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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable		<b>Please use IRS label or print or type. See specific instructions</b>	IOWA FFA FOUNDATION, INC P. O. BOX 438 ANKENY, IA 50021	<b>D</b> Employer Identification Number 42-1305468	
<input checked="" type="checkbox"/> Address change	<input type="checkbox"/> Name change			<b>E</b> Telephone number (515) 965-7370	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Termination	<b>G</b> Gross receipts \$ 10,227,357.			
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)			
<b>J</b> Website: ► WWW.IOWAFFAFoundation.ORG		<b>H(c)</b> Group exemption number ►			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of Formation 1986 <b>M</b> State of legal domicile IA			

**Part I** Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>THE IOWA FFA FOUNDATION IS DEDICATED TO PROVIDING FINANCIAL SUPPORT TO ASSIST AGRICULTURAL EDUCATION ORGANIZATIONS IN IOWA</u>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a)	3 18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5 Total number of employees (Part V, line 2a)	5 2
6 Total number of volunteers (estimate if necessary)	6 170
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0

<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 931,681. Current Year 7,323,901.
	9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,880.	-307,739.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,369.	5,448.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,030,342.	7,021,610.

<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year 163,207. Current Year 72,427.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	131,934.	150,143.
16a Professional fundraising fees (Part IX, column (A), line 11e)	106,814.	398,452.
b Total fundraising expenses (Part IX, column (D), line 25) ► 439,129.		
17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24f)	103,744.	178,166.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	505,699.	799,188.
19 Revenue less expenses Subtract line 18 from line 12	524,643.	6,222,422.

<b>Net Assets or Fund Balances</b>	21 <b>RECEIVED</b> MAY 16 2011 <b>IRS</b>	Beginning of Year 4,476,632.	End of Year 8,402,185.
	20 Total assets (Part X, line 16)	3,302,158.	956,443.
21 Total liabilities (Part X, line 26)	1,174,474.	7,445,742.	

<b>Part II</b> Signature Block	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
<b>Sign Here</b>	Signature of officer <i>Andrea Fredericks</i>	Date 5-11-11	
	Type or print name and title <i>Andrea Fredericks, Interim Executive Director</i>		

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Sgt L Keh CPA</i>	Date 5-9-11	Check if self employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00089588
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► MERICWETHER, WILSON AND COMPANY, PLLC	EIN ► 42-0731256		
	► REGENCY W. 5, 4500 WESTOWN PKWY, STE 140	Phone no ► 515-223-0002		
WEST DES MOINES, IA 50266-6717				

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes  No

TEEA0112L 12/22/08

Form 990 (2008)

G16

**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission

THE IOWA FFA FOUNDATION IS DEDICATED TO PROVIDING FINANCIAL SUPPORT TO ASSIST AGRICULTURAL EDUCATION ORGANIZATIONS IN IOWA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code       ) (Expenses \$ 113,181, including grants of \$ 36,869,) (Revenue \$       )

THE IOWA FFA FOUNDATION PROVIDES LEADERSHIP ACTIVITIES FOR FFA MEMBERS AND CHAPTERS AND PROVIDES AGRICULTURAL EDUCATION PROGRAMS.

4b (Code       ) (Expenses \$ 91,108, including grants of \$ 35,558,) (Revenue \$       )

THE IOWA FFA FOUNDATION SPONSORS SCHOLARSHIPS, INCENTIVE AWARDS, AG ED INSTRUCTIONAL MATERIALS, SEMINARS, WORKSHOPS, AND OTHER ACTIVITIES TO ASSIST AGRICULTURAL EDUCATION ORGANIZATIONS AND THEIR MEMBERS IN IOWA.

4c (Code       ) (Expenses \$       , including grants of \$       ,) (Revenue \$       )

4d Other program services (Describe in Schedule O)

(Expenses \$       , including grants of \$       ,) (Revenue \$       )

4e Total program service expenses ► \$ 204,289. (Must equal Part IX, Line 25, column (B))

## Part IV | Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27 X	

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

	<b>Yes</b>	<b>No</b>
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X

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Form 990 (2008)

## Part V. Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	0		
1b	0		
1c			
2a	2		
2b	X		
3a	X		
3b			
4a	X		
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g	N/A		
7h	N/A		
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable

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

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

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

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

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

b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

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)?

b If 'Yes,' enter the name of the foreign country ► See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

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

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

c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

6a Did the organization solicit any contributions that were not tax deductible?

