2949305159804 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

(Rev January 2020)

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.

2019

Open to Public

	artment of t nai Revent	the Treasury ue Service	► Go to www.irs.gov/For	m990 for instructions an	d the latest i	nformation.	Inspection
A			endar year, or tax year beginning		, and er		
<u>B</u>	Check if a	applicable		BUREAU FEDERATION		D Employer identifi	ication number
\bigsqcup	Address o	change	Doing business as CARROLL COUN				
П	Name ch	ange	Number and street (or PO box if mail is not	42-0680704 E Telephone numbe	<u> </u>		
\equiv		-	829 N GRIFFITH ROAD City or town	State	ZIP code	E relephone numbe	l
	Initial retu	ım.	CARROLL	IA	51401-2014	(712) 792-9296	
Ш	Final return	n/terminated		province/state/county	Foreign postal		
	Amended	i return				G Gross receipts \$	136,800
\Box	Applicatio	on pending	F Name and address of principal officer			H(a) Is this a group return for subord	Inates? Yes X No
_			Brian Hoffman 107 Circle Drive, PO I	Box 253, Breda, IA 5143	36-0253 🎤	H(b) Are all subordinates include	= =
$\overline{}$	Tay-eyer	mpt status		(insert no) 4947(a)(1)	THAT (A)	If "No," attach a list (see i	instructions)
÷		ı: ► N/A		, (maentine / ne in (e)(i)	- سال	H(c) Group exemption number	▶ 0626
<u>.,</u>				Other b	T Vac	·	
K.		organization		tion Other ►	Litea	r of formation 1918 MS	State of legal domicile A
	art-l-		nmary		To or	anto a subsent feitura for a	
Φ	1	-	escribe the organization's mission or	most significant activities	s 10 CI	eate a vibrant future for a	igriculture,
Governance	ŀ	iaiiii iaii	nilies & their communities				
1	_	Chackt	nis box if the organization dis	anatinuad ita anaratiana	or disposed	of more than 25%-of-its r	oot opposite
õ	2 3		of voting members of the governing t	•		ECEIVED 3	13
85	4		•	• .	/I line_1b\		13
Activities &	5	Total nu	of independent voting members of the mber of individuals employed in calent mber of volunteers (estimate if necessity	dar vear 2019 (Part V. li	nel 2a	1921-1	1
₹	6	Total nu	mber of volunteers (estimate if neces	sarv)	JI ISI	JN 1 0 2020	35
Act	7a		related business revenue from Part V	• •		7 1 0 2020 15 6 7 a	0
	b		elated business taxable income from I		0	GDEN, UT 76	0
						Prior Year	Current Year
9	8		itions and grants (Part VIII, line 1h)			19,350	27,100
Revenue	9	•	service revenue (Part VIII, line 2g)			70,520	71,360
ě	10		ent income (Part VIII, column (A), line	•		144,097	8,695
_	11		venue (Part VIII, column (A), lines 5,			17,054	29,645
_	12		enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, coli		e 12)	251,021 0	136,800 25,000
	14		paid to or for members (Part IX, colu	• • •		1,740	1,759
æ	1		other compensation, employee benefits		s 5–10)	23,712	23,761
Expenses	16a		onal fundraising fees (Part IX, column	•	, , ,	0	0
8	b		draising expenses (Part IX, column (• •	0		1
Ã	17		penses (Part IX, column (A), lines 11			88,366	104,473
	18	Total ex	penses Add lines 13-17 (must equal	Part IX, column (A), line	25)	113,818	154,993
	19	Revenu	e less expenses Subtract line 18 fron	n line 12		137,203	18,193
Net Assets or Fund Relances						Beginning of Current Year	End of Year
Reset	20		sets (Part X, line 16)			577,182	576,893
de de	21 22		pilities (Part X, line 26)	from line 20		2,435 574,747	2,762 574,131
	art II		ets or fund balances Subtract line 21 nature Block	IIOIII IIII e 20		574,747	3/4,131
			/, I declare that I have examined this return, inclu	iding accompanying schedules	and statements,	and to the best of my knowledge	e
and	belief, it	is true, corre	ct, and complete Declaration of preparer (other	than officer) is based on all info	rmation of which	preparer has any knowledge	
Sig	nn		Jam Helly	4		n.	un 22,2020
Here		"	Signature of officer	C Ru	Δ.	Date Date	
• • • •			Carroll (ours)	Falm Bareas	~ //a	2 Manger	-
		I Pag	Type or print name and title	Propagar's supporture		Date	PTIN
Pa	id		VType preparer's name	Preparer's signature		Check [if PIIN
`	iiu eparei	MA.	X N STUDER CPA	Mox d. Suran	PA	5/15/2020 self-emp	loyed P01272566
	e Only		's name ► GARDINER+COMPANY,	PC	•	Firm's EIN ▶ 42-11	86197
_			's address ► 10555 New York Ave , Ur	pandale, IA 50322		Phone no (515)	270-1446
Ma	y the IF		s this return with the preparer shown		 s)		X Yes No (
_			uction Act Notice, see the separate in		<u>-</u>	,	Form 990 (2019)

