

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO CREATE A VIBRANT FUTURE FOR AGRICULTURE, FARM FAMILIES AND THEIR COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$	including grants of \$	(Revenue \$)
See Additional Data			

























4b	(Code) (Expenses \$	including grants of \$	(Revenue \$)
See Additional Data			

4c	(Code) (Expenses \$	including grants of \$	(Revenue \$)
See Additional Data			

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	154	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	71			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
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? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 JAMES W GARDNER CFO 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 (515) 225-5400

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY BRINCKS DISTRICT 1 DIRECTOR	18 00	X						4,030	0	0
(2) ANDY HILL DISTRICT 2 DIRECTOR	18 00	X						41,448	0	0
(3) MATT SCHUITEMAN DISTRICT 3 DIRECTOR	18 00	X						4,750	0	0
(4) BRENT JOHNSON DISTRICT 4 DIRECTOR	18 00	X						49,911	0	0
(5) MARK BUSKOHL DISTRICT 5 DIRECTOR	18 00	X						47,502	0	0
(6) NICK PODHAJSKY DISTRICT 6 DIRECTOR	18 00	X						48,222	0	0
(7) RICK PLOWMAN DISTRICT 7 DIRECTOR	18 00	X						40,945	0	0
(8) CALVIN ROZENBOOM DISTRICT 8 DIRECTOR	18 00	X						55,449	0	0
(9) WILLIAM FRAZEE DISTRICT 9 DIRECTOR	18 00	X						48,230	0	0
(10) JOE HEINRICH VICE PRESIDENT	18 00	X		X				69,721	0	0
(11) CRAIG D HILL PRESIDENT	20 00 30 00	X		X				0	545,538	101,912
(12) DUANE JOHNSON EXECUTIVE DIRECTOR/SECRETA	20 00 30 00			X				0	477,568	504,837
(13) EDWARD G PARKER GENERAL COUNSEL	30 00 30 00			X				0	736,445	102,918
(14) JAMES GARDNER CHIEF FINANCIAL OFFICER	30 00 20 00			X				0	357,181	17,374
(15) CHAD BISHOP DIRECTOR, INFORMATION RESO	25 00 25 00				X			0	214,339	35,000
(16) SARA PAYNE CHIEF MKTG & COMMUNICATION	40 00				X			0	343,009	23,238
(17) KARL OLSON ASSISTANT GENERAL COUNSEL	40 00					X		0	248,681	42,940

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID MILLER DIRECTOR, RESEARCH & COMMO	40 00					X		215,157	0	114,468
(19) MARK WICKHAM ASSISTANT GENERAL COUNSEL	40 00					X		0	224,500	29,033
(20) DONALD PETERSEN DIRECTOR, GOVERNMENT RELAT	40 00					X		239,541	0	104,406
(21) BARBARA LYKINS DIRECTOR, COMMUNITY RESOURCES	40 00					X		0	194,343	97,269
(22) CARLTON KJOS FORMER DISTRICT 1 DIRECTOR (11/18)	18 00						X	53,300	0	0
(23) PHIL SUNBLAD FORMER DISTRICT 3 DIRECTOR (11/18)	18 00						X	56,400	0	0
(24) DENNY PRESNALL FORMER EXECUTIVE DIRECTOR/	20 00 30 00						X	0	3,334,478	17,077

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	974,606	6,676,082	1,190,472

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 26

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ITA GROUP 4800 WESTOWN PARKWAY STE 300 WEST DES MOINES, IA 50266	TRAVEL SERVICES	1,058,077
BOW AND ARROW 820 PRAIRIE ST ADEL, IA 50003	MARKETING PROD SVC	626,689
TIMES CITIZENS COMMUNICATIONS PO BOX 670 IOWA FALLS, IA 50126	MGM & PRINTG OF PUBS	402,415
DECISION INNOVATION SOLUTIONS LLC 3315 109TH ST STE B URBANDALE, IA 503228107	ECON & RESEARCH SVC	369,205
TRAVEL AND TRANSPORT 2955 100TH STREET URBANDALE, IA 50322	TRAVEL SERVICES	212,754

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	111,544			
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f		111,544			

Program Service Revenue

	Business Code				
2a MEMBERSHIP DUES	813410	3,320,765	3,320,765		
b PUBLICATION REVENUE	511120	3,280,122	376,864	2,903,258	
c RECOVERY OF EXP OTHER ENTITIES	561000	926,560	926,560		
d PROGRAM SERVICE TRIP RECOVERIES	900099	249,934	249,934		
e EVENT REGISTRATIONS	900099	135,264	135,264		
f All other program service revenue		77,000	77,000		
g Total. Add lines 2a-2f		7,989,645			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		78,560,267			78,560,267
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		5,603,741		19,117	5,584,624
6a Gross rents	(i) Real (ii) Personal				
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	70,315,864			
b Less cost or other basis and sales expenses		65,096,738			
c Gain or (loss)		5,219,126			
d Net gain or (loss)		5,219,126			5,219,126
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	4,682			
b Less cost of goods sold	b	6,594			
c Net income or (loss) from sales of inventory		-1,912	-1,912		
Miscellaneous Revenue	Business Code				
11a OTHER REVENUE	900099	3,266	3,266		
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		3,266			
12 Total revenue. See Instructions		97,485,677	5,087,741	2,922,375	89,364,017

