SCANNED MAY 2 1 202

Form **990** (Rev January 2020)

Department of the Treasury Internal Revenue Service

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

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

2019

OMB No 1545-0047

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

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

Open to Public Inspection

Α	For the	e 2019 ca	lendar year, or tax year beginning , and ending		
В	Check if a	applicable	C Name of organization IOWA FARM BUREAU FEDERATION	D Employer ident	tification number
П	Address	change	Doing business as WEBSTER COUNTY FARM BUREAU		
$\equiv$		_	Number and street (or PO box if mail is not delivered to street address) Room/suite	42-0681391	
$\Box$	Name ch	ange	217 S 25TH STREET C-12	E Telephone numb	per
П	Initial retu	ım	City or town State ZIP code	(545) 055 0000	
$\overline{}$			FORT DODGE IA 50501	(515) 955-3898	
$\sqcup$	rınaı return	/terminated	Foreign country name Foreign province/state/county Foreign postal code		
	Amended	l return		G Gross receipts	142,159
$\Box$	Application	n pending	F Name and address of principal officer	this a group return for subs	ordinates? Yes X No
ш	пррпоапс	on pending	1	this a group return for subc	= =
_				are all subordinates incl	
	Tax-exer	npt status	501(c)(3) X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or \$27	f "No," attach a list (see	e instructions)
J	Website	: ► N/A	H(c) G	Froup exemption number	er ▶ 0626
ĸ	Form of	organization	X Corporation Trust Association Other ► L Year of form	nation 1918 M	State of legal domicile
	art I	Su	mmary		- "
	1			vibrant future for	agriculture
æ	'		nilies & their communities	vibrant luture loi	agriculture,
Ē		iaiiii iaii	innes & their communities	•••••	
Governance			· · · · · · · · · · · · · · · · · · ·		
Š	2		his box • I if the organization discontinued its operations or disposed of mo	re than 25% of its	net assets
9	3		of voting members of the governing body (Part VI, line 1a)	3	14
ŝ	4		of independent voting members of the governing body (Part VI, line 1b)	4	14
₹	5		mber of individuals employed in calendar year 2019 (Part V, line 2a)	5	1
Activities &	6		mber of volunteers (estimate if necessary)	6	15
ĕ	7a		related business revenue from Part VIII, column (🌶), line 12	<u>7a</u>	0
	b	Net unre	elated business taxable income from Form 990-T/line 39	7b	0
				Prior Year	Current Year
9	8	Contribu	19,350	25,375	
J.	9	Program	n service revenue (Part VIII, line 2g)	81,016	75,848
Revenue	10	Investm	ent income (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4 and 7d) evenue (Part VIII, column (A), lines 5, 6d, 89 9c, (Do and 11e)	42,419	20,121
œ	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 85, 9c, (O), and 11e)	21,341	20,815
	12	Total rev		164,126	142,159
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)	C	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	3,383	3,256
ø	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,819	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	C	
8	b		ndraising expenses (Part IX, column (D), line 25)		
ŭ	17		openses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,601	96,241
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	116,803	<del></del>
	19		e less expenses Subtract line 18 from line 12	47,323	
5 5			· · · · · · · · · · · · · · · · · · ·	ning of Current Year	End of Year
8 5	20	Total ass	sets (Part X, line 16)	579,169	
8.8	21		bilities (Part X, line 26)	2,073	<u> </u>
Net Assets or Fund Balances	22		ets or fund balances Subtract line 21 from line 20	577,096	<del></del>
	art II		nature Block	3,7,000	3,0,020
			y, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowled	ge
			ect and complete Declaration of preparer (other than officer) is based on all information of which prepare		
0:			Herum I man	6-20	- 2020
Siç			Signature of officer	Date	
He	re		Tereny Swanson		
			Type or print name and title	44	
		Print		ate	PTIN
Pa	id			Check	If   · · · · ·
	.a eparer	. <u>MA</u>	X N STUDER CPA May 1 Twell CA 6	6/9/2020 self-em	ployed P01272566
	e Only		's name ► GARDINER+COMPANY, P.C.	Firm's EIN ► 42-1	  186197
J	- Oilly	<i>'</i>	's address ▶ 10555 New York Ave , Urbandale, IA 50322		5) 270-1446
Ma	v the IE		s this return with the preparer shown above? (see instructions)	1.110110110 10110	
ivid	y uie ir	<b>.</b> uisuus	s uns return with the preparer shown above (see instructions)		X Yes _ No