	0 (2019)	IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	42-0680704	Page Z
Pay	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly o			
	-	te 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 prio	r Form 990 or 990-EZ? ' describe these new services on Schedule O	Yes	X No
3	Did the service:	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
,		describe these changes on Schedule O		
4	expens	the the organization's program service accomplishments for each of its three largest program service see Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported		
4a	(Code Schedu) (Expenses \$ 14,737 including grants of \$) (Reverse O Agricultural Education		_
4b) (Expenses \$ 10,786 including grants of \$) (Reversible O Public Relations		
	2011040	ile O Public Relations		
4c	(Code) (Expenses \$ 242 including grants of \$) (Rever		<u> </u>
	•	ile O Public Policy		/
4d	Other p	rogram services (Describe on Schedule O)		

Part _d V	Checklist of Required Schedul	06
	Checkisi oi Required Schedul	62

orm 9	990 (2019) IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU 42-0680	704	Р	age
art	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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,		l	
	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,	l _		١
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1 _		١
_	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		1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	١.		١.,
	negotiation services? If "Yes," complete Schedule D, Part IV	9	-	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	1	╵
14	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
11	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110	 ^	\vdash
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		l x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		H
·	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	1.0	-	H
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	\vdash
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Ιx	
l 2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	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	<u> </u>	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		Х
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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	\vdash	Х
Ø	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

	990 (2019) IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	42-0680704	Р	age 4
Pari	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		163	"
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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			,,
242	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	├—	X
24 a	\$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	_	Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	_	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	250		ļ
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ŀ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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%			١
27	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	If"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	280	 	 ^
·	If"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part is	/ 31	ļ	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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	\vdash	 ^
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1	1	
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	<u> </u>	
Par	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		Ι	ᆜ
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	A -	Yes	No
1a	Line the number reported in Dox 3 of Point 1030 Effet -0- it not applicable 1 12 1	→ (1

1c X

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

II CALL	otatements regarding other into I image and rax compliance (commuted)									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Yes	No					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a -								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructi									
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									
4a										
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?	4a		Х					
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 Accou	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		Х					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		L					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I 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 contribu	itions or								
_	gifts were not tax deductible?		6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).		İ							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods	<u> </u>							
	and services provided to the payor?		7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	l_		,					
	required to file Form 8282?	اجما	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7d	 		├					
e f	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit cor Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		7e 7f		X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		 ^					
g h	If the organization received a contribution of qualified intellectual property, did the organization file of organization file organizatio	191	7 <u>9</u> 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain		 '''							
•	sponsoring organization have excess business holdings at any time during the year?	ned by the	8		<u>-</u>					
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									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			İ					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1							
11	Section 501(c)(12) organizations. Enter		1							
а	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	<u> </u>							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		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.		<u> </u>							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		L					
_	Note: See the instructions for additional information the organization must report on Schedule O	l i								
b	Enter the amount of reserves the organization is required to maintain by the states in which				1					
	the organization is licensed to issue qualified health plans	13b	-		1					
C	Enter the amount of reserves on hand	13c	44-		-					
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 730 to report these payments? If "No." provide an explanation on School	4u10 O	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the appropriate the provide the payment (a) of more than \$1,000,000 is seen to 1,000 to		14b		\vdash					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	neration or	1 !							
	excess parachute payment(s) during the year		15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent income?	16		X					
	If "Yes," complete Form 4720, Schedule O				l					

