

Form 990  
(Rev January 2020)Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2019

Open to Public  
Inspection

<b>A For the 2019 calendar year, or tax year beginning</b>		<b>, and ending</b>			
<b>B Check if applicable</b>	<b>C Name of organization</b> IOWA FARM BUREAU FEDERATION			<b>D Employer identification number</b>	
<input type="checkbox"/> Address change	Doing business as BENTON COUNTY FARM BUREAU			42-0137360	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1105 W 9TH			Telephone number	
<input type="checkbox"/> Initial return	City or town	State	ZIP code	(319) 472-5231	
<input type="checkbox"/> Final return/terminated	VINTON	IA	52349		
<input type="checkbox"/> Amended return	Foreign country name	Foreign province/state/county	Foreign postal code		
<input type="checkbox"/> Application pending	F Name and address of principal officer Matt Werner 5426 18th Avenue, Mount Auburn, IA 52313			<b>G Gross receipts \$</b> 217,150	
I Tax-exempt status	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 5 )	◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527	
J Website:	► N/A			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list (see instructions)	H(c) Group exemption number ► 0626
				L Year of formation 1918	M State of legal domicile IA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities farm families & their communities	To create a vibrant future for agriculture.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	RECEIVED		
	3 Number of voting members of the governing body (Part VI, line 1a)	297	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	297	17	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	169	1	
	6 Total number of volunteers (estimate if necessary)	169	17	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 39	7b	0		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	19,350	21,350	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,741	66,912	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,032	12,150	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,827	20,135	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	113,950	120,547	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,332	5,477	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,685	29,577	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	70,324	72,774	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	105,341	107,828	
<b>Net Assets or Fund Balances</b>	19 Revenue less expenses Subtract line 18 from line 12	8,609	12,719	
		Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	626,722	660,270		
21 Total liabilities (Part X, line 26)	1,876	1,446		
22 Net assets or fund balances Subtract line 21 from line 20	624,846	658,824		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>William W. Werner</i>	Date 6-11-20
	Type or print name and title William Werner Treasurer	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAX N STUDER CPA	Preparer's signature <i>Max N. Studer CPA</i>	Date 5/14/2020	Check <input type="checkbox"/> if self-employed	PTIN P01272566
	Firm's name ► GARDINER+COMPANY, P.C.		Firm's EIN ► 42-1186197		
	Firm's address ► 10555 New York Ave, Urbandale, IA 50322		Phone no (515) 270-1446		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

X Yes  No

921 Form 990 (2019)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

**1** Briefly describe the organization's mission

To create a vibrant future for agriculture, farm families & 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?

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

Yes  No

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

If "Yes," describe these changes on Schedule O

Yes  No

**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 \$ 11,278 including grants of \$ ..... ) (Revenue \$ ..... )  
Schedule O, Education

**4b** (Code ..... ) (Expenses \$ 4,850 including grants of \$ ..... ) (Revenue \$ ..... )  
Schedule O, Public Relations

**4c** (Code ..... ) (Expenses \$ 375 including grants of \$ ..... ) (Revenue \$ ..... )  
Schedule O, Policy Development

**4d** Other program services (Describe on Schedule O)

(Expenses \$ 0 including grants of \$

0 ) (Revenue \$

0 )

**4e** Total program service expenses ► 16,503

B D D

## 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	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	<b>Section 501(c)(3) organizations.</b> 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	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X
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	X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
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	X
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	X
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	X
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	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
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	X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
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? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5
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	X

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X  
**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b

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 X

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). 4b

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c

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 X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X

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 X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

**11 Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? 13a  
**Note:** See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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 X  

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

**15** Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X  
If "Yes," see instructions and file Form 4720, Schedule N

**16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  
If "Yes," complete Form 4720, Schedule O

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

## **Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	1a	17
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	1b	17
<b>2</b>	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	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</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	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
<b>a</b>	The governing body?	8b	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?		
<b>9</b>	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 on Schedule O	9	X

**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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		N/A
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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
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		
b	Other officers or key employees of the organization		
	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?		
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 ► IA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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 ►