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,213,964			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	174,526			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	454,113			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	6,160,883			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,246,606			
9 Other employee benefits.	1,332,198			
10 Payroll taxes.	457,949			
11 Fees for services (non-employees):				
a Management.	1,111,905			
b Legal.	536,722			
c Accounting.	1,944,588			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	34,293			
f Investment management fees.	268,756			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,492,854			
12 Advertising and promotion.	2,630,989			
13 Office expenses.	308,758			
14 Information technology.	2,791,144			
15 Royalties.	1,383,122			
16 Occupancy.	807,047			
17 Travel.	919,558			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,209,723			
20 Interest.				
21 Payments to affiliates.	783,115			
22 Depreciation, depletion, and amortization.	1,906,719			
23 Insurance.	196,424			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PUBLICATIONS	3,370,919			
b OTHER PROGRAM SERVICES	159,753			
c DUES AND SUBSCRIPTIONS	101,091			
d REPAIRS AND MAINTENANCE	42,597			
e All other expenses	8,088			
25 Total functional expenses. Add lines 1 through 24e.	39,048,404			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	124,827	1	0
	2 Savings and temporary cash investments	27,730,373	2	28,002,983
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,675,147	4	20,940,038
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	224,820
	8 Inventories for sale or use	126,963	8	163,336
	9 Prepaid expenses and deferred charges	1,048,586	9	1,193,156
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	530,993		
	b Less: accumulated depreciation	372,848		
		8,061	10c	158,145
	11 Investments—publicly traded securities	461,652,475	11	553,011,917
	12 Investments—other securities. See Part IV, line 11	1,153,784,269	12	990,693,283
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	19,008,556	14	17,107,700
15 Other assets. See Part IV, line 11	2,787,698	15	579,857	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,689,946,955	16	1,612,075,235	
Liabilities	17 Accounts payable and accrued expenses	3,478,987	17	3,973,947
	18 Grants payable	31,464,547	18	31,575,602
	19 Deferred revenue	1,591,119	19	1,864,993
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	341,460	25	373,314
	26 Total liabilities. Add lines 17 through 25	36,876,113	26	37,787,856
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,653,070,842	27	1,574,287,379
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,653,070,842	33	1,574,287,379	
34 Total liabilities and net assets/fund balances	1,689,946,955	34	1,612,075,235	

Part XI Reconciliation of Net AssetsCheck 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	97,485,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,048,404
3	Revenue less expenses Subtract line 2 from line 1	3	58,437,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,653,070,842
5	Net unrealized gains (losses) on investments	5	-137,220,736
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,574,287,379

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

MARKETING AND COMMUNICATIONS - NEWS SERVICE ISSUES THE WEEKLY PUBLICATION, "IOWA FARM BUREAU SPOKESMAN," WHICH IS THE PRIMARY COMMUNICATIONS VEHICLE BETWEEN STATE AND COUNTY LEADERS AND FARMING MEMBERS PROVIDING REPORTS ON FARM BUREAU POLICY IMPLEMENTATION AND REGULATORY ISSUES AS WELL AS STATE, NATIONAL AND INTERNATIONAL AGRICULTURE NEWS ALSO PUBLISHED IS A MONTHLY NEWSPAPER, "FAMILY LIVING," DISTRIBUTED TO AG-SUPPORTING MEMBERS APPROXIMATELY 135,000 MEMBERS BENEFITED FROM BOTH PUBLICATIONS ADDITIONALLY, A WEEKLY E-NEWSLETTER FOR MEMBER LEADERS, "THE DIRT", IS ALSO PUBLISHED BY NEWS SERVICES APPROXIMATELY 1,500 MEMBERS BENEFIT FROM THIS NEWSLETTER EACH WEEK THE TEAM ALSO PRODUCES A SEMI-ANNUAL CONSUMER E-NEWSLETTER, "THE IOWA DISH," WITH A SUBSCRIBER BASE OF MORE THAN 46,000 SUBSCRIBERS FEATURING FARM AND FOOD NEWS MARKETING DEPARTMENT FOCUSES ON MEMBER RETENTION AND ACQUISITION THROUGH VARIOUS MEDIUMS INCLUDING VIDEO, ADVERTISING, PRINT, RADIO, MULTI-MEDIA AND WEB MARKETING THE TEAM MARKETS FARM BUREAU BENEFITS, SERVICES AND PROGRAMS TO THE MEMBERSHIP AS WELL AS THE GENERAL PUBLIC AND MANAGES THE ORGANIZATION'S BRAND THEY ALSO MANAGE RELATIONSHIPS WITH MEMBER BENEFIT PARTNERS AND COORDINATE PARTNER PROMOTIONS KEY EVENTS INCLUDE FARM BUREAU'S EXHIBIT AT THE IOWA STATE FAIR AND OUTREACH EFFORTS WITH THE UNIVERSITY OF IOWA THROUGH OUR ANF PARTNERSHIP AND IOWA STATE UNIVERSITY THROUGH OUR FARM STRONG PARTNERSHIP COMBINED, THOSE EFFORTS REACHED OVER ONE MILLION CONSUMERS WITH FARM INFORMATION PUBLIC RELATIONS STRATEGICALLY COMMUNICATES FARM BUREAU POLICY AND AGRICULTURAL ISSUES TO KEY ORGANIZATIONAL STAKEHOLDERS, INCLUDING MEMBERS, EMPLOYEES, ELECTED LEADERS, MEMBERS OF THE NEWS MEDIA AND THE GENERAL PUBLIC THE TEAM ALSO PRODUCES A WEEKLY TV COMMERCIAL, THE IOWA MINUTE, WHICH AIRS TO OVER 2.6 MILLION HOUSEHOLDS AND CONDUCTS MESSAGE AND COMMUNICATIONS TRAINING FOR COUNTY FARM BUREAU'S, TRAINING OVER 323 LAST YEAR THE TEAM ALSO MANAGED MEDIA RELATION EFFORTS, COORDINATING 206 MEDIA INTERVIEWS RESULTING IN NEARLY 2,500 PLACEMENTS WITH 2.6 IMPRESSIONS THE DIGITAL MARKETING DEPARTMENT PROVIDES STRATEGIC OUTREACH THROUGH ONLINE (WEB-BASED) AND SOCIAL MEDIA PLATFORMS TO ENGAGE, DEVELOP, MAINTAIN AND EXPAND RELEVANT AND IMPACTFUL DIALOGUES WITH KEY AUDIENCES OVER 155,000 MEMBERS BENEFITED FROM THESE PROGRAMS ADDITIONALLY, THE TEAM AIRS A SEMI-MONTHLY PODCAST, THE SPOKESMAN SPEAKS, WHICH HAS NEARLY 10,000 DOWNLOADS