Form s	990 (2019)	IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU	42-0681391	Page Z
Pa	rt III	<ul> <li>Statement of Program Service Accomplishments</li> <li>Check if Schedule O contains a response or note to any line in this Part III</li> </ul>		. X
1	Briefly o	lescribe the organization's mission		
	To creat	e a vibrant future for agriculture, farm families & their communities		
	<u> </u>			
2		organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program	_	
	services	\$?	Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program services		
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others	<b>S</b> ,
	the tota	expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 7,837 including grants of \$ ) (Revenue	ie \$	)
		olicy Webster County Farm Bureau Board of Directors met with the Webster County		
	Supervi	sors, County Engineer and Auditor to review the 2019-2020 budget and lobby for additional		
	funding	for county rural roads/bridges. Approximately eight board members met with our three state		
		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Farm Bureau members met with our three state legislators several times throughout the		
	entire le	gislative session The Voting Delegate attended the AFBF Annual Meeting to lobby for the		
	best inte	procts for agriculture. Webster County Form Bureau also invited over 2 100 members to		
	attend t	ne Annual Meeting The members were given the opportunity to elect the board of directors		
	and rev	ew the 2018 audited financial reports		
4b	(Code	) (Expenses \$ 2,755 including grants of \$ ) (Revenue	ie \$	)
		on/AG in the Classroom Webster County Farm Bureau helped sponsor a four county-wide 5th		
	Grade Y	outh Environmental Days at the Wright County Fairgrounds in Eagle Grove Approximately 800		
		beans, farm-to-market, farmers feeding the world along with four other 45-minute breakout		
	session	s The county hosted a two-day Teachers Academy to approximately 35 teachers providing them		
	a bus to	ur of four Ag Rusinoss Industrios and an all day socion regarding current forming		
	practice	s and donated \$200 to the Webster County 4-H Foundation and provided 3- \$500 college		
		ships to three senior graduates		
4c	(Code	) (Expenses \$ 11,700 including grants of \$ ) (Revenue	ie \$	)
	Agriculti	ural Public Relation Over 2,000+ local farmers attended the two-day Farm News Ag Show		
	held in f	Fort Dodge where the county Farm Bureau was a corporate sponsor. The county Farm Bureau		
	was the	corporate sponsor of the Dayton Rodeo where over 3,000 people attend the three-day event		
	The cou	inty donated money to help support/promote the Webster County Fair. The board provided free		
	waterme	elon/ sweet corn to fair attendees, sponsored the kiddie tractor pull and donated wood chips		
	for 4-H/l	FFA livestock exhibitors and trophies The county president participated in a weekly		
	one-hou	ir radio talk show where he shared with the listening audience many of the programs/PR		
	activities	s/ lobbying efforts that the county Farm Bureau Board of Directors were actively engaged		
	in The	county donated money for the construction of a new goat barn at the Webster County		
	Fairoroi	inds so that the FFA and 4-H students would have a better environment to house their		
		and the second s	····	
4d	Other pi	ogram services (Describe on Schedule O )		
	(Expens		0)	
4e		ogram service expenses   22,292	<del></del>	



			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		103	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	Х
3	Did the organization required to complete scriedate B, scriedate of contributors (see instructions).  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<del>^</del>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	i	Х
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		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI	11a	х	
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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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		<u> </u>
	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	446		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	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	46		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> </u>
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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? If "Yes," complete Schedule H	20a		<u> </u>
	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	i	<u> </u>

Form 5	990 (2019) IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU 4	42-0681391	Р	age
Par	t IV Check!ist 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	22	├	├
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			ļ
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١.,
	to defease any tax-exempt bonds?	24c	<u> </u>	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
<b>2</b> 58	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	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	250	_	┝
	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%			ł
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	
	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			
	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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			١
	If"Yes," complete Schedule L, Part IV	28c	<u> </u>	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? <i>If "Yes," complete Schedule N, Part I</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			ł
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			,
25-	III, or IV, and Part V, line 1	34 35a	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	358	-	┝
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	302		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Ιx
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	ഥ
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•		느
4	Estable number recorded in Pour 2 of Form 1000. Fator 0 of safe and table	4	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

gaming (gambling) winnings to prize winners?