THE ORGANIZATION  
1105 W 9TH VINTON IA 52349

(319) 472-5231

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

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

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

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

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

See instructions for the order in which to list the persons above

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 officer	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1) MATT WERNER PRESIDENT	1.50 0.00	X		X				0	0	0
(2) DARRON STEIN VICE PRESIDENT	1.50 0.00	X		X				0	0	0
(3) KEITH KRONEMAN SECRETARY	1.50 0.00	X		X				0	0	0
(4) WILLIAM NEWTON TREASURER	1.50 0.00	X		X				0	0	0
(5) DUSTIN SCHIRM VOTING DELEGATE	1.50 0.00	X		X				0	0	0
(6) ELISE GALLET-DE ST AURIN DIRECTOR	1.00 0.00	X						0	0	0
(7) DAVID WRAGE DIRECTOR	1.00 0.00	X						0	0	0
(8) AL SCHAFBUCH DIRECTOR	1.00 0.00	X						0	0	0
(9) STEVE THOMPSON DIRECTOR	1.00 0.00	X						0	0	0
(10) ROBERT RITSCHER DIRECTOR	1.00 0.00	X						0	0	0
(11) DEAN JENSEN DIRECTOR	1.00 0.00	X						0	0	0
(12) BILL KERKMAN DIRECTOR	1.00 0.00	X						0	0	0
(13) LYNN RINDERKNECHT DIRECTOR	1.00 0.00	X						0	0	0
(14) MARK KOTOUC DIRECTOR	1.00 0.00	X						0	0	0

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 or director	Independent trustee	Officer	Key employee				Highest compensated
(15) SHELBY WILLIAMS DIRECTOR	1.00 0.00	X					0	0	0
(16) MICHAEL HOPPER DIRECTOR	1.00 0.00	X					0	0	0
(17) MACY KRUG DIRECTOR	1.00 0.00	X					0	0	0
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1b Subtotal</b>							► 0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>							► 0	0	0
<b>d Total (add lines 1b and 1c)</b>							► 0	0	0
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 ►							0		
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							Yes	No	
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							Yes	No	
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							Yes	No	
<b>Section B. Independent Contractors</b>									
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		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►							0		

## Part VIII

## Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a 0			
	1b Membership dues	1b 0			
	1c Fundraising events	1c 0			
	1d Related organizations	1d 21,350			
	1e Government grants (contributions)	1e 0			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 0			
	1g Noncash contributions included in lines 1a-1f	1g \$ 0			
	h Total. Add lines 1a-1f	► 21,350			
<b>Program Service Revenue</b>	2a MEMBERSHIP DUES	Business Code 900099 66,912	66,912		
	2b	0			
	2c	0			
	2d	0			
	2e	0			
	2f All other program service revenue	0			
	g Total. Add lines 2a-2f	► 66,912			
	3	Investment income (including dividends, interest, and other similar amounts)	► 13,396	13,396	
4	Income from investment of tax-exempt bond proceeds	► 0			
5	Royalties	► 15,789	15,789		
6a	Gross rents	(i) Real 23,029			
6b	Less rental expenses	(ii) Personal 23,309			
6c	Rental income or (loss)	-280	0		
6d	Net rental income or (loss)	► -280	-280		
7a	Gross amount from sales of assets other than inventory	(i) Securities 72,048	(ii) Other 0		
7b	Less cost or other basis and sales expenses	73,294	0		
7c	Gain or (loss)	-1,246	0		
7d	Net gain or (loss)	► -1,246	-1,246		
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)				
8b	See Part IV, line 18 Less direct expenses	8a 0			
8c	Net income or (loss) from fundraising events	► 0			
9a	Gross income from gaming activities See Part IV, line 19	9a 0			
9b	Less direct expenses	9b 0			
9c	Net income or (loss) from gaming activities	► 0			
10a	Gross sales of inventory, less returns and allowances	10a 0			
10b	Less cost of goods sold	10b 0			
10c	Net income or (loss) from sales of inventory	► 0			
<b>Miscellaneous Revenue</b>	11a Expense Recoveries	Business Code 900099 4,344	4,344		
	11b Miscellaneous	900099 282	282		
	11c	0			
	11d	0			
	11e Total. Add lines 11a-11d	► 4,626			
	12 Total revenue. See instructions	► 120,547	99,197	0	0

