," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		Ì	
	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		х
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		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		X
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	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 +	X
b !1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I, and II.	20b		

Form **990** (2018)

Par	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		·	
	to defease any tax-exempt bonds?	24c		Х
	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			١.,
	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	25b		x
26	990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		 ^
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	ł		
	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,	<u>-</u> -		
	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)			
а	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		V
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		$\hat{}$
32	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		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		ı	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V.		V _{e z}	
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 5	٦ .		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Ή		
-	gaming (gambling) winnings to prize winners?	1c	x	

Pari	Statements Regarding Other IRS Filings and Tax Compliance (continued)			г.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\overline{x}	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	- 0.5		
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	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?	5c		H
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	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			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	15	12	
а	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	#		
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
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.			
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which		-	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			-1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ.
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Vos." complete Form 4720. Schodula O			

Part VI

IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU

42-0680736

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

	Officers in Contracting a respondence in the contracting and the c				<u> </u>		
Sect	ion A. Governing Body and Management				T		
_		4.	44 [Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	1	H		
	If there are material differences in voting rights among members of the governing body, or			1	l. 1		
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	41		٠.	l i		
b	Enter the number of voting members included in line 1a, above, who are independent		11				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	2	 -	 X		
	any other officer, director, trustee, or key employee?						
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		3	ļ	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	issets?	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	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1					
	stockholders, or persons other than the governing body?		7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			1		
	the year by the following	_	l		1		
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 re	eached					
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)			
0000	ion by Colored (Time Cookers & Toqueset amontmation about persons and Toqueset by the			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 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	Х			
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? <i>If "No," go to line 13</i>		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	rive rise to conflicts?		X	 		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			 	<u> </u>		
•	describe in Schedule O how this was done	. 55,	12c	x			
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy?		14	X			
4=	Did the process for determining compensation of the following persons include a review and appro	val hv	<u> </u>	 ^`			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation				1		
•	The organization's CEO, Executive Director, or top management official	and decision.	15a		N/A		
a			15b		N/A		
b	Other officers or key employees of the organization		135		1		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ement	'				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a toyable antitle during the year?	ement	160	\ 	×		
	with a taxable entity during the year?	-44-	16a	├	 ^ ,		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the second sec				}		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	466	·	 -J		
	the organization's exempt status with respect to such arrangements?		16b		L		
	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed IA	d 000 T (0d	504/-				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,		1 201(C)				
	(3)s only) available for public inspection Indicate how you made these available Check all that ap	•					
• -		plain in Schedule (•	1			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest p	olicy, a	10			
	financial statements available to the public during the tax year		_				
20	State the name, address, and telephone number of the person who possesses the organization's to		• ▶				
	THE ORGANIZATION	(319) 352-36)/ 				
	PO BOX 615, WAVERLY, IA 50677						

42-0680	736	Page '	
42-0000	730	Page	

		_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

				(0	C)					
(A) THE	(B) Average	Position (do not check more than one box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per				irect	or/truste		compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	From the organization (W-2/1099-Minus) Key employee Key employee				other compensation from the organization and related organizations		
(1) LUKE SCHULDT	1 50									
PRESIDENT	0 00	X		X		L		0	0	0
(2) CLINT MUNK	1 50									
VICE PRESIDENT	0 00	X		X	<u> </u>			0	0	0
(3) JENNIFER DEMUTH	1 50									
SECRETARY	0 00	X		Х				0	0	0
(4) KEVIN MEYER	1 50									
TREASURER	0 00	Х		X	L_			0	0	0
(5) DENNIS SCHNADT	1 50									
VOTING DELEGATE	0 00	Χ_	<u> </u>	X				0	0	0
(6) JOHN EVEN	0 50									_
DIRECTOR	0 00	X	_		_			0	0	0
(7) PAT LENTZ	0 50							_	_	_
DIRECTOR	0 00	X			_			0	_0	0
(8) WADE SCHMUDLACH	0 50	١						_		_
DIRECTOR	0 00	X	L					0	0	0
(9) NICK TIEDT	0 50							_		_
DIRECTOR	0 00	X	_		_			0	0	0
(10) WARREN SCHWAKE	0 50							_		_
DIRECTOR	0 00	X	_					0	0	0
(11) DEAN LANTZKY	0 50									
DIRECTOR	0 00	X				-		0	0	0
(12)										
(13)										
(14)										