1c X

16

If "Yes," complete Form 4720, Schedule O

		81391	P	age 3
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			т
٥-	E	_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Tation of the defendance of the second of th	1	$\overline{}$	<del> </del>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	-
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>	<del></del>	<del> </del>
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		$\vdash$
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		•	1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<del> </del>
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?	<u>5c</u>		┼
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		┰
	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_		-
С	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	<del> </del> -		<del>                                     </del>
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 7h		₩
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n	ļ	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		-
0	sponsoring organization have excess business holdings at any time during the year?	-		├─
9	Sponsoring organizations maintaining donor advised funds.	9a		ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		<del>  .</del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	'	-	l	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	$\dashv$	Ì	
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
U	against amounts due or received from them )	-	İ	
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			$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ᅥ		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	+
u	Note: See the instructions for additional information the organization must report on Schedule O	100		$\vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which	}	ļ	]
5	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		Ť
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1	$\vdash$	<u> </u>
. •		46	}	X
	excess parachute payment(s) during the year	15	$\vdash$	+^
	If "Yes," see instructions and file Form 4720, Schedule N		l	.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

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.

Sect	ion A. Governing Body and Management								
<u>oect</u>	on A. Governing Body and Management			T	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14						
	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								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under								
	supervision of officers, directors, trustees, or key employees to a management company or other p		L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	L	5		X			
6	Did the organization have members or stockholders?		L	6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	appoint		7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		-						
J	stockholders, or persons other than the governing body?	,		7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during							
	the year by the following		]_						
а	The governing body?		<b>)</b>	8a	Χ				
b	Each committee with authority to act on behalf of the governing body?		L	8b	Χ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached		_					
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u> т	9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the	ınternai Reveni	ie Cc	oae (	) V				
40-	Dut the accompany have local phanton handshap as affiliates?		Γ.	10a	Yes	No X			
10a	Did the organization have local chapters, branches, or affiliates?	ah antara	-	iva		<del>  ^</del>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such		,	10ь		N/A			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 900 to all members of its governing body before			11a	X	INA			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the second of the property of the p	are ming the form?	la	I I a	$\hat{}$				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		-	12a	X	<u> </u>			
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	nive rise to conflicts		12b	$\hat{\mathbf{x}}$				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		′ ⊦						
Ŭ	describe in Schedule O how this was done	, 55,		12c	Χ				
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	val by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		ŀ						
а	The organization's CEO, Executive Director, or top management official		Ŀ	15a		N/A			
b	Other officers or key employees of the organization		Ŀ	15b		N/A			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	jement							
	with a taxable entity during the year?		Ŀ	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard							
	the organization's exempt status with respect to such arrangements?			16b					
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed IA			244					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		ion 50	J1(C)					
	(3)s only) available for public inspection Indicate how you made these available Check all that ap		- 01						
40		on Schedule		<b>.</b>					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interes	r bolic	.y,					
20	and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's	nooke and racerda							
20									
	THE ORGANIZATION  217 S 25TH ST, RM C-12, FORT DODGE, IA 50501	(515) 955-3	030						
	211 0 20111 01, 1111 0 12, 1 0111 000001								

40	റദദ	420	. 4
4/-	เมากก	1.34	

Form 990 (2019)
Part VII

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

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)	unles	Position heck more than one ss person is both an and a director/trustee)  Key employee  Officer  Position Former  Former  Officer			an e)	(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	
(1) STEVE PETERSON	1 25									
VOTING DELEGATE	0 00	Х		Х				0	0	533
(2) DENIS HEATHERINGTON	1 25					1 1				
VICE PRESIDENT	0 00	Х	<u> </u>	Х	$ldsymbol{ld}}}}}}$			0	0	173
(3) JESSE GREEN	1 25									
SECRETARY	0 00	X		Х				0	0	118
(4) GARY SCHWENDEMANN	0 75	!								
DIRECTOR	0 00	X		L				0	0	108
(5) DONALD CHRISTOPHERSON	0 75									
DIRECTOR	0 00	X	L.					0	0	98
(6) ANTON STANEK	1 25									
TREASURER	0 00	Х		Х	_			0	0	83
(7) JOHN FREDRICKSON	0 75									
DIRECTOR	0 00	X						0	0	68
(8) JEREMY SWANSON	1 25									
PRESIDENT	0 00	X		X	_			0	0	58
(9) DEWAYNE NEWELL	0 75									
DIRECTOR	0 00	X	<u> </u>	<u> </u>	L	$oxed{oxed}$		0	0	58
(10) LARRY ALLIGER	0 75					1				
DIRECTOR	0 00				L.	<u> </u>		0	0	48
(11) LINDSAY ESLICK	0 75	1				1 1				
DIRECTOR	0 00							0	0	48
(12) SAM CONDON	0 75									
DIRECTOR	0 00	-		$oxed{oxed}$				0	0	48
(13) DAVE SEIL	0 75				1					
DIRECTOR	0 00		<u> </u>	$\vdash$	<u> </u>			0	0	48
(14) AUSTIN NERHUS	0 75									
DIRECTOR	0 00	Х		<u> </u>				0	0	5 990 (2010)