Form 990 (2019) Part VI

<u> </u>	and the second s	<u> </u>	•		<u> </u>			
Sect	ion A. Governing Body and Management			V				
12	Enter the number of voting members of the governing body at the end of the tax year	1a 13		Yes	No			
ıa	If there are material differences in voting rights among members of the governing body, or	1a 13	1					
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O							
b	Enter the number of voting members included on line 1a, above, who are independent	1b 13						
2								
-	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under	the direct	2		X			
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X			
6	Did the organization have members or stockholders?		6	Х	_^			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint						
	one or more members of the governing body?	арроши	7a	х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members							
	stockholders, or persons other than the governing body?	ı	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina	<u> </u>					
•	the year by the following	r dannig						
а	The governing body?		8a	×				
b	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached						
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (ode)				
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		N/A			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
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	Χ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	•	12b	Χ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes,"						
	describe in Schedule O how this was done		12c	Х				
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and appro-							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
a	The organization's CEO, Executive Director, or top management official		15a		N/A			
b	Other officers or key employees of the organization		15b		N/A			
40:	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 arrang	ement						
	with a taxable entity during the year?	-4- 4-	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate policy or procedure requiring the organization to evaluate and the policy of							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg the organization's exempt status with respect to such arrangements?	juard	466					
Sact	ion C. Disclosure	<u> </u>	16b					
<u> 17</u>	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	501/6\					
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	•						
		olaın on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		ICV					
-	and financial statements available to the public during the tax year	por	,,					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•					
	THE ORGANIZATION							
	829 N Griffith Road, Carroll, IA 51401-2014							

LOVALA EADAA DUIDEAL		
IOWA FARM BUREAU	FEDERATION D/B/A CARROLL	COUNTY FARM BUREAU

42-0680704

Page 7

Form 990 (2019)

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 (C) Position (A) (B) (do not check more than one (D) (E) (F) Name and title Reportable Reportable Estimated amount Average box, unless person is both an hours officer and a director/trustee) compensation compensation of other per week from the from related compensation employee Highest compensated Individual Key employee Institutional (list any organization organizations from the director hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related related organizations organizations Itrustee l truste below dotted line) (1) KEVIN BOYLE Х DIRECTOR 0.00 0 0 60 (2) BRIAN HOFFMAN 1 50 **PRESIDENT** 0.00 Х Х 0 0 58 (3) JASON NEES 1 50 VICE PRESIDENT 0.00 Х X 0 0 58 (4) RUSS SCHELLE 0 50 **DIRECTOR** Х 0 00 0 0 40 (5) KYLER OSWALD 1 50 **VOTING DELEGATE** Х 0.00 0 0 18 (6) BEN KLOCKE 0 50 0 00 Х **DIRECTOR** 0 0 10 (7) TONY EICKMAN 1 50 SECRETARY/TREASURER Х Х 0 00 0 0 0 (8) TONY HOFFMAN 0.50 Х DIRECTOR 0.00 0 0 0 (9) WES BIERL 0 50 **DIRECTOR** 0.00 Х 0 0 0 (10) JUSTIN SCHROEDER 0 50 **DIRECTOR** 0 00 n 0 0 0 50 (11) ESTA RAASCH DIRECTOR 0.00 Х 0 0 0 (12) MARIA PUDENZ 0 50 **DIRECTOR** 0.00 Х 0 0 0 (13) KATIE HOLTZ 0 50 DIRECTOR 0.00 Х 0 0 0