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

GOVERNMENT RELATIONS - WORK WITH VOLUNTEER AGRICULTURAL LEADERS TO INFLUENCE PUBLIC POLICY DECISIONS AT THE COUNTY, STATE AND NATIONAL LEVELS
PROVIDES INFORMATION ABOUT ISSUES AFFECTING RURAL IOWANS OVER 156,000 MEMBERS BENEFITED

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2018
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection

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

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

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

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

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

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

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

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART III-A, LINE 1	90% OF DUES CAME FROM PERSONS, FAMILIES, OR ENTITIES WHO EACH PAID ANNUAL DUES OF \$115 OR LESS IN 2018. SEE REV. PROC. 2017-58.

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SCHEDULE D

(Form 990)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 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 requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	439,776,604	396,524,713	311,612,784	254,860,530	206,604,695
b Contributions	41,216,490	40,038,876	38,861,262	45,043,736	43,424,516
c Net investment earnings, gains, and losses	51,946,128	3,213,015	46,050,667	11,708,518	4,831,319
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	532,939,222	439,776,604	396,524,713	311,612,784	254,860,530

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		530,993	372,848	158,145
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				158,145

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	53,427,523	C
(3) Other _____ (A) FBL FINANCIAL GROUP CLASS A	846,946,186	F
(B) TRUST PREFERRED SECURITITES	81,931,926	C
(C) PARTNERSHIP INTERESTS	8,387,648	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	990,693,283	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
ACCRUED PENSION COSTS	335,739	
CHECKS IN EXCESS	37,575	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	373,314	

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

☐

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.

1	Total revenue, gains, and other support per audited financial statements	1	96,102,555
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	96,102,555
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,383,122
c	Add lines 4a and 4b	4c	1,383,122
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	97,485,677

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	1	37,665,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	37,665,282
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,383,122
c	Add lines 4a and 4b	4c	1,383,122
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	39,048,404

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE BOARD DESIGNATED FUNDS ARE INVESTED IN A DIVERSIFIED PORTFOLIO THAT WILL PROVIDE A SOURCE OF INVESTMENT INCOME TO SUPPORT THE ORGANIZATION'S PROGRAMS ON A LONG-TERM BASIS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROYALTY PAYMENTS TO COUNTY FARM BUREAUS, NETTED WITH ROYALTY INC IN AUDIT 1,383,122

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROYALTY PAYMENTS TO COUNTY FARM BUREAUS, NETTED WITH ROYALTY INC IN AUDIT 1,383,122

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA FARM BUREAU FEDERATION

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► 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

42-0331840

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			181,583
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			181,583

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION DID NOT MAKE ANY GRANTS

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	TRADE MISSION	12,843
SOUTH AMERICA			PROGRAM SERVICES	TRADE MISSION	6,080

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND PACIFIC			PROGRAM SERVICES	TRADE MISSION	162,660

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

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a _____ %
b	An outside facility	13b _____ %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ► _____	
	Address ► _____	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____	
c	If "Yes," enter name and address of the third party	
	Name ► _____	
	Address ► _____	
16	Gaming manager information	
	Name ► _____	
	Gaming manager compensation ► \$ _____	
	Description of services provided ► _____	
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor	
17	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	