P	(A) Name and title		(do r box, office	not ch unles	Pos neck	C) intion more	than	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)								-			
									-		
								_			-
								_			
(25)											
1b	Subtotal							•	0	(	
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A							0	(	0 1,537
2	Total number of individuals (including but not lin	nited to those lis	ted a	bov	e) w	/ho	recei	ved			7,007
	reportable compensation from the organization	<u> </u>									Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Schedi</i>				ee,	or h	ighes	st cc	ompensated		3 X
4	For any individual listed on line 1a, is the sum of	of reportable con	pens	atio					•		
	the organization and related organizations grea individual	ter than \$150,00	)0? If	"Ye	S,"	com	plete	Sc	hedule J for suci	h	4 X
5	Did any person listed on line 1a receive or accrifor services rendered to the organization? If "Ye									vidual	5 X
Sec	tion B. Independent Contractors	o, complete co	, rouu	,,,,	101	300	pei	3011	'		1 3 1 1 1 7
1	Complete this table for your five highest compe										<b></b>
	compensation from the organization Report co		ile G	uei I	idi	yea	e110	ııg	(B)		(C)
	Name and business addr	ess			_			-	Description of sen	vices	Compensation 0
											0
											0
											0
	Total number of independent contractors (include	ling but not limite	ed to	thos	se li	ster	labo	ve)	who received		0
	more than \$100,000 of compensation from the	-			۱۱ ت			0			

Form 990 (2019) IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU 42-0681391 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a 0 Contributions, Gifts, Grants and Other Similar Amounts 1b 0 b Membership dues 1c 4.025 С Fundraising events d Related organizations 1d 21,350 e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 0 Noncash contributions included in lines 1a-1f 1q 25,375 h Total. Add lines 1a-1f **Business Code** Program Service 900099 75.848 MEMBERSHIP DUES 75.848 2a 0 0 0 0 0 All other program service revenue Total. Add lines 2a-2f 75,848 Investment income (including dividends, interest, and 20,121 other similar amounts) 20,121 4 Income from investment of tax-exempt bond proceeds O 5 Royalties 20,815 20,815 (ı) Real (II) Personal 6a Gross rents 6a Less rental expenses 6b 0 0 6c Rental income or (loss) 0 Net rental income or (loss) d (ı) Securities (II) Other 7a Gross amount from sales of assets other than inventory 7a 0 0 Other Revenue Less cost or other basis and sales expenses 7b 0 0 7c 0 0 c Gain or (loss) 0 Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a 0 0 Less direct expenses 8b ▶ 0 Net income or (loss) from fundraising events С 9a Gross income from gaming activities See Part IV, line 19 0 9a 0 Less direct expenses 9b c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances 10a 0

0

**Business Code** 

0

0

000

0

75,848

142,159

10b

Less cost of goods sold

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

scellaneous

Revenue

11a

Net income or (loss) from sales of inventory

Form 990 (2019)