Ŗa	Rart VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title		(B) Average hours per week (list any hours for	Average box, undersper office			Position (do not check more than box, unless person is bot officer and a director/temploy or dire			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	aı	(F) stimate nount o other ipensal	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	ěř	employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the panizati d relate anizatio	on ed
(15)													
(16)					-	 -							
(17)													
(18)													
(19)								_					
(20)													
(21)													
(22)													
(23)						-							
(24)					_								
(25)													
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	I	l	l	<u> </u>		> > >	0	0			0
2	Total number of individuals (including but not line reportable compensation from the organization				•	vho	recei	ved	more than \$100				
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	mpl		e, c	r higi	nest	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual									ל	4		×
5	Did any person listed on line 1a receive or acci	•			•			_		ridual			
	for services rendered to the organization? If "Y	es, complete st	neau	iie J	101	Suc	n per	SOL			5		_X_
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax		
	(A) Name and business add	ress	•		~				(B) Description of ser	vices	(C Comper		
	****												0
													0
													0
								<u> </u>	-				0
2	Total number of independent contractors (inclu	ding but not limit	ed to	tho	ا می	ısto:	d abo	L	who received				0
_	more than \$100,000 of companyation from the	-	.50 10	aio	3G I	.510	عاده م م	• • •)	THIS ICCCIVED				

Part VIII Statement of Revenue

		Check if Schedule O contains	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
y y	1a	Federated campaigns	<u>1a</u>	0				
ᄩᆲ	b	Membership dues	<u>1b</u>	0				
اؤ يَّ	С	Fundraising events	1c	0				
ar A	d	Related organizations	1d	19,350			·	
S, E	е	Government grants (contribution		0				
ar S	f	All other contributions, gifts, gran	nts, and					
를 취		similar amounts not included abo	ove 1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ines 1a–1f: \$	0				
0 8	h	Total. Add lines 1a-1f		•	19,350			
e e				Business Code				
ě	2a	MEMBERSHIP DUES		900099	85,365	85,365		
8	b	***************************************			0			
	С				0			
Ser	d				0			
튑	е				0			
Program Service Revenue	f	All other program service revenu	ie		0			
	g	Total. Add lines 2a–2f		▶	85,365			
	3	Investment income (including divother similar amounts)	ndenas, interest,	anu	17,529	17,529		
	4	Income from investment of tax-e	vemnt hand prod	sheer	17,529	17,525		·
	5	Royalties	xempt bond proc	Leeus -	18,425	18,425		
		royanes	(ı) Real	(ii) Personal	10,120	10,120		,
	6a	Gross rents	24,779				-	
	b	Less rental expenses	26,941					•
	c	Rental income or (loss)	-2,162	 				
	d	Net rental income or (loss)		•	-2,162	-2,162		
	7a	Gross amount from sales of	(i) Securities	(II) Other		•		
		assets other than inventory	0	0				
	b	Less cost or other basis						
		and sales expenses	0	0				
	С	Gain or (loss)	0	0				
	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				
돌	b	Less direct expenses	b	0				
Ĭ	C	Net income or (loss) from fundra		•	0			
	9a	Gross income from gaming activ						
		See Part IV, line 19	а	0				
	b	Less direct expenses Net income or (loss) from gaming	b a activities					
		Gross sales of inventory, less	y activities					
	IVa	returns and allowances	а	اه				
	b	Less cost of goods sold	a b					
	C	Net income or (loss) from sales of			0			
ł		Miscellaneous Revenue	o. arrontory	Business Code		•		
	11a	Expense Recoveries		900099	36,230	36,230	· · · · · · · · · · · · · · · · · · ·	
	b				0	,-,2-		
	C				0		.	
	d	All other revenue			o			
	е	Total. Add lines 11a-11d			36,230			
	12	Total revenue See instructions		_	17/ 737	155 387	^	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
Check if Schedule O contains a response or note to any line in this Part IX							
	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	0	-				
2	Grants and other assistance to domestic						
_	individuals See Part IV, line 22	0		****			
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members	4,701					
5	Compensation of current officers, directors,	7,701					
•	trustees, and key employees	0		o			
6	Compensation not included above, to disqualified						
_	persons (as defined under section 4958(f)(1)) and		·				
	persons described in section 4958(c)(3)(B)	o					
7	Other salaries and wages	59,188					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	2,000					
9	Other employee benefits	4,118					
10	Payroll taxes	5,230					
11	Fees for services (non-employees)						
а	Management	1,897					
b	Legal	0					
C	Accounting	1,115	_				
d	Lobbying Professional fundraising converse. See Part IV line 17	0					
e f	Professional fundraising services See Part IV, line 17 Investment management fees	0					
g	Other (If line 11g amount exceeds 10% of line 25, column						
9	(A) amount, list line 11g expenses on Schedule O)	l	·	o			
12	Advertising and promotion .	8,675					
13	Office expenses	17,935			· · · · · · · · · · · · · · · · · · ·		
14	Information technology	0					
15	Royalties	0					
16	Occupancy	0					
17	Travel	816					
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	1,526					
20	Interest	0 00 007					
21	Payments to affiliates	39,837		0			
22	Depreciation, depletion, and amortization	1,123	0	0			
23 24	Insurance Other expenses Itemize expenses not covered	1,123	<u> </u>				
24	above (List miscellaneous expenses in line 24e If).				
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O)		•				
а	SPOKESMAN, DUES & SUBSCRIPTIONS	4,875					
b	AG & COMMUNITY PROMOTION	10,320					
C	MEMBERSHIP ACQUISITION	2,520					
d	MISCELLANEOUS	100					
е	All other expenses	0					
25	Total functional expenses. Add lines 1 through 24e	165,976	0	0	C		
26	Joint costs. Complete this line only if the						
	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation Check here ▶ if		;				
	following SOP 98-2 (ASC 958-720)	į l					