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

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

a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

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

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

d If 'Yes,' indicate the number of Forms 8282 filed during the year

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

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

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

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

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

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

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

a Gross income from other members or shareholders

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

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

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

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a Enter the number of voting members of the governing body	1a	18
b Enter the number of voting members that are independent	1b	18
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 the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official? SEE SCHEDULE O.	15a	X
b Other officers of key employees of the organization? SEE SCHEDULE O	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	
► <u>WAYNE NATTRESS 1055 SW PRAIRIE TRAIL PARKWAY ANKENY IA 50023 (515) 965-7370</u>	

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter '0' in columns (D), (E), and (F) if no compensation was paid

- 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) or more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
WAYNE NATTRESS EXEC DIRECTOR	60			X			96,386.	0.	0.
STEVE DEWITT PRESIDENT	4	X	X				0.	0.	0.
STEVE DAKIN VICE PRESIDENT	1	X	X				0.	0.	0.
SONNY DEKE DIRECTOR	1	X					0.	0.	0.
CATHY AYERS DIRECTOR	1	X					0.	0.	0.
DOUG BECKER DIRECTOR	1	X					0.	0.	0.
RYAN AUGUSTINE DIRECTOR	1	X					0.	0.	0.
KEVIN BUTT DIRECTOR	1	X					0.	0.	0.
DALE GRUIS DIRECTOR	1	X					0.	0.	0.
CLYDE JOHNSON DIRECTOR	1	X					0.	0.	0.
WADE MILLER DIRECTOR	1	X					0.	0.	0.
PAT POWERS DIRECTOR	1	X					0.	0.	0.
JEFF WARD DIRECTOR	1	X					0.	0.	0.
DAN HANSEN DIRECTOR	1	X					0.	0.	0.
JERRY JOHNSON SECRETARY	1	X	X				0.	0.	0.
MATT EDDY TREASURER	1	X	X				0.	0.	0.
FRANK HOLDMEYER DIRECTOR	1	X					0.	0.	0.

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

**1 b Total**

96,386. 0. 0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
WALKER ARCHITECTS PC 3706 INGERSOLL AVE DES MOINES, IA 50312	ARCHITECTURAL	256,527.
WEITZ CO. 5901 THORNTON AV. DES MOINES, IA 50321	CONSTRUCTION MGMT SEE SCHEDULE O	6,006,603.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 2