	'Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rannizatione muet e	nomploto polumn (A	<u> </u>
36011	Check if Schedule O contains a response or note			ompiete column (A)	
	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		•	,	<u> </u>
	domestic governments See Part IV, line 21	0		18 4 18 1 1 1	1 4 4
2	Grants and other assistance to domestic			7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	individuals See Part IV, line 22	0	<del> </del>		***
3	Grants and other assistance to foreign			1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *
	organizations, foreign governments, and foreign			3 3 4 5 ° 5	*
_	individuals See Part IV, lines 15 and 16	0		,	,
4	Benefits paid to or for members	3,256		11	
5	Compensation of current officers, directors,				
	trustees, and key employees	1,537		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	أ			
-	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	17,801			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	234			
10	Payroll taxes	1,404			
11	Fees for services (nonemployees)	4 000			
a	Management	1,996			
b	Legal	0			
ا	Accounting Lobbying	1,165			
d e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
_	Other (If line 11g amount exceeds 10% of line 25, column	4			
g	(A) amount, list line 11g expenses on Schedule O)	o		0	
12	Advertising and promotion	2,730			
13	Office expenses	4,184	<del></del>		
14	Information technology	0	<del></del>		
15	Royalties			· · · · · ·	
16	Occupancy	8,400			
17	Travel	43	••••		
18	Payments of travel or entertainment expenses	73	<del> </del>	-	
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	13,731	<del></del>		
20	Interest	0			-
21	Payments to affiliates	43,300			
22	Depreciation, depletion, and amortization	109	0	0	(
23	Insurance	989			
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)				
а	SPOKESMAN, DUES & SUBSCRIPTIONS	5,879			
b	AG & COMMUNITY PROMOTION	11,604			
С	MEMBERSHIP ACQUISITION	2,087			
d	MISCELLANEOUS	24			
е	All other expenses	0			•
25	Total functional expenses. Add lines 1 through 24e	120,473	0	0	(
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here     If				
	following 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
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			15,426	2	16,886
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net			1,677	4	1,485
	5	Loans and other receivables from any current of	r forme	r officer, director.		٠٠.	
		trustee, key employee, creator or founder, subs			) 1 10	,	*
		controlled entity or family member of any of the			0	5	0
	6	Loans and other receivables from other disqualif	•	<u> </u>		,	
		under section 4958(f)(1)), and persons described	-	`  -	0	6	0
\$3	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use		}	0	8	0
Ä	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or	1 1				
		other basis Complete Part VI of Schedule D	10a	4,127			
	ь	Less accumulated depreciation	10b	3,909	326	10c	218
	11	Investments—publicly traded securities	100	3,303	90,288	11	112,796
	12	Investments—other securities See Part IV, line	11	-	90,200	12	112,790
	13	Investments—program-related See Part IV, line	-	0	13	0	
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11	471,452	15	485,595		
	16	Total assets. Add lines 1 through 15 (must equ	و معیا ام	, <sub>2</sub> ,		16	· · · · · · · · · · · · · · · · · · ·
	17	Accounts payable and accrued expenses	ai iirie s	55)	579,169 2,073	17	616,980
	18	Grants payable and accided expenses	-		18	1,651	
	19	Deferred revenue	0	19	0		
	l		-			0	
	20	Tax-exempt bond liabilities	D = =4 1) (		0	20	0
60	21	Escrow or custodial account liability Complete			0	21	0
Liabilities	22	Loans and other payables to any current or form					ı
ቜ		trustee, key employee, creator or founder, subs					
<u>a</u>		controlled entity or family member of any of the	•	<b>-</b>	0	22	0
_	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate		_	0	24	0
	25	Other liabilities (including federal income tax, pa	-	1			
		parties, and other liabilities not included on lines	s 1/ <del></del> 24	) Complete			_
		Part X of Schedule D		-	0	25	0
	26	Total liabilities. Add lines 17 through 25			2,073	26	1,651
es		Organizations that follow FASB ASC 958, che	eck her	e ► X			
ang.		and complete lines 27, 28, 32, and 33.					
ğ	27	Net assets without donor restrictions	577,096	27	615,329		
В	28	Net assets with donor restrictions	0	28	0		
S		Organizations that do not follow FASB ASC 9	eck here 🕨 🔛				
Net Assets or Fund Balances		and complete lines 29 through 33.	_ [				
O S	29	Capital stock or trust principal, or current funds		0	29	0	
30t	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund	0	30	0
Ass	31	Retained earnings, endowment, accumulated in	come,	or other funds	0	31	0
et/	32	Total net assets or fund balances			577,096	32	615,329
Ź	33	Total liabilities and net assets/fund balances		<del></del>	579,169		616,980

Form 9	<sup>190</sup> (2019)      IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU	4	2-0681391	Pag	je 12
Part					
	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		142	2,159
2	Total expenses (must equal Part IX, column (A), line 25)	2		120	,473
3	Revenue less expenses Subtract line 2 from line 1	3		21	1,686
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		577	7,096
5	Net unrealized gains (losses) on investments	5		16	5 <u>,54</u> 7
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		615	<u>5,329</u>
<b>Part</b>				ì	
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other		_		ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			i	ļļ
	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				1 1
	reviewed on a separate basis, consolidated basis, or both				l
	Separate basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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		-		١. ا
	X Separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	ŗ			i I
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	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?		3a_		N/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>-</u>	3b		N/A
			Form	990	(2019)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Inspection