42-0680704	Page 8
12 00000	. ago e

Pa	Section A. Officers, Directors, Tru	istees, Key Emj	oloye	es,			ghes	t Co	ompensated Em	ployees (contini	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	erson directo	e than of the state of the stat	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compense from rela organizat (W-2/1099-	ation ated tions	con 1 orga	(F) ated am of other npensati from the nization organiz	on and
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)			_					-						
(22)												-		
(23)								_						
					ļ									
(25)										_				
1b	Subtotal Table 1 Table	4						•	0		0			244
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A							0		0			0 244
2	Total number of individuals (including but not lii	mited to those lis	ted a	bov	e) v	vho	recei	ved		.000 of	9	<u> </u>		244
	reportable compensation from the organization				-, -				•	,				0
													Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				ee,	or h	iighes	st co	ompensated			3		
4	For any individual listed on line 1a, is the sum of				on a	nd (other	con	npensation from		İ			
	the organization and related organizations great	ater than \$150,00	00? <i>If</i>	f "Y∈	es, "	con	nplete	Sc.	hedule J for suci	h				
	ındıvıdual											4		Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									ridual				· X
Sec	tion B. Independent Contractors	es, complete st	neuu	ne J	101	Suc	n pei	301			1	_ 5		^
1	Complete this table for your five highest compe	ensated independ	dent o	cont	ract	ors	that	rece	eived more than !	\$100,000	 of			
	compensation from the organization Report co											ax ye	ar	
	(A) Name and business add	ress							(B) Description of ser	vices	С	(C) ompen		
									<u> </u>					0
														0
								ļ						0
								ļ						<u>0</u> 0
2	Total number of independent contractors (inclu	-		tho	se l	ste	d abo		who received					
	more than \$100,000 of compensation from the	organization I	>				_	0		<u> </u>	* %	•	3 , .	

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains	a response	e 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
6	1a	Federated campaigns			1a	0	-			secuons 512-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b			0					
	c					0				
	d	Related organizations		_	1d	22,100				
	e	Government grants (contrib	utions	—	1e	0				
ê Ë	f	All other contributions, gifts		′ <u>⊢</u>						
육입		similar amounts not included above		1f	5,000					
편 됐	g	Noncash contributions inclu	ided ii	,						
a gt		lines 1a-1f			1g	s o	_			
Q #	h	Total. Add lines 1a-1f		_		>	27,100			
						Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES			_	900099	71,360	71,360		
ا≱ ۾	b						0			
gram Sen Revenue	С						0			
€ 3	d						0			
8	е					ļ	0			
ا تە	f	All other program service re	evenu	Э			0			
	g	Total. Add lines 2a–2f				<u> </u>	71,360			
	3	Investment income (including	ng aiv	iaenas, inte	eres	t, and	0 225	0 225		1
		other similar amounts)	omnt hone	1 050	occide -	8,335 0	8,335			
	4 5	Income from investment of tax-exempt bond pro Royalties				ceeus	15,027	15,027		
	3	Royalles		(ı) Real		(ii) Personal	15,027	13,027	·	<u> </u>
	6a	Gross rents	6a	,,,		,,,	1]
	b	Less rental expenses	6b				1			
	С	Rental income or (loss)	6c		0	0	1			
	d	Net rental income or (loss)				>	0			
	7a	Gross amount from		(ı) Securiti	es	(II) Other				
		sales of assets								
_		other than inventory	7a		0	360				
Revenue	b	Less cost or other basis								
9		and sales expenses	7b		0	0				
&	C	Gain or (loss)	7c		0					
Je.	d	Net gain or (loss)		г		<u> </u>	360	360		
Othe	8a	Gross income from fundrais events (not including \$	siriy	0						
		of contributions reported or	line 1							
		See Part IV, line 18			8a	l o				
	b	Less direct expenses		<u> </u>	8b	0	1			
	С	Net income or (loss) from fu	undrai	sing events	s	>	0		,	
	9a	Gross income from gaming	activi	ties						
		See Part IV, line 19			9a	0	Į			
		Less direct expenses			9b	0				
		Net income or (loss) from g	-	activities_		•	0			
	10a	Gross sales of inventory, le	SS							
		returns and allowances		ļ	<u>10a</u>	0				
		Less cost of goods sold		_	10b	0				
	С	Net income or (loss) from s	ales c	r inventory		Puningga Code	0			ļ
Sn	110	Evnance Passueries				Business Code 900099	10 570	12 572		
Miscellaneous Revenue	11a b	Expense Recoveries Insurance Refund			-	900099	13,573 1,045	13,573 1,045		
Ver la	C	mourance Neturia			-		1,045	1,045		
8 g	4	All other revenue		-	-		0			
ž	e	Total. Add lines 11a–11d					14,618			
	12	Total revenue See instruct	lone				136,800			0