## Part VIII Statement of Revenue

CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	163,545.			
d Related organizations	1d				
e Government grants (contributions)	1e	49,250.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	7,111,106.			
g Noncash contribns included in lns 1a-1f		\$ 47,009.			
<b>h Total. Add lines 1a-1f</b>		<b>7,323,901.</b>			
PROGRAM SERVICE REVENUE	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b></b>			
3 Investment income (including dividends, interest and other similar amounts)		54,599.			54,599.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real	2,472.			
b Less rental expenses	(ii) Personal	235.			
c Rental income or (loss)		2,237.			
d Net rental income or (loss)			2,237.		2,237.
7a Gross amount from sales of assets other than inventory	(i) Securities	2,657,021.			
b Less cost or other basis and sales expenses	(ii) Other	3,019,359.			
c Gain or (loss)		-362,338.			
d Net gain or (loss)			-362,338.		-362,338.
8a Gross income from fundraising events (not including \$ 155,698. of contributions reported on line 1c) See Part IV, line 18	a	175,586.			
b Less direct expenses	b	176,033.			
c Net income or (loss) from fundraising events			-447.		-447.
9a Gross income from gaming activities See Part IV, line 19	a	10,466.			
b Less direct expenses	b	10,120.			
c Net income or (loss) from gaming activities			346.		346.
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a CRP PAYMENT	900099	3,287.			3,287.
b MISCELLANEOUS	900099	25.			25.
c					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		<b>3,312.</b>			
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>		<b>7,021,610.</b>	0.	0.	-302,291.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25,959.	25,959.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	46,468.	46,468.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,386.	32,129.	32,128.	32,129.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	42,459.		42,459.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,298.		11,298.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,216.		8,159.	5,057.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	398,452.			398,452.
f Investment management fees	1,875.			1,875.
g Other	2,923.		2,923.	
12 Advertising and promotion	2,803.	1,587.		1,216.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	3,651.		3,651.	
17 Travel	141.		95.	46.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,153.		2,153.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,361.		8,361.	
23 Insurance	3,657.		3,657.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a MEMBERS EXPENSE	63,922.	63,922.		
b PRINTING AND PUBLICATIONS	11,186.		11,186.	
c STATE LEADERSHIP CONF.	10,833.	10,833.		
d PICKUP EXPENSE	10,170.		10,170.	
e SPONSORS RECOGNITION	8,530.	8,530.		
f All other expenses	34,745.	14,861.	19,530.	354.
25 Total functional expenses Add lines 1 through 24f	799,188.	204,289.	155,770.	439,129.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash – non-interest-bearing	23,715.	<b>1</b>	113,633.
	<b>2</b> Savings and temporary cash investments	1,036,503.	<b>2</b>	789,880.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	16,989.	<b>4</b>	22,939.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	89,620.	<b>9</b>	84,287.
	<b>10a</b> Land, buildings, and equipment cost basis	7,541,750.		
	<b>b</b> Less accumulated depreciation Complete Part VI of Schedule D	161,993.	<b>10c</b>	7,379,757.
	<b>11</b> Investments – publicly-traded securities	2,187,301.	<b>11</b>	11,689.
	<b>12</b> Investments – other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
	<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	4,476,632.	<b>16</b>	8,402,185.
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses	83,847.	<b>17</b>	69,572.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	3,218,311.	<b>19</b>	6,494.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable		<b>24</b>	550,000.
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>	330,377.
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,302,158.	<b>26</b>	956,443.
<b>NET ASSETS OR FUND BALANCE</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	987,305.	<b>27</b>	6,800,396.
	<b>28</b> Temporarily restricted net assets	181,676.	<b>28</b>	639,820.
	<b>29</b> Permanently restricted net assets	5,493.	<b>29</b>	5,526.
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances.</b>	1,174,474.	<b>33</b>	7,445,742.
	<b>34 Total liabilities and net assets/fund balances</b>	4,476,632.	<b>34</b>	8,402,185.

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

## Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

IOWA FFA FOUNDATION, INC

**Employer identification number**

42-1305468

**Part I** **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II .)  
9  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )  
10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

**h** Provide the following information about the organizations the organization supports

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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BAA

**BAA 1 for Privacy Act and Paperwork Reduction Act Notice:** see the instructions for Form 558.

Schedule A (Form 550 or 550-EZ) 2008

**Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	497,309.	401,224.	533,223.	931,681.	7,323,901.	9,687,338.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 <b>Total.</b> Add lines 1-3	497,309.	401,224.	533,223.	931,681.	7,323,901.	9,687,338.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,901,501.
6 <b>Public support.</b> Subtract line 5 from line 4						6,785,837.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	497,309.	401,224.	533,223.	931,681.	7,323,901.	9,687,338.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,672.	14,574.	98,940.	143,580.	57,071.	319,837.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	4,821.	13,245.	4,171.	2,669.	3,312.	28,218.
11 <b>Total support.</b> Add lines 7 through 10						10,035,393.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	67.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	45.5 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1-5

7a Amounts included on lines 1, 2, 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )

13 **Total support.** (add lines 9, 10c, 11, and 12)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9						
10a						
b						
c						
11						
12						
13						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV. Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceAttach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

IOWA FFA FOUNDATION, INC

Employer Identification number

42-1305468

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
2a Total number of conservation easements	2a
2b Total acreage restricted by conservation easements	2b
2c Number of conservation easements on a certified historic structure included in (a)	2c
2d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

Yes

No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		162,784.		162,784.
b Buildings		193,454.	95,281.	98,173.
c Leasehold improvements		8,601.	7,231.	1,370.
d Equipment		62,189.	59,481.	2,708.
e Other		7,114,722.		7,114,722.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				7,379,757.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,021,610.
2	Total expenses (Form 990, Part IX, column (A), line 25)	799,188.
3	Excess or (deficit) for the year Subtract line 2 from line 1	6,222,422.
4	Net unrealized gains (losses) on investments	48,846.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	48,846.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	6,271,268.