Part X Balance Sheet

	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	10,453	2	19,168		
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net			6,866	4	6,589
	5	Loans and other receivables from current and for	ormer o	officers, directors.			· · · · · · · · · · · · · · · · · · ·
	•	trustees, key employees, and highest compens		· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L	u.ou o.		0	5	0
	6	Loans and other receivables from other disqualified person	ne lae i	defined under section	<u>_</u>		
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), a					
w		sponsoring organizations of section 501(c)(9) voluntary e		es benenciary			
Assets	_	organizations (see instructions) Complete Part II of Sche	aule L	}	0	6	0
Ş	7	Notes and loans receivable, net			0	7	0
•	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges	1	,	0	9	0
	10a	Land, buildings, and equipment cost or			i	•	
		other basis Complete Part VI of Schedule D	10a	330,548			
	b	Less accumulated depreciation	10b	215,775	121,357	10c	114,773
	11	Investments—publicly traded securities			271,869	11_	263,212
	12	Investments—other securities See Part IV, line	0	12	0		
	13	Investments—program-related See Part IV, line	11		0	13	0
	14	Intangible assets			0	14	_ 0
	15	Other assets See Part IV, line 11			123,929	15	115,597
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	534,474	16	, 519,339
	17	Accounts payable and accrued expenses	4,214	17	4,837		
	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 I	art IV	of Schedule D	0	21	0
S	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated					
Ē		disqualified persons Complete Part II of Sched			0	22	0
Ë	23	Secured mortgages and notes payable to unrela	0	23	0		
	24	Unsecured notes and loans payable to unrelate	0	24	0		
	25	Other liabilities (including federal income tax, pa					
	_	parties, and other liabilities not included on lines	•		•		
		of Schedule D	<i></i>	o	25	0	
	26	Total liabilities. Add lines 17 through 25		•	4,214	26	4,837
		Organizations that follow SFAS 117 (ASC 958	2) che	ck here ► X and			
ŝ		complete lines 27 through 29, and lines 33 ar		ck liefe P A and			
ဋ	27	Unrestricted net assets	10 0-1.		530,260	27	514,502
Balances	27			-	530,260		314,502
Ä	28	Temporarily restricted net assets			0	28	0
or Fund	29	Permanently restricted net assets		_		29	0
Ţ		Organizations that do not follow SFAS 117 (ASC958),	check l	nere 🕨 🔛 and			
ō		complete lines 30 through 34.				. 	
ets	30	Capital stock or trust principal, or current funds			0	30	0
SS	31	Paid-in or capital surplus, or land, building, or en	quipme	ent fund	0	31	0
Net Assets	32	Retained earnings, endowment, accumulated in	come,	or other funds	0	32	0
Š	33	Total net assets or fund balances		ſ	530,260	33	514,502
	34	Total liabilities and net assets/fund balances			534,474	34	519,339

Part 1 2	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)				
2					
2	Total revenue (must equal Port VIII, column (A), line 12)			Į	
	Total revenue (must equal Part VIII, Column (A), line 12)	1		174	,737
_	Total expenses (must equal Part IX, column (A), line 25)	2		165	<u>,976</u>
3	Revenue less expenses Subtract line 2 from line 1	3		8	3,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		530	,260
5	Net unrealized gains (losses) on investments .	5		-24	,519
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		514	,502
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				<u> </u>
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				
b	Were the organization's financial statements audited by an independent accountant?		2b	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				ĺ
С	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		,
	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				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		N/A
			Form		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 2018