following SOP 98-2 (ASC 958-720)

	t IX Statement of Functional Expenses	<u>-</u>			
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	ırt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	25,000			
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	1,759			
5	Compensation of current officers, directors,	ا			
6	trustees, and key employees Compensation not included above to disqualified	<u> </u>		0	<u>, </u>
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	21,884			
8	Pension plan accruals and contributions (include	21,004			
	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	158			
10	Payroll taxes	1,719	·		
11	Fees for services (nonemployees)	1,11			
а	Management	1,784			
b	Legal	0			
С	Accounting	1,165			
d	Lobbying	0		-,-	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
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	7,049			
13	Office expenses	16,632			
14	Information technology	0			
15	Royalties	0			·
16	Occupancy	5,404			
17	Travel	779			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0 13,226	<u> </u>		
19 20	Conferences, conventions, and meetings Interest	13,220			
21	Payments to affiliates	38,765			
22	Depreciation, depletion, and amortization	1,343	0	0	
23	Insurance	782		0	
24	Other expenses Itemize expenses not covered	, 02			
	above (List miscellaneous expenses on line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	•			
а	SPOKESMAN, DUES & SUBSCRIPTIONS	5,219			
b	AG & COMMUNITY PROMOTION	8,883			
С	MEMBERSHIP ACQUISITION	3,442			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	154,993	0	0	
26	Joint costs. Complete this line only if the	Τ			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				

Part X Balance Sheet

		Check if Schedule O contains a response of	note to	o any line in this Part X			
					(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			250,258	2	241,869
Assets	3	Pledges and grants receivable, net		Ĺ	0	3	0
	4	Accounts receivable, net			10,700	4	4,074
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	sons	0	5	0
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net			0	6	0
	7				47,801		44,800
	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	1				
		other basis Complete Part VI of Schedule D	10a	11,943			
	b	Less accumulated depreciation	10b	11,475	1,810		468
	11	Investments—publicly traded securities			163,744	11	181,320
	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			102,869	15	104,362
	16	Total assets. Add lines 1 through 15 (must equ	al line	33)	577,182	16	576,893
Liabilities	17	Accounts payable and accrued expenses			2,435	17	2,762
	18	Grants payable		L	0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities		L	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, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	sons	0	22	0
_	23	Secured mortgages and notes payable to unrel	ated th	ird parties	0	23_	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p	ayables	s to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D					
	}				0	25_	0
	26	Total liabilities. Add lines 17 through 25	<u>.</u>		2,435	26	2,762
S		Organizations that follow FASB ASC 958, ch	eck he	re ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			574,747	27	574,131
Õ	28	Net assets with donor restrictions		Ţ	0	28	0
Ē		Organizations that do not follow FASB ASC	958, ch	eck here			
Ē		and complete lines 29 through 33.		_	•		
ō	29	Capital stock or trust principal, or current funds		-	0	29	0
e Sta	30	Paid-in or capital surplus, or land, building, or e		ent fund	0	30	0
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0	31	ō
ž A	32	Total net assets or fund balances	-1		574,747	32	574,131
ž	33	Total liabilities and net assets/fund balances			577,182	33	576,893

Form 9	990 (2019) IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	4;	2-0680704	Page	12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		136,8	300
2	Total expenses (must equal Part IX, column (A), line 25)	2		154,9	93
3	Revenue less expenses Subtract line 2 from line 1	3		-18,1	193
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		574,7	747
5	Net unrealized gains (losses) on investments	5		17,5	577
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		574,1	131
Part	—————————————————————————————————————			_	_
	Check if Schedule O contains a response or note to any line in this Part XII		•		
				Yes I	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O			┻╢	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain or	1			1.
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	N	I/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	_	I/A
			Form	990 (20)19)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection-