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

Return Reference	Explanation
LINE 2B COL(III)	THE REVENUE GENERATED BY THIS FUNDRAISER WENT DIRECTLY TO IOWA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE, A RELATED SECTION 527 ENTITY WHICH FILES ITS OWN FORM 990 SEE SCHEDULE R, PART II

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA FARM BUREAU FEDERATION

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
42-0331840

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

3 Enter total number of other organizations listed in the line 1 table 103

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AGRICULTURAL SCHOLARSHIPS	175	174,526			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA 4-H FOUNDATION EXTENSION 4-H YOUTH BUILDING ISU AMES, IA 50011	42-6061606	501(C)(3)	50,000				PARTNERSHIP CONTRIBUTIONS
IOWA STATE FAIR BLUE RIBBON FOUNDATION PO BOX 57130 DES MOINES, IA 50317	42-1376689	501(C)(3)	7,500				GENERAL CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY FOUNDATION PO BOX 2230 AMES, IA 50010	42-1143702	501(C)(3)	1,100,000				AG PROGRAM CONTRIBUTION
IOWA AGRICULTURE LITERACY FOUNDATION 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266	31-1672416	501(C)(3)	96,500				GENERAL CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL FARMER NETWORK 309 COURT AVE STE 214 DES MOINES, IA 50309	42-1500468	501(C)(4)	15,000				GENERAL PROGRAM, MESSAGING FOR TRADE & ECON ANALYSIS
IOWA FFA FOUNDATION 1055 SW PRAIRIE TRAIL PKWY PO BOX 43 ANKENY, IA 50266	42-1305468	501(C)(3)	51,125				PARTNERSHIP CONTRIBUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA SPORTS FOUNDATION 1421 S BELL AVE STE 104 AMES, IA 50010	42-1278326	501(C)(3)	20,000				YOUTH WELLNESS
NEW BOHEMIAN INNOVATION COLLABORATIVE INC 415-12TH AVE SE CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	10,000				ENTREFEST SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON ROAD HIAWATHA, IA 52233	27-0915418	501(C)(3)	25,000				SCHOOL SPONSOR PROGRAM
GROUT MUSEUM DISTRICT 503 SOUTH ST WATERLOO, IA 50701	23-7416881	501(C)(3)	10,000				AG ORAL HISTORY PROJECT CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA GIRLS HIGH SCHOOL ATHLETIC UNION PO BOX 10348 DES MOINES, IA 50306	42-0650134	501(C)(3)	30,000				GENERAL CONTRIBUTION
THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT ONE WEST PARK ROAD IOWA CITY, IA 52242	42-0796760	501(C)(3)	15,000				BUSINESS LEADERSHIP NETWORK PROGRAMMING CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUFFIELD INTERNATIONAL FARMING SCHOLARSHIPS 18890 JOHNSON RD LINCOLN, DE 19960	81-4933506	501(C)(3)	10,000				INTERNATIONAL SCHOLARSHIP CONTRIBUTION
NEBRASKA FARM BUREAU FOUNDATION PO BOX 80299 LINCOLN, NE 68501	46-1740947	501(C)(3)	15,000				DIASTER RELIEF CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2019 REYNOLDS GREGG INAUGURAL COMMITTEE PO BOX 93844 DES MOINES, IA 50393	83-2673110	501(C)(3)	25,000				GENERAL CONTRIBUTION
IOWA FARM BUREAU FEDERATION 14 1ST AVE NE BOX 129 WAUKON, IA 52172	42-0680735	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 517 BROOKLYN, IA 52211	23-7425261	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 1105 W 9TH ST VINTON, IA 52349	42-0137360	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 3315 W 4TH ST WATERLOO, IA 50701	42-0142423	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION PO BOX 775 INDEPENDENCE, IA 50644	42-0158725	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 23024 HIGHWAY 149 SIGOURNEY, IA 52591	42-0168070	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 204 N 7TH ST DENISON, IA 51442	42-0200725	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 421 1ST AVE N ESTHERVILLE, IA 51334	42-0234716	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 65 STATE STREET GARNER, IA 50438	42-0293100	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 102 S OLIVE ST MAQUOKETA, IA 52060	42-0338220	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION PO BOX 168 ANAMOSA, IA 52205	42-0347375	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1323 BOYSON RD HIAWATHA, IA 52233	42-0381665	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 920 9TH ST ONAWA, IA 51040	42-0421745	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 203 CENTRAL AVE SE ORANGE CITY, IA 51041	42-0527883	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 126 E BROADWAY STE 1 COUNCIL BLUFFS, IA 51503	42-0593575	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 202 N MARKET ST AUDUBON, IA 50025	42-0680700	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 607 POLLOCK BLVD BEDFORD, IA 50833	42-0680701	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1520 S STORY ST BOONE, IA 50036	42-0680702	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 408 W 8TH ST CARROLL, IA 51401	42-0680704	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1024 N 18TH ST CENTERVILLE, IA 52544	42-0680706	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 811 S 4TH ST CHARITON, IA 50049	42-0680707	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1102 GILBERT ST CHARLES CITY, IA 50616	42-0680708	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 115 W WASHINGTON ST CLARINDA, IA 51632	42-0680709	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 347 CLARION, IA 50525	42-0680710	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 212 S FRANKLIN CORYDON, IA 50060	42-0680711	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 300 SE DELAWARE AVE ANKENY, IA 50021	42-0680712	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 2333 JOHN F KENNEDY RD DUBUQUE, IA 52002	42-0680713	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 205 E IOWA ST GREENFIELD, IA 50849	42-0680714	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 602 8TH ST 1 GRUNDY CENTER, IA 50638	42-0680715	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 203 N 4TH ST GUTHRIE CENTER, IA 50115	42-0680716	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 1323 OLIVE AVE HAMPTON, IA 50441	42-0680717	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 40 KEOSAUQUA, IA 52565	42-0680718	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION PO BOX 127 KNOXVILLE, IA 50138	42-0680719	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 115 N 3RD AVE LOGAN, IA 51546	42-0680720	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 3205 S 6TH ST MARSHALLTOWN, IA 50158	42-0680721	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 205 W S ST MOUNT AYR, IA 50854	42-0680722	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION PO BOX 268 NEVADA, IA 50201	42-0680723	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 407 S HIGHWAY ST OAKLAND, IA 51560	42-0680724	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 2215 N MAIN ST OSCEOLA, IA 50213	42-0680725	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1701 3RD AVE E STE 3 OSKALOOSA, IA 52577	42-0680726	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 322 E 4TH ST OTTUMWA, IA 52501	42-0680727	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 158 POCAHONTAS, IA 50574	42-0680728	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 340 2ND ST SE PRIMGHAR, IA 51245	42-0680729	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 710 2ND AVE ROCK RAPIDS, IA 51246	42-0680730	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 327 9TH ST SIBLEY, IA 51249	42-0680731	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 250 SIDNEY, IA 51652	42-0680732	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 427 HIGHWAYS 1 92 WASHINGTON, IA 52353	42-0680734	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 615 WAVERLY, IA 50677	42-0680736	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION PO BOX 260 WILLIAMSBURG, IA 52361	42-0680737	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 115 W COURT WINTERSET, IA 50273	42-0680738	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 406 7TH ST CORNING, IA 50841	42-0681032	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 220 DONNELSON, IA 52625	42-0681033	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 1317 14TH AVE ELDORA, IA 50627	42-0681034	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 24542 HWY 13 ELKADER, IA 52043	42-0681035	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION PO BOX 367 HUMBOLDT, IA 50548	42-0681036	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 200 W 2ND AVE INDIANOLA, IA 50125	42-0681037	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 201 E HARRISON ST JEFFERSON, IA 50129	42-0681038	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 28 2ND AVE SW LE MARS, IA 51031	42-0681039	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION PO BOX 766 NEWTON, IA 50208	42-0681040	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 846 HIGH STREET ROCKWELL CITY, IA 50579	42-0681041	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 115 N MAIN TOLEDO, IA 52342	42-0681042	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 712 S WEST STREET SUITE 2 BLOOMFIELD, IA 52537	42-0681110	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 422 N MAIN ALLISON, IA 50602	42-0681385	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 813 FAIRFIELD, IA 52556	42-0681390	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 217 S 25 ST STE C-12 FORT DODGE, IA 50501	42-0681391	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 118 N MAIN ST LEON, IA 50144	42-0681393	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION PO BOX A SPIRIT LAKE, IA 51360	42-0681397	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 218 ADEL, IA 50003	42-0684990	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 119 WASHINGTON AVE E ALBIA, IA 52531	42-0684991	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 418 HIGHWAY 18 W ALGONA, IA 50511	42-0684992	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 209 CENTENNIAL DR STE B CHEROKEE, IA 51012	42-0684994	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1721 E LECLAIRE RD ELDRIDGE, IA 52748	42-0684995	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 214 WINNEBAGO ST DECORAH, IA 52101	42-0684996	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 514 8TH ST DEWITT, IA 52742	42-0684997	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 2904 MAIN ST EMMETSBURG, IA 50536	42-0684998	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 100 FAYETTE, IA 52142	42-0684999	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 908 6TH ST HARLAN, IA 51537	42-0685000	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 409 2ND ST IDA GROVE, IA 51445	42-0685001	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 107 W 4TH ST MALVERN, IA 51551	42-0685002	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 115 E DELAWARE ST MANCHESTER, IA 52057	42-0685003	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 4050 4TH ST SW MASON CITY, IA 50401	42-0685004	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 326 MOUNT PLEASANT, IA 52641	42-0685005	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION PO BOX 490 NEW HAMPTON, IA 50659	42-0685006	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 709 CHASE ST OSAGE, IA 50461	42-0685007	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 950 SENATE AVE STE A RED OAK, IA 51566	42-0685008	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 683 MOVILLE, IA 51039	42-0685009	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 508 GRAND AVE SPENCER, IA 51301	42-0685010	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 468 STORM LAKE, IA 50588	42-0685011	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 106 ADAMS ST THOMPSON, IA 50478	42-0685012	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1327 CEDAR ST TIPTON, IA 52772	42-0685013	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 1200 SENECA ST PO BOX 250 WEBSTER CITY, IA 50595	42-0685014	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 205 E AGENCY RD WEST BURLINGTON, IA 52655	42-0686468	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 206 N ELM ST CRESTON, IA 50801	42-0686469	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 601 CENTRAL AVE NORTHWOOD, IA 50459	42-0686470	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT
IOWA FARM BUREAU FEDERATION 245 REUTINGER DR WAPELLO, IA 52653	42-0686918	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION PO BOX 27 CRESCO, IA 52136	42-0688067	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 2130 MORMON TREK BLVD IOWA CITY, IA 52246	42-0688068	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 2202 HOUSER ST 2 MUSCATINE, IA 52761	42-0688072	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT
IOWA FARM BUREAU FEDERATION 117 S 5TH ST SAC CITY, IA 50583	42-0688076	501(C)(5)		14,906	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA FARM BUREAU FEDERATION 1501 E 7TH ST ATLANTIC, IA 50022	42-0940593	501(C)(5)		14,861	BOOK	PLEDGE TO 6/1/47 - CY AMORTIZATION	COUNTY FARM BUREAU OPERATING GRANT, COUNTY SHARE GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ 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