Open to Public Inspection

Employer identification number

IOW	A FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU	42-0680736			
Par	Organizations Maintaining Donor Advised Funds or Other Simila	Funds or Accounts.			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 6			
	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets h	eld in donor advised			
	funds are the organization's property, subject to the organization's exclusive legal co				
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	<u> </u>			
	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 No			
Par	Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 7			
1	Purpose(s) of conservation easements held by the organization (check all that apply				
		vation of a historically important land area			
		vation of a certified historic structure			
		•			
_	Preservation of open space	to a distribution of a second second			
2	Complete lines 2a through 2d if the organization held a qualified conservation contri				
	easement on the last day of the tax year	Held at the End of the Tax Year			
a	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
C	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/06, and not o historic structure listed in the National Register	1 a 2d			
3	Number of conservation easements modified, transferred, released, extinguished, o				
3	the tax year	terminated by the organization during			
4	Number of states where property subject to conservation easement is located	•			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
_	violations, and enforcement of the conservation easements it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year			
	•	•			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year			
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	Yes No			
9	In Part XIII, describe how the organization reports conservation easements in its rev	enue and expense statement, and			
	balance sheet, and include, if applicable, the text of the footnote to the organization'	financial statements that describes the			
	organization's accounting for conservation easements				
Par	Collections of Art, Historical Treasure				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in				
	works of art, historical treasures, or other similar assets held for public exhibition, ed				
	public service, provide, in Part XIII, the text of the footnote to its financial statements				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its				
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, 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	▶ \$			
2	If the organization received or held works of art, historical treasures, or other similar	_ '			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to the	se items			
а	Revenue included on Form 990, Part VIII, line 1	▶ \$			
b	Assets included in Form 990, Part X	▶ \$			

Part	Organizations Maintaining (Collec	tions of Al	rt, Histo	ricai ire	<u>asures, or </u>	Otner S	olmijar Assets	(conti	<u>nuea)</u>	
3	Using the organization's acquisition, accollection items (check all that apply)	ccessio	n, and other	records,	check any	of the follow	ing that a	are a significant	use of it	S	
а	Public exhibition			d _] Loan or	exchange pr	ograms				
b	Scholarly research			е 🗌	Other						
С	Preservation for future generation	s			-						
4	Provide a description of the organization		lections and	explain h	ow thev fu	urther the ora	anızatıon	n's exempt purpo	se in Pa	art	
•	XIII				,						
5	During the year, did the organization s assets to be sold to raise funds rather									es 🗌	No
Part	IV Escrow and Custodial Arrar Complete if the organization a	ngeme	nts.						on For	r m	
1a	990, Part X, line 21 Is the organization an agent, trustee, concluded on Form 990, Part X?	custodia	n or other in	itermedia	ry for cont	ributions or o	ther asse	ets not		es 🗀	No
b	If "Yes," explain the arrangement in Pa	art XIII a	and complete	e the follo	wing table	:			⊔ "	ـــا	140
J	in res, explain the arrangement in re	211 77111 6	ina compica	3 1110 10110	wing table	•			mount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				0
2a	Did the organization include an amour	nt on Fo	rm 990, Par	t X, line 2	1, for escr	row or custod	ıal accou	int liability?	Ye	es 🗓	No
b	If "Yes," explain the arrangement in Pa	art XIII	Check here	if the exp	lanation h	as been prov	ided on F	Part XIII			
Part	V Endowment Funds.					·					
	Complete if the organization a	answer	ed "Yes" o	n Form	990, Part	IV, line 10					
		(a) C	urrent year	(b) Pr	or year	(c) Two years	back ((d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses	ļ									
d	Grants or scholarships								-		
е	Other expenditures for facilities										
	and programs					 			 		
T	Administrative expenses	 -	0				0				
g	End of year balance		<u> </u>	halanaa	0	l			<u> </u>		0
2	Provide the estimated percentage of the Board designated or quasi-endowmen		ent year end	%	iline ig, co	olumn (a)) ne	iu as				
a b	Permanent endowment	٠,	%	70							
C	Temporarily restricted endowment	>	· <u>/</u> %								
·	The percentages on lines 2a, 2b, and 3	2c shou		7%							
3a	Are there endowment funds not in the				on that are	held and ad	ministere	ed for the			
- Ou	organization by	poodeo	0.011 01 1110 0	n garmzau	on that are	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	rganizat	tions listed a	is require	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses	_		-							
Part		ment.					See F	orm 990. Part	X. line	10.	
	Description of property	1	(a) Cost or of		T	or other basis		ccumulated		ook value	e
_	- 1 E-177		(investm		1 ' '	other)		preciation			
1a	Land			0		21,694				2	1 694
b	Buildings			0		295,169		202,090		9	3,079
С	Leasehold improvements			0		0		0			0
d	Equipment			0		13,685		13,685			0
e_	Other			0	<u> </u>	0		0			0
Total	Add lines 1a through 1e. (Column (d) i	must en	ual Form 00	n Part Y	column (R) line 10c)		▶		11	4 773