Employer identification number

IOWA	FARM BUREAU FEDERATION D/B/A CARRO		42-0680704
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answer	ed "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 don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donor	rs, and donor advisors in writing that grant f	funds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
_Part	Conservation Easements.		
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
ſ	Preservation of land for public use (for examp		n of a historically important land area
Ī	Protection of natural habitat	_	n of a certified historic structure
ſ	=		
2 2	Preservation of open space Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year	on neid a qualified conservation contribution	Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easer	ments	2b
	Number of conservation easements on a certif		2c
	Number of conservation easements included i	` ,	
	historic structure listed in the National Registe		2d
	Number of conservation easements modified,		ninated by the organization during
	the tax year ▶	-	
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection,	, handling of
	violations, and enforcement of the conservation	n easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing of	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	ervation easements during the year
	\$		
	Does each conservation easement reported o	n line 2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the transportation assessments		andai statements that describes the
	organization's accounting for conservation ease Organizations Maintaining Collect		r Other Similar Assets
ıaıt	Complete if the organization answer		Other Ohimar Addets.
1a	If the organization elected, as permitted under		e statement and balance sheet
	works of art, historical treasures, or other simil	•	
	public service, provide in Part XIII the text of the	•	
	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
	public service, provide the following amounts i		,
	(i) Revenue included on Form 990, Part VIII, I	-	▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of a	rt, historical treasures, or other similar asse	ets for financial gain provide the
	following amounts required to be reported und		
	Revenue included on Form 990, Part VIII, line	-	▶ \$
	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2019 IOWA FARM BUREA	U FEDERATION	D/B/A CA	RROLL C	OUNTY FARI	M BURE	EAU 42-068	0704		Page 2
Part	Organizations Maintaining Co	ollections of A	rt, Histor	rical Tre	asures, or (Other \$	Similar Asset	s (conti		
3	Using the organization's acquisition, according	ession, and other	records,	check any	of the follow	ng that	make significan	t use of i	ts	
	collection items (check all that apply)			1						
а	Public exhibition		d [Loan or	exchange pro	ogram				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization XIII	's collections and	i explain h	ow they fo	urther the orga	anızatıoı	n's exempt purp	ose in P	art	
5	During the year, did the organization soli assets to be sold to raise funds rather that								es 🗀	No
Part	IV Escrow and Custodial Arrang	ements.			<u> </u>					<u> </u>
	Complete if the organization an 990, Part X, line 21		n Form 9	990, Part	t IV, line 9, o	r repor	ted an amoun	t on Fo	m	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other in	ntermediar	y for cont	ributions or ot	her ass	ets not		es 🗀	No
b	If "Yes," explain the arrangement in Part	XIII and complete	e the follow	wing table	•					
								Amount		
C	Beginning balance					1c				0
d	Additions during the year					1d				
e f	Distributions during the year					1e				
_ •	Ending balance									0
2a	Did the organization include an amount of						•	Y₁	es 🔀	No
b	If "Yes," explain the arrangement in Part	XIII Check here	if the expl	anation h	as been provi	ded on l	Part XIII			
Part										
	Complete if the organization an				1		=			
4	Paginning of wags belongs	(a) Current year	· · · · · · · · · · · · · · · · · · ·	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a b	Beginning of year balance Contributions	0				-+				
C	Net investment earnings, gains,									
·	and losses									
d	Grants or scholarships		1					 		
е	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	•	balance (line 1g, co	olumn (a)) held	d as				
а	Board designated or quasi-endowment		<u>%</u>							
b	Permanent endowment	<u></u>								
С	Term endowment ▶ %	-	00/							
2-	The percentages on lines 2a, 2b, and 2c			41						
3a	Are there endowment funds not in the po organization by	ssession of the C	organizatio	n that are	e neid and adn	ninistere	ea for the		Yes	No
	(i) Unrelated organizations							3a(i)	ies	No
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga	anizations listed a	as required	on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of									
Part		ent.				See F	form 990 Par	X line	10	
	Description of property	(a) Cost or of			or other basis		Accumulated		ook value	
	Secompant of property	(a) Cost of O			other)		epreciation	(u) D	JUN VAIU	-
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		11,943		11,475			468
<u>e</u>	Other		0		0		0			0
iotal	. Add lines 1a through 1e (Column (d) mu	ist equal Form 99	io Part X	column (i	B) line 10c)		▶			468

Part VII		ad "Voo" on Form 000	Dort IV I in a 14h Con Form	000 Dark V Iva - 10
	Complete if the organization answer			··
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
	al derivatives	0		
	held equity interests	0		
				