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	Yes
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?		5a	
b Any related organization?		5b	
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?		6a	
b Any related organization?		6b	
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE COMPANY ALLOWS BOARD MEMBERS' SPOUSES TO ATTEND THE AFBF ANNUAL MEETING, COUNTY PRESIDENTS' INCENTIVE TRIP, AND THE NATIONAL AFFAIRS TRIP. THE EXPENSES OF THE SPOUSE ARE TAXED TO THE BOARD MEMBER AND INCLUDED IN THEIR FORM 1099-MISC, BOX 7.

Return Reference	Explanation
PART I, LINES 4A-C	<p>ITEM 4B - THE COMPANY, THROUGH A WHOLLY-OWNED SUBSIDIARY, PROVIDES A NONQUALIFIED, DEFINED CONTRIBUTION PLAN TO THE ORGANIZATION'S PRESIDENT DUE TO HISTORICALLY SHORTER TENURE PERIODS FOR THIS POSITION, THE PRESIDENT TYPICALLY DOES NOT BENEFIT FROM THE DEFINED BENEFIT PLAN AVAILABLE TO ALL EMPLOYEES ADDITIONALLY, THE COMPANY'S GENERAL COUNSEL WAS OFFERED A NONQUALIFIED, DEFINED CONTRIBUTION PLAN DUE TO LOSS OF RETIREMENT BENEFITS FROM THEIR PREVIOUS EMPLOYER, ALSO AN AFFILIATE INCOME INCLUDED IN PART II, COLUMN B(III) AMOUNTED TO \$53,394 AND \$135,000 RESPECTIVELY ITEM 4C - AS A RESULT OF OFFICER POSITIONS HELD BY THE PRESIDENT AND EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ITS MANAGEMENT AGREEMENTS IN PLACE WITH ITS MAJORITY-OWNED SUBSIDIARY, THESE TWO POSITIONS PREVIOUSLY RECEIVED NONQUALIFIED STOCK OPTIONS AND/OR INCENTIVE STOCK OPTIONS FROM THIS MAJORITY-OWNED SUBSIDIARY THIS PRACTICE HAS BEEN DISCONTINUED BEGINNING WITH 2012 THE TWO POSITIONS RECEIVE RESTRICTED STOCK UNITS BEGINNING IN 2013 AMOUNTS EXERCISED AND REPORTABLE IN 2018 BY THE PRESIDENT AND EXECUTIVE DIRECTOR WERE \$112,727 AND \$104,273, RESPECTIVELY, AND ARE REPORTED IN COLUMN B(II) ABOVE</p>



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG D HILL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	232,059	192,049	121,430	86,007	15,905	647,450	0
DUANE JOHNSON EXECUTIVE DIRECTOR/SECRETA	(i)	0	0	0	0	0	0	0
	(ii)	299,884	126,893	50,791	488,437	16,400	982,405	0
EDWARD G PARKER GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	415,996	138,231	182,218	82,746	20,172	839,363	0
JAMES GARDNER CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	262,421	67,766	26,994	0	17,374	374,555	0
CHAD BISHOP DIRECTOR, INFORMATION RESO	(i)	0	0	0	0	0	0	0
	(ii)	179,744	22,472	12,123	16,614	18,386	249,339	0
SARA PAYNE CHIEF MKTG & COMMUNICATION	(i)	0	0	0	0	0	0	0
	(ii)	257,496	67,457	18,056	1,250	21,988	366,247	0
KARL OLSON ASSISTANT GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	195,562	24,353	28,766	34,465	8,475	291,621	0
DAVID MILLER DIRECTOR, RESEARCH & COMMO	(i)	210,820	4,337	0	95,360	19,108	329,625	0
	(ii)	0	0	0	0	0	0	0
MARK WICKHAM ASSISTANT GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	195,269	23,976	5,255	10,677	18,356	253,533	0
DONALD PETERSEN DIRECTOR, GOVERNMENT RELAT	(i)	197,901	24,918	16,722	89,067	15,339	343,947	0
	(ii)	0	0	0	0	0	0	0
BARBARA LYKINS DIRECTOR, COMMUNITY RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	162,660	20,487	11,196	78,415	18,854	291,612	0
CARLTON KJOS FOMRER DISTRICT 1 DIRECTOR (11/18)	(i)	53,300	0	0	0	0	53,300	0
	(ii)	0	0	0	0	0	0	0
PHIL SUNBLAD FORMER DISTRICT 3 DIRECTOR (11/18)	(i)	56,400	0	0	0	0	56,400	0
	(ii)	0	0	0	0	0	0	0
DENNY PRESNALL FORMER EXECUTIVE DIRECTOR/	(i)	0	0	0	0	0	0	0
	(ii)	212,219	144,128	2,978,131	17,077	0	3,351,555	2,905,702