2019

Name of the organization Employer identification number IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU 42-0681391 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) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Nο Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 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

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?  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance 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 c O 0 0 0 0 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    %  Cerm endowment	Part	Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	asures, or	Other	r Similar Asse	ts (conti	nued)	
a	3										
Scholarly research   Preservation for future generations					ì						
c Proservation 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 air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d [	Loan or	exchange pr	ogram				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research		e	Other						
Summary   Summ	C	Preservation for future generations	5								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Secretary   Escretary   Escreta	4		on's collections and	explain h	ow they fu	urther the orga	anızatı	on's exempt purp	oose in Pa	art	
Escrow and Custodial Arrangements.	5	During the year, did the organization so	olicit or receive don	ations of a	art, histori	cal treasures,	or oth	ner sımılar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9 or reported an amount on Form 990, Part IV, line 9 or line 340, and 2 or severe of the estimated procedure for severe of severe for severe		assets to be sold to raise funds rather	than to be maintain	ed as par	t of the or	ganization's c	ollection	on?	Y	es 🔙	No
990, Part X, line 21	Part	IV Escrow and Custodial Arran	gements.	-							
1 sith corganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If Yes,* explain the arrangement in Part XIII and complete the following table:			nswered "Yes" o	n Form 9	990, Part	IV, line 9, o	r repo	orted an amour	nt on Foi	m	
Included on Form 990, Part X?						<del></del> _					
Beginning balance	1a		ustodian or other in	itermediar	y for conti	ributions or of	ther as	ssets not			٠
to Beginning balance  d Additions during the year  Distributions during the year  Distribution during the year and mount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Distribution during the year during during the year  Distribution during the year during during the year during during the year during	h		rt VIII and complete	the fello	una tabla				Y	<b>;s</b>	No
C   Beginning balance	D	ii res, explain the arrangement in Fa	rt Am and complete	e trie rollov	wing table				Amount		
Additions during the year   Distributions during the year   Feding balance   Distributions during the year   Feding balance   Distributions during the year   Feding balance   Distributions during the year   Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Part V	С	Beginning balance					1	c	7 till Carl		0
f Ending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance  Contributions  Co	_						1	_ <del></del>			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Findowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance  Beginning of year balance  Contributions  Contrib	е	Distributions during the year					_1	е			
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    Reginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e) F	f	Ending balance						<u>                                     </u>			0
Part V	2a	Did the organization include an amoun	t on Form 990, Par	t X, line 2	1, for escr	ow or custodi	al acc	ount liability?	Y	es 🛛	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Beginning of year balance  Contributions  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  Permanent endowment  Permanent endowment  Image: Permanent endowment   100	þ	If "Yes," explain the arrangement in Pa	rt XIII Check here	If the expl	anation ha	as been provi	ded or	n Part XIII	_		
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back	Part	V Endowment Funds.						-			
1a Beginning of year balance 0		Complete if the organization a	nswered "Yes" o	n Form 9	90, Part	IV, line 10					
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 O 0 0 0 0 0 0 0 0  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment % Fermanent endowment  % The percentages on lines 2a, 2b, and 2c should equal 100% 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 (iii) Related organizations (iii) Related organizations Fermious in the possession of the organization shisted as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (nestment) (nestment) (other)  Described in Part X, line 10  Described in Par				( <b>b</b> ) Pri	or year	(c) Two years	back	(d) Three years bad	ck (e) Fo	our years	back
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 0 0 0 0 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 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 (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe in Part XIII the intended uses of the organization's endowment funds  1a Land Describe of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Blook value depreciation Described in Property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Blook value depreciation Described in Property (b) Cost o			0						<del>-  </del> -		_
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 0 0 0 0 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 (ii) Related organizations (iii) Related organizations (iv) Tyes" on line 3a(ii), are the related organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds  Describe of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other) (other)  Buildings 0		· ·									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance D O O O O O O Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment B Permanent endowment M 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 (iii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Buildings (ii) Book value depreciation 0	C								ļ		
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance	d	ŀ	<del></del>						_		
Find of year balance	е	·									
g End of year balance		and programs	<u>-</u> .								_
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment	f	·									
a Board designated or quasi-endowment	-	•						l	0		0
b Permanent endowment	_	•	· · · · · · · · · · · · · · · · · · ·	•	line 1g, co	olumn (a)) nei	a as				
Term endowment				_70							
The percentages on lines 2a, 2b, and 2c should equal 100%  3a	•					•					
Vest   No   Vist   Unrelated organizations   Sa(ii)   Unrelated organizations   Sa(ii)   Vist   Related organizations   Section   Sect			c should equal 100	)%							
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  20  4 Equipment  4 Equipment  5 O O O O O  6 Equipment  6 Other  7 Other  7 Other  7 Other  8 Other  8 Other  8 Other  8 Other  9 Other	3a	Are there endowment funds not in the	possession of the o	rganizatio	n that are	held and adı	ministe	ered for the			
(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  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 (other)  (investment)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  2 Description of property  (a) Cost or other basis (other)  (other)  (other)  2 Description of property  (a) Cost or other basis (other)  (other)  (other)  2 Description of property  (d) Book value  2 Description of property  (e) Accumulated of the property  (f) Book value  (f)		· ·								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (a) Equipment  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value		· · ·								igsquare	
Describe in Part XIII the intended uses of the organization's endowment funds  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 (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  Description of property  (a) Cost or other basis (other)  (other)  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  Description of property  Description of property  (a) Cost or other basis (other)  O O O O O O  D O O O O  D O O O O O  D O O O O		- · ·			J O-b-	dula DO					
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 (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Dook value  (d) Book value  (d) Book value  (d) Book value  (d) Dook value  (d) Book value  (d) Dook value  (d) Book value  (d) Dook value  (d)	_	- · · · · · · · · · · · · · · · · · · ·	-						_ 30_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a   See Form 990, Part X, line 10				is endowi	nent lunu.	<u> </u>				-	
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value depreciation				n Form 9	990. Part	IV. line 11a	See	Form 990. Par	rt X. line	10	
1a         Land         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         4,127         3,909         218           e         Other         0         0         0         0											<u>—</u>
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         4,127         3,909         218           e         Other         0         0         0         0			(investm	ent)				•			
c         Leasehold improvements         0         0         0         0           d         Equipment         0         4,127         3,909         218           e         Other         0         0         0         0	1a										0
d         Equipment         0         4,127         3,909         218           e         Other         0         0         0         0		_									0
e Other 0 0 0 0		•	<u> </u>								
_ <del>`</del> <del>`</del> <del></del>	_										
			nust equal Form 99		column (i						