(F)				
(<i>)</i> (G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	▶ 0		
Part VIII		•	·	
	Complete if the organization answer	ed "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
(1)			Cost or end-of-year	market value
(2)				<u> </u>
(3)				<u>-</u>
(4)				
(5)				
(6)		"-"		
(7)				
(7)				
(8)				_
(8) (9)	nn (b) must equal Form 990, Part X, col (B) line 13)	b 0		
(8) (9)	Other Assets.	· · · ·		000 B-17 I - 45
(8) (9) Total. (Colum	Other Assets. Complete if the organization answer	ed "Yes" on Form 990,		1
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answer	· · · ·		(b) Book value
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUI	Other Assets. Complete if the organization answer	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUIT (3)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUIT (3) (4)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUIT (3) (4) (5)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUI (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990,		(b) Book value 103,92
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUI (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS	ed "Yes" on Form 990, escription		(b) Book value 103,92 44
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT	ed "Yes" on Form 990, escription	Part IV, line 11d. See Form	(b) Book value 103,92 44
(8) (9) Total. (Colum Part IX (1) FBL D (2) EQUI (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer	ed "Yes" on Form 990, escription	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990,	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,
(8) (9) Total. (Column Part IX (1) FBL D (2) EQUIT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D DEFERRED ANNUITY INVESTMENT TY IN OTHER ORGANIZATIONS umn (b) must equal Form 990, Part X, col (Other Liabilities. Complete if the organization answer line 25 (a) De-	ed "Yes" on Form 990, escription B) line 15) ed "Yes" on Form 990, ecription of liability	Part IV, line 11d. See Form	(b) Book value 103,92 44 104,36 Form 990, Part X,

, Sabadi	sie D (Form 990) 2019 IOMA FARM BUREAU FEDERATION D/R/A CARROU COU	INITY FARM RUDEAU	40 0000704	
Par	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	42-0680704 eturn.	Page 4
1	Complete if the organization answered "Yes" on Form 990, Part I' Total revenue, gains, and other support per audited financial statements	v, line 12a	1	154,377
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 17,577	1	
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	17,577
3	Subtract line 2e from line 1		3	136,800
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	136,800
Par	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part I		Return.	
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	154,993
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	154,993
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b	<u> </u>	
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	154,993
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to prov			rt X, line
Part 2	CLine 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Acc	counting		
Polic	es In accordance with the Income Taxes Topic of FASB ASC, the Company evalu	ıates		
unce	tain tax benefits arising from tax positions taken or expected to be taken based or	n		
the lil	selihood of being sustained upon examination by applicable tax authorities. If the			
Comp	pany determines that a tax position is more likely than not of being sustained, it			
recog	nizes the largest amount of the arising benefit that is greater than 50% of being			
realiz	ed upon settlement in the financial statements. Any tax positions taken or expecte	ed		
to be	taken that do not pass the more likely than not test, the Company establishes			
reser	ves offsetting the benefits related to such positions. Interest and penalties if any,			
are ir	cluded in the current provision for income taxes in the Companys 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

Scriedile II (Form 990) 2019 TOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU-0680704	Page 5
Rart XIII Supplemental Information (continued)	
financial statements nor was there any unrelated business income for the year ending	
interioral statements not was there any unrelated business mounte for the year ending	
December 31, 2019	
	•
	·
	·

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

► Attach to Form 990.

Open to Public'

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

Employer Identification number 42-0680704 ŝ

X Yes

IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	General Information on Grants and Assistance
IOWA FA	Part

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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (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) Iowa Agriculture Literacy Foundation PO Box 14458 Des Moines, IA 50306-	31-1672416	501(c)(3)	10,000				Loess Hills AITC Program
(2) St Anthony Foundation 311 South Clark Street Carroll, IA 5140	42-0733472	501(c)(3)	15,000				New Cancer Center Campaign
(3)							
(4)							
(5)							
(9)							
(n)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organ	n 501(c)(3) and g	overnment organiza	izations listed in the line 1 table	table .		•	2
3 Enter total number of other organizations listed in the line 1 table	organizations liste	ed in the line 1 table				•	0