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	5,477			
5 Compensation of current officers, directors, trustees, and key employees	0		0	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	17,455			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	8,476			
10 Payroll taxes	3,646			
11 Fees for services (nonemployees)				
a Management	1,632			
b Legal	0			
c Accounting	1,165			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,501			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	0		0	
12 Advertising and promotion	1,573			
13 Office expenses	8,000			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	83			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	9,698			
20 Interest	0			
21 Payments to affiliates	35,493			
22 Depreciation, depletion, and amortization	76	0	0	0
23 Insurance	758			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a SPOKESMAN, DUES & SUBSCRIPTIONS	3,957			
b AG & COMMUNITY PROMOTION	7,379			
c MEMBERSHIP ACQUISITION	1,414			
d MISCELLANEOUS	45			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	107,828	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	120,013	2	117,706
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	3,653	4	3,823
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
		0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
		0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	211,508		
	10b Less accumulated depreciation	162,395	10c	49,113
	11 Investments—publicly traded securities	219,860	11	244,773
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	240,644	15	244,855
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	626,722	16	660,270
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,876	17	1,446
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
		0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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			
		0	25	0
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,876	26	1,446
	<b>Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	624,846	27	658,824
	28 Net assets with donor restrictions	0	28	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/></b> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	<b>32 Total net assets or fund balances</b>	624,846	32	658,824
	<b>33 Total liabilities and net assets/fund balances</b>	626,722	33	660,270

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,828
3	Revenue less expenses Subtract line 2 from line 1	3	12,719
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	624,846
5	Net unrealized gains (losses) on investments	5	21,259
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 on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	658,824

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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		
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 on Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
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 on Schedule O and describe any steps taken to undergo such audits		
		3a	N/A
		3b	N/A

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2019**Open to Public  
Inspection

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

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

42-0137360

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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.

Schedule D (Form 990) 2019

HTA

**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 make significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange program  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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

5 During the year, did the organization solicit or 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

1c	Amount
1d	0
1e	0
1f	0

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

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 on 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	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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 Term 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 line 3a(ii), are the related organizations listed as required on Schedule R?

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

3a(i)	Yes	No
3a(ii)	0	0
3b	0	0

**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		0	12,182		12,182
b Buildings		0	179,256	142,478	36,778
c Leasehold improvements		0	0	0	0
d Equipment		0	20,070	19,917	153
e Other		0	0	0	0
<b>Total. Add lines 1a through 1e</b> (Column (d) must equal Form 990, Part X, column (B), line 10c)				►	49,113

**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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	0	

**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) ►	0	

**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) FBL DEFERRED ANNUITY INVESTMENT	244,855
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	244,855

**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

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

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 FASB 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	166,361
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	21,259
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	24,555
e	Add lines 2a through 2d	2e	45,814
3	Subtract line 2e from line 1	3	120,547
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	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	120,547

**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	132,383
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	24,555
e	Add lines 2a through 2d	2e	24,555
3	Subtract line 2e from line 1	3	107,828
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	107,828

**Part XIII Supplemental Information.**

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

**Part X Line 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Accounting**

**Policies** In accordance with the Income Taxes Topic of FASB ASC, the Company evaluates

uncertain tax benefits arising from tax positions taken or expected to be taken based on

the likelihood of being sustained upon examination by applicable tax authorities. If the

Company determines that a tax position is more likely than not of being sustained, it

recognizes the largest amount of the arising benefit that is greater than 50% of being

realized upon settlement in the financial statements. Any tax positions taken or expected

to be taken that do not pass the more likely than not test, the Company establishes

reserves offsetting the benefits related to such positions. Interest and penalties if any,

are included in the current provision for income taxes in the Company's statements of

activities and are included as a current liability in the statement of financial position

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

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

**Part XIII Supplemental Information (continued)**

financial statements nor was there any unrelated business income for the year ending

December 31, 2019

Part XI Line 2d Rent & Building Expenses (\$23,309) & Loss on Sale of Securities (\$1,246)

Part XII Line 2d Rent & Building Expenses (\$23,309) & Loss on Sale of Securities (\$1,246)