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

Schedule D (Form 990) 2019

42-0681391

Page 2

(a) Description of security or category		Part IV, line 11b. See Form (c) Method of v	· · · · · · · · · · · · · · · · · · ·
(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			<del></del>
(A)	-		
(B)			
(C)			
(D) (E)	-		
(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 v Cost or end-of-year	
(4)	<del> </del>	Cost of end-of-year	market value
(1)	<del></del>	<del></del>	
(3)			
(4)	<u> </u>		
(5)			
(6)			
(8)			
(9)		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets.	• 0		
Complete if the organization answered	"Ves" on Form 990	Part IV line 11d See Form	000 Bart Y Ino 15
(a) Desc		raitiv, ille ilu See roilli	(b) Book value
		raitiv, line Tid Gee Form	(b) Book value
(a) Desc (1) FBL Deferred Annuity Investment (2)		raitiv, illie itu see roitii	(b) Book value
(1) FBL Deferred Annuity Investment		raitiv, iiile iiu See roiiii	(b) Book value
(1) FBL Deferred Annuity Investment (2)		raitiv, illie Tiu Gee Foilin	(b) Book value
(1) FBL Deferred Annuity Investment (2) (3) (4) (5)		raitiv, illie Tiu Gee Folini	(b) Book value
(1) FBL Deferred Annuity Investment (2) (3) (4) (5)		raitiv, iiile iiu Geeroiiii	(b) Book value
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7)		raitiv, iiile iiu See i oiiii	(b) Book value
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8)		raitiv, iiile iiu Geeloiiii	
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9)	enption	Faitiv, line Tru Gee Form	(b) Book value 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B)	enption		(b) Book value 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7)	line 15)	•	(b) Book value 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities.	line 15)	•	(b) Book value 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25	line 15)	•	(b) Book value 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities.  Complete if the organization answered line 25 1. (a) Description	line 15)	•	(b) Book value 485,59 485,59 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25  1. (a) Description (1) Federal income taxes (2)	line 15)	•	(b) Book value 485,59 485,59 485,59 Form 990, Part X,
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25  1. (a) Description (1) Federal income taxes (2) (3)	line 15)	•	(b) Book value 485,59 485,59 485,59 Form 990, Part X,
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities.  Complete if the organization answered line 25  1. (a) Description (c) (1) Federal income taxes (2) (3) (4)	line 15)	•	(b) Book value 485,59 485,59 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25 1. (a) Description (c) (1) Federal income taxes (2) (3) (4) (5)	line 15)	•	(b) Book value 485,59 485,59 485,59
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25 1. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6)	line 15)	•	(b) Book value 485,59 485,59 485,59 Form 990, Part X,
(1) FBL Deferred Annuity Investment (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answered line 25 1. (a) Description (c) (1) Federal income taxes (2) (3) (4) (5)	line 15)	•	(b) Book value 485,59 485,59 485,59