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

Schedule I (Form 990) (2019)

42-0680704

Schedule I (Form 990) (2019)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) Part I Line 2 The Company's Board of Directors reviews and is updated on progress and accomplishments by the donee. (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

S

4

~

ന

9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2019

OMB No 1545-0047

Open to Public
Inspection——

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU 42-0680704 Form 990, Part III, Line 4a Agricultural Education Carroll County Farm Bureau strongly supports learning experiences that take place outside the classroom. We encourage the growth of all individuals thru a variety of skills by Education outreach. We hope our involvement in the area will encourage individuals to be prepared for leadership and careers in science, business and technology of agriculture Contributions to Carroll, Coon Rapids-Bayard, Glidden-Ralston & IKM-Manning FFA 'groups during National FFA Week Participation in the 2019 Kids Health & Safety Fair Sponsorship of individuals to attend "Take Root" workshop Support of the Loess Hills-Ag in the Classroom Donation Awarded seven scholarships to local students who plan to continue their education in agriculture Sponsorship of the 2019 "Women's Agronomy in the Field" with Carroll County Extension Participation in the Young Farmer Conference Sponsorship of individuals to attend "Women in Denim" Conference and hosted the 2019 Farm Bill Education Seminar Form 990, Part III, Line 4b Public Relations Carroll County Fam Bureau believes in strong community involvement at the County level Contributions were given to all six local schools to use towards the Breakfast/Lunch program to promote Iowa Healthiest State Initiative Sponsorship of Carroll Merchants Baseball game with other community ag commodity groups, lowa Corn, Iowa Soybean and Carroll County Cattlemen to promote agriculture and family Offer the sale of Certificates to individuals to promote the beef and pork industry within our county Contributions given to all area schools thru booster club or school education foundations Have truck inspection forms, radon test kits and discounted movie passes available to all individuals Twice a year Carroll County Farm Bureau sends out Bomgaars coupons out to all CCFB members Teaming up with FB agents to hand out commemorative volleyballs, basketballs, footballs, ad baseballs to area schools that advance to state Farm Bureau has expanded student services through awards recognition programs, grants and scholarships. Offer two Stroke Detection screenings twice a year Sponsorship of Salute to Local Framer with honoring

farmers in the field Donated to the Brushy Creek Honor Flight and sponsor and participate in

2

Name of the organization IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	Employer identification number 42-0680704
	142-0000704
the 2019 Agri-Business Barbeque & Golf Outing	
Form 990, Part III, Line 4c Public Policy Carroll County Farm Bureau board members are	
vigorous regarding Policy Development and Implementation Board Members invited county	
supervisors to the March monthly Farm Bureau meeting to visit about the yearly county budget	
A regional board meeting is scheduled every September for members to voice their opinions on	
what state and national issues Farm Bureau should be addressing. Opinionnaires allow all Farm	
Bureau members to voice opinions regarding local, state and national issues Resolutions are	
presented at the annual meeting in July where members are present to be discussed and amende	ed
The adopted resolutions are then accepted by the board. Group of individuals are asked to	
participate in the FB Response Team. This gives board members the chance to give their	
perception on important issues. The county has the privilege to attend the Presidents	
Conference, Pre-Summer Policy Conference and Summer Policy Conference Board members co	omplete
candidate evaluation forms for all state legislative, congressional and state-wide races and	
their completed forms to the Iowa Farm Bureau committee Farm Bureau members can participat	e
ın FB days at the capitol Board Members attend legislative meetings that involve issues	
within the county	
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	
1,782 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 Burea	เน
members have the same vote and access to member benefits	
Form 990, Part VI, Section A, Line 7a The organizations members elect the Board of Directors	
In order to hold an officer position within Farm Bureau, the member must be actively engaged	
ın farmıng, 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 lowa	
Farm Bureau Federation	
Form 990, Part VI, Section B, Line 11b After the organizations CPA firm prepares the	

Schedule D (Form 990 or 990-EZ) (2019)		Page	2
Name of the organization IOWA FARM BUREAU FEDERATION D/B/A CARROLL COUNTY FARM BUREAU	Employer identification nu 42-0680704	mber	
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			
			
		_	
			· -
	•		