## **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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

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

Employer identification number

42-0137360

Form 990, Part III, Line 4a Education The organization communicated with teachers, educators and schools, including FFA advisors, promoting resources and grant opportunities available to incorporate agriculture into the classrooms. Sponsored a Farm Bureau leader to participate in an Ag Leaders Institute program, as well as another leader to participate in a Market Study Tour to China. Both leaders have expanded their involvement with the organization, including speaking at the county annual meeting for members. Sponsored six local young farmers to attend the IFBF Young Farmer Conference, and several FB leaders attended the Iowa Farm Bureau annual meeting with many informational breakout sessions at both events. Participated with 3rd Grade Ag Education Day. 325 third grade students in Benton County gathered at fairgrounds for a day of educational tours and booths. Farm Bureau provided materials for teachers and students, along with helping with a lunch. Participated in Farm Safety Day Camp. 4th, 5th and 6th grade students in the area were invited to attend the activity. Volunteers gathered to educate about hazards around the farm and promote safety, which reached about 50 people. A 411 on Agronomy workshop was held for high school students in the county. Hosted an annual meeting for all members to display and promote member benefits and activities of the FB organization. Publications were available to members throughout the year so they may stay up-to-date on activities in the organization, and agricultural and rural issues.

Form 990, Part III, Line 4b Public Relations The Benton County Farm Bureau joined with the local Cattlemen and Corn Grower groups to provide an Appreciation Lunch for the County Secondary Roads Department. Sponsored a local cookout contest at Benton County Fair, promoting quality Iowa meat. National Ag Day promoted with advertising, news releases, and on social media with Farm Bureau leaders visiting with the public at a local grocery store. Shoppers were presented with agriculture related trivia and coupons given away for their food purchases. Four \$50 shopping sprees were given away to promote agriculture, build trust and project a positive image to the community, celebrating National Ag Day. Worked with the local Cattlemen, Pork Producers, and Fareway to promote National Beef Month and National Pork Month.

Name of the organization	Employer identification number
IOWA FARM BUREAU FEDERATION D/B/A BENTON COUNTY FARM BUREAU	42-0137360

by giving away packages of meat, with advertising of this through the local media, including

social media outlets. Local scholarships to four high school students were awarded, with the

FB organization and students recognized at Senior Awards programs

Form 990, Part III, Line 4c Policy Development A group of Benton County Farm Bureau leaders

met with county board of supervisors, county treasurer, and county auditor discussing budgets

and rural issues to represent 977 of our farming members. A Committee formulated a survey

making it available to the farmer members encouraging them to participate in the grassroots

policy development process. The questions were regarding issues at the local, state, and

national levels. Policy was written based on results of the survey for the rural communities

and agricultural sector. Issue surfacing meetings were held, members were encouraged to

surface, post and prioritize rural and ag related issues through e-mails and on-line Meetings

were held with state legislators to discuss important issues affecting agriculture before the

new session began, as well as throughout the session. A group of members traveled to State

Capitol to lobby with legislators on current issues. District Legislative updates and training

were attended by the county Farm Bureau leaders, along with regional training to give tips on

speaking to elected officials on controversial issues. Leaders also attended a town hall

meeting with Senator Joni Ernst and Representative Abby Finkenauer

Form 990, Part III, Line 4d. The Company has various programs that are aimed at providing

information to members on current agricultural issues through newsletters, meetings, etc

1,689 members were benefitted in this manner during 2019

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

Form 990, Part VI, Section A, Line 7a. The organization's members elect the Board of Directors

In order to hold an officer position within Farm Bureau, the member must be actively engaged

in farming, which must be their primary interest

Form 990, Part VI, Section A, Line 7b. Decisions of the governing body subject to approval by

members include setting annual membership dues and nominating voting delegates to the Iowa

Farm Bureau Federation

Name of the organization

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

Employer identification number

42-0137360

Form 990, Part VI, Section B, Line 11b After the organizations CPA firm prepares the documentation and return, management reviews the documents and presents the return to all members of the governing body. Following final approval, the return is signed by an officer and submitted to the IRS

Form 990, Part VI, Section B, Line 12c On an annual basis, the organization requires the governing body and key employees to sign a conflicts of interest policy certification stating that they have received, read and agree to comply with the provisions set forth in the organizations conflicts of interest policy

Form 990, Part VI, Section C, Line 19 The organization does not make its governing documents, conflicts of interest policy, or financial statements available for public inspection Pursuant to state law, some documents may be available to members