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2019 IOWA FARM BUREAU FEDERATION D/B/A WEBSTER CO	OUNTY FARM BUREAU	42-0681391	Page <b>4</b>
Pai	Reconciliation of Revenue per Audited Financial Statements	-	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	158,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1		
а	Net unrealized gains (losses) on investments	<b>2a</b> 16,54	<u> </u>	
b	Donated services and use of facilities	2b	<u> </u>	
С	Recoveries of prior year grants	2c	_[[[]]	
d	Other (Describe in Part XIII )	2d		10.5.17
e	Add lines 2a through 2d			16,547
3	Subtract line 2e from line 1	1 1	3	142,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		0
C	Add lines 4a and 4b  Total revenue, Add lines 3 and 4a. (This must equal Form 900, Part I, line 13.)		4c   5	0 142,159
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	to Mith Evnences no		142, 159
Par	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part		r Keturn.	
1	Total expenses and losses per audited financial statements	IV, IIIIE IZa	1	120,473
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			120,473
_	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	120,473
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		120,470
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b	101	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	 	5	120,473
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV. lines 1b and 2b. P	art V. line 4. Part	t X. line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro			
	K Line 2 FOOTNOTES IN FINANCIAL STATEMENTS Summary of Significant Ac	•		
i dit.	Chile 27 Control Ed Nat Invaloue Control Commany of Cignificant A	200anting		
Polic	es In accordance with the Income Taxes Topic of FASB ASC, the Company eval	uates		
- 0.10	co in accordance with the machine rakes repleted (7/1057/00), the company eval			
unce	tain tax benefits arising from tax positions taken or expected to be taken based	on		
41		27		
the li	celihood of being sustained upon examination by applicable tax authorities. If the			
	2.13			
Com	pany determines that a tax position is more likely than not of being sustained, it			
recog	inizes the largest amount of the arising benefit that is greater than 50% of being			
	¥			
realiz	ed upon settlement in the financial statements. Any tax positions taken or expec	ted		
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			
activi	ties and are included as a current liability in the statement of financial position			
	To Forbote The Original Inc.	1.454		
incor	ne Tax Footnote The Company has evaluated its tax positions and has conclude	o tnat		

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

Schedule D (Form 990) 2019 IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU2-0681391	Page 5
Part XIII Supplemental Information (continued)	
financial statements nor was there any unrelated business income for the year ending	
December 31, 2019	
	<b>-</b>
······································	
	-

Schedule D (Form 990) 2019

### 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.

Department of the Treasury
Internat Revenue Service

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

Name of the organization

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

OMB No 1545-0047
2019
Open to Public

Inspection Employer identification number

42-0681391

· <del></del>
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
2,099 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 his/her 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 organization's CPA firm prepares the
documentation/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 conflict of interest policy certification stating
that they have received, read and agree to comply with the provisions set forth in the
organizations conflicts of interest policy
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 made available to members

Schedule O (Form 990 or 990-EZ) (2019)	Page	<u>2</u>
Name of the organization IOWA FARM BUREAU FEDERATION D/B/A WEBSTER COUNTY FARM BUREAU	Employer identification number 42-0681391	
	42-0001391	_
·		
-		
•		
·		
·	·	
·		