Part VII				
	Complete if the organization answere	<u>d "Yes" on Form 990,</u>	Part IV, line 11b See Form 99	90, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives	0		
(2) Closely-	-held equity interests .	0		
(3) Other				
				 =
				
(E)				
(G)				
(H)				· · · · · · · · · · · · · · · · · · ·
	nn (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII				
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 99	90, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				-
(9)	#1 45 DOD D 14 40 15			
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13)	0		
Partix	Other Assets. Complete if the organization answere	d "Ves" on Form 990	Part IV line 11d See Form 9	00 Part X line 15
		scription	Tarry, line rid See Form 9	(b) Book value
(1) FBL D	eferred Annuity Investment			115,597
(2)	ordinary minary minary			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 1000 B-1V1 (D) In	- 451		115 507
	mn (b) must equal Form 990, Part X, col (B) line	9 15)	<u> </u>	115,597
Part X	Other Liabilities. Complete if the organization answere	d "Voc" on Form 000	Part IV line 11e or 11f See F	orm 000 Part Y
	line 25	u res on Form 990,	raitiv, line the or thi. See t	OIIII 990, Fait A,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·
	il income taxes	0		
(2)			1	
(3)			1	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (h) must equal Form 990 Part X col. (B) line 25.1	0	I	

X

^{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

IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 177,159 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a -24,519 2b **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 26,941 e Add lines 2a through 2d 2e 2.422 174,737 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 . . . a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) 4b 4c c Add lines 4a and 4b 0 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 174,737 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV. line 12a 1 Total expenses and losses per audited financial statements 192,917 1 Amounts included on line 1 but not on Form 990. Part IX, line 25 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 26,941 d Other (Describe in Part XIII) 2d 2e e Add lines 2a through 2d 26,941 165,976 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b **b** Other (Describe in Part XIII) c Add lines 4a and 4b 4c 0 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 165,976 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part X Line 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Accounting Policies In accordance with the Income Taxes Topic of FASB ASC, the Company evaluates uncertain tax benefits arising from tax positions taken or expected to be taken based on the likelihood of being sustained upon examination by applicable tax authorities. If the Company determines that a tax position is more likely than not of being sustained, it recognizes the largest amount of the arising benefit that is greater than 50% of being realized upon settlement in the financial statements. Any tax positions taken or expected to be taken that do not pass the more likely than not test, the Company establishes reserves offsetting the benefits related to such positions. Interest and penalties if any, are included in the current provision for income taxes in the Company's statements of activities and are included as a current liability in the statement of financial position

Income Tax Footnote The Company has evaluated its tax positions and has concluded that

the organization had taken no uncertain tax positions that require adjustment to the

Schedule D (Fo	om 990) 2018	IOWA FARM BUREAU FEDERATION D/B/A BREMER COUNTY FARM BUREAU 2-0680736	Page 5
Part XIII	Suppleme	ental Information (continued)	
financial sta	tements nor	was there any unrelated business income for the year ending	
December 3	31, 2018		· • • • • • • • • • • • • • • • • • • •
Part XI Line	2d Rent & B	Building Expenses	
1 dit XI Lillo	ZO NOM C	diding Experiess	
Part XII Line	e 2d Rent & E	Building Expenses	
	·		· • • • • • • • • • • • • • • • • • • •
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SCHEDULE 0 (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	42-0680736
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	
1,895 members were benefitted in this manner during 2018	
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 annual membership dues and nominating voting delegates to the lowa	
Farm Bureau Federation	
990, Part VI, Section B, Line 11b 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 the provisions set forth in the organizations	
conflicts of interest policy	
990, Part VI, Section C, Line 19 The organization does not make its governing documents,	
······································	