Schedule L

(Form 990 or 990-EZ)

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

IOWA FARM BUREAU FEDERATION

Employer identification number

42-0331840

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FARM BUREAU FINANCIAL SERVICES	COMMON DIRECTORS	336,500	SHARED EXPENSES THE ORGANIZATION RECEIVES PAYMENTS FROM FARM BUREAU FINANCIAL SERVICES (FBFS) AS A RESULT OF SHARED BOARD OF DIRECTOR EXPENSES THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OR DIRECTORS OF FBFS CRAIG HILL, PRESIDENT, DUANE JOHNSON, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, JOE HEINRICH, VICE PRESIDENT, MARK BUSKOHL, DISTRICT 5 DIRECTOR, BRENT JOHNSON, DISTRICT 4 DIRECTOR, NICK PODHAJSKY, DISTRICT 6 DIRECTOR, CAL ROZENBOOM, DISTRICT 8 DIRECTOR, AND WILL FRAZEE, DISTRICT 9 DIRECTOR		No
(2) FARM BUREAU MANAGEMENT CORP	COMMON OFFICERS	7,312,464	ADMINISTRATIVE SERVICES - THE ORGANIZATION MAKES PAYMENTS TO FARM BUREAU MANAGEMENT CORPORATION (FBMC) FOR MANAGEMENT AND ADMINISTRATIVE SERVICES THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF FBMC CRAIG HILL, PRESIDENT, DUANE JOHNSON, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, ED PARKER, GENERAL COUNSEL, JIM GARDNER, CHIEF FINANCIAL OFFICER, CHAD BISHOP, DIRECTOR INFORMATION RESOURCES, AND SARA PAYNE, CHIEF MARKETING OFFICER		No
(3) FBL FINANCIAL GROUP INC	COMMON OFFICERS & DIRECTORS	289,127	ADMINISTRATIVE SERVICES - THE ORGANIZATION MAKES PAYMENTS TO FBL FINANCIAL GROUP, INC (FBL) FOR ADMINISTRATIVE SERVICES THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OR DIRECTORS OF FBL CRAIG HILL, PRESIDENT, JOE HEINRICH, VICE PRESIDENT, AND DUANE JOHNSON, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR		No
(4) IFBF PROPERTY MANAGEMENT INC	COMMON OFFICERS	807,047	RENT - THE ORGANIZATION PAYS RENT TO IFBF PROPERTY MANAGEMENT, INC THE FOLLOWING INDIVIDUALS WERE ALSO OFFICERS OF IFBF PROPERTY MANAGEMENT, INC CRAIG HILL, PRESIDENT, DUANE JOHNSON, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR, ED PARKER, GENERAL COUNSEL, AND JIM GARDNER, CHIEF FINANCIAL OFFICER		No

Part V Supplemental Information

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

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

Department of the Treasury

Name of the organization
IOWA FARM BUREAU FEDERATION

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

2018

Open to Public Inspection

Employer identification number

42-0331840

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION UTILIZES A WHOLLY OWNED SUBSIDIARY, FARM BUREAU MANAGEMENT CORPORATION (F BMC), TO PROVIDE THE DAY TO DAY MANAGEMENT FUNCTION OF IFBF THIS CORPORATION EMPLOYS THE PRESIDENT, SECRETARY-TREASURER, GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER, SENIOR INVESTMENT MANAGER, AND DIRECTOR, INFORMATION RESOURCES AND ALLOCATES THEIR EXPENSES ACROSS ALL OF THE ENTITIES UNDER FBMC MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON MAY BE A FARM BUREAU MEMBER. ALL FARM BUREAU MEMBERS HAVE THE SAME VOTE AND ACCESS TO MEMBER BENEFITS. IN ORDER TO HOLD AN OFFICER OR DIRECTOR POSITION WITHIN FARM BUREAU, THE MEMBER MUST BE ACTUALLY ENGAGED IN FARMING, WHICH MUST BE HIS/HER PRIMARY INTEREST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE HOUSE OF DELEGATES HAS THE FOLLOWING POWERS 1) ADOPT THE GENERAL POLICIES OF THE ORGA NIZATION, 2) ELECT THE BOARD OF DIRECTORS AND APPROVE THE PRESIDENT'S SALARY AND BOARD OF DIRECTOR COMPENSATION, 3) NOMINATE VOTING DELEGATES TO THE AMERICAN FARM BUREAU, AND 4) SE LECT THE ORGANIZATION'S INTERNAL STUDY COMMITTEE MEMBERS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FI NANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION PURSUANT TO STATE LAW, SOME DOCUMENTS MAY BE MADE AVAILABLE TO MEMBERS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX - LINE 24E, ALL OTHER EXPENSES	ALL OTHER EXPENSES CONSIST OF INCOME TAXES ON UBIT \$7,920 AND OTHER EXPENSE OF \$168

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IOWA FARM BUREAU FEDERATION

Employer identification number
42-0331840

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RVF LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 14-2003564	INVESTMENT MANAGEMENT	IA	491,456	40,051,761	IOWA FARM BUREAU FEDERATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)IFBF PROPERTY MANAGEMENT INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1472056	TITLE HOLDING COMPANY	IA	501(C)(2)	N/A	IOWA FARM BUREAU FEDERATION	Yes	
(2)IOWA FARM BUREAU FOUNDATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1370988	PUBLIC CHARITY	IA	501(C)(3)	LINE 10	IOWA FARM BUREAU FEDERATION	Yes	
(3)IOWA WETLAND MITIGATION BANK INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1511433	ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION	IA	501(C)(3)	LINE 10	IOWA FARM BUREAU FEDERATION	Yes	
(4)IOWANS FOR AGRICULTURE 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 20-5548927	POLITICAL ORGANIZATION	IA	527	N/A	IOWA FARM BUREAU FEDERATION	Yes	
(5)IOWA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1285209	POLITICAL ACTION COMMITTEE	IA	527	N/A		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RURAL VITALITY FUND LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVESTMENT FUND	IA	RVF LLC	INVESTMENT - SEC 512	-235,204	2,573,845	Yes			Yes		38 350 %
(2) RURAL VITALITY FUND LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 26-0518384	INVESTMENT FUND - PORTION OWNED BY PART I ABOVE	IA	RVF LLC	INVESTMENT - SEC 512	-160,155	74,506	Yes			Yes		1 110 %
(3) RURAL VITALITY AGRICULTURAL PROCESSING FUND LP 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 26-0529722	INVESTMENT FUND - PORTION OWNED BY PART I ABOVE	IA	RVF LLC	INVESTMENT - SEC 512	24,663	1,820	Yes			Yes		1 110 %
(4) RURAL VITALITY FUND II LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 47-3043009	INVESTMENT FUND	IA	RVF LLC	INVESTMENT - SEC 512		1,573,069	Yes			Yes		49 480 %
(5) RURAL VITALITY FUND II LP 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 47-3043009	INVESTMENT FUND - PORTION OWNED BY PART I ABOVE	IA	RVF LLC	INVESTMENT - SEC 512		33,064	Yes			Yes		1 040 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) FARM BUREAU MANAGEMENT CORPORATION 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-0686922	MANAGEMENT SERVICES COMPANY	IA	IA FARM BUREAU FEDERATION	C	-15,899	6,338,523	100 000 %	Yes	
(2) FBL FINANCIAL GROUP INC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 42-1411715	INSURANCE SERVICES HOLDING COMPANY	IA	IA FARM BUREAU FEDERATION	C	66,780,616	999,999,999	71 000 %	Yes	
(3) CFB SERVICE COMPANY 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 46-3380542	ACCOUNTING SERVICES COMPANY	IA	IA FARM BUREAU FEDERATION	C		50,000	100 000 %	Yes	
(4) FARM BUREAU HEALTH BENEFIT PLAN LLC 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266 82-5484835	HEALTH BENEFIT PLAN	IA	IA FARM BUREAU FEDERATION	C		1,405,587	100 000 %		No

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

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

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

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

1a Yes

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

1b Yes

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

1c Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f Yes

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k Yes

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

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	IFBF PROPERTY MANAGEMENT INC	F	8,751,265	COMPARABLE SALES
(1)	IFBF PROPERTY MANAGEMENT INC	K	807,047	COMPARABLE SALES
(2)	IOWA FARM BUREAU FOUNDATION	B	6,058	COST
(3)	RURAL VITALITY FUND LP	B	83,125	COST
(4)	FARM BUREAU MANAGEMENT CORPORATION	M	7,386,092	COMPARABLE SALES
(5)	FBL FINANCIAL GROUP INC	A	576,730	COMPARABLE SALES
(6)	FBL FINANCIAL GROUP INC	L	336,500	COMPARABLE SALES
(7)	FBL FINANCIAL GROUP INC	M	169,270	COMPARABLE SALES
(8)	RURAL VITALITY FUND II LP	B	431,386	COST
(9)	FARM BUREAU HEALTH BENEFIT PLAN LLC	A	19,117	COMPARABLE SALES
(10)	IOWA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE	L	37,981	COST