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,286,412.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	48,846.
b	Donated services and use of facilities	2b	31,443.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	186,388.
e	Add lines 2a through 2d	2e	266,677.
3	Subtract line 2e from line 1	3	7,019,735.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,875.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,875.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,021,610.

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,015,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	31,443.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	186,388.
e	Add lines 2a through 2d	2e	217,831.
3	Subtract line 2e from line 1	3	797,313.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,875.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,875.
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18 )	5	799,188.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**Part XIV** **Supplemental Information (continued)**

Department of the Treasury  
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

**Employer identification number**

IOWA FFA FOUNDATION, INC

42-1305468

**Part I: Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants**
- Solicitation of government grants**
- Special fundraising events**

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
POLICY MANAGEMENT INTERESTS, L.L.C.	BUILDING CONTR.		X	3,602,850.	48,000.	3,554,850.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1 LOGO TRACTORS/ (event type)	(b) Event #2 SEED PROGRAM (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
		191,737.	93,720.	43,662.	329,119.
	1 Gross receipts	58,061.	86,952.	10,685.	155,698.
	2 Less Charitable contributions	133,676.	6,768.	32,977.	173,421.
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs			2,186.	2,186.
	7 Other direct expenses	133,676.	6,768.	30,791.	171,235.
	8 Direct expense summary Add lines 4- through 7 in column (d)				173,421.
	9 Net income summary Combine lines 3 and 8 in column (d)				

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

-----

YES	NO
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

-----

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

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



**Part III: Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AG PROFICIENCY AWARDS	48	7,150			
FFA LEADERSHIP AWARDS	8	1,460			
OUTSTANDING EDUCATOR AWARDS	4	2,000.			
SCHOLARSHIPS	67	33,558			
STAR FINALIST AWARDS	23	2,300.			

**[Part IV: Supplemental Information.]** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**PART I, LINE 2. GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED**

AWARDS ARE PROVIDED TO STATE FFA CHAPTERS BASED ON INDEPENDENTLY-JUDGED COMPETITIONS FOCUSING ON SPECIFIC AG-RELATED CAREER SKILLS. JUDGES ARE TYPICALLY INDEPENDENT ALUMNI OR INDEPENDENT REPRESENTATIVES OF BUSINESS AND INDUSTRY GROUPS. THE FFA FOUNDATION MONITORS THE USE OF THESE AWARDS BY VERIFYING THAT THE SELECTED RECIPIENTS RECEIVE THE AWARDS.

GRANTS TO INDIVIDUALS ARE SCHOLARSHIPS GIVEN FOR A WIDE VARIETY OF AG-RELATED EXPERIENCES, CAREER GOALS, AND HIGHER EDUCATION PLANS. SCHOLARSHIPS APPLICATIONS ARE REVIEWED BY AN INDEPENDENT COMMITTEE AND SELECTIONS ARE MADE BASED ON PREDETERMINED CRITERIA.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

- To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

IOWA FFA FOUNDATION, INC

Employer identification number

42-1305468

**Part I** | **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	2,194.	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS _____)	X	3	10,459.	COST/SELL PR
26 Other ► (GOLF TOURN. EXP _____)	X	2	2,763.	COST
27 Other ► (TIRES FOR AUCTION _____)	X	1	25,470.	SELLING PRICE
28 Other ► ( _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**Open to Public  
Inspection

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

IOWA FFA FOUNDATION, INC

Employer identification number

42-1305468

**FORM 990, PART VII, SECTION B, LINE 1**

COMPENSATION PAID TO WEITZ CO. FOR CONSTRUCTION WOULD INCLUDE BOTH LABOR AND MATERIALS.

**FORM 990, SCHEDULE G, PART I, LINE 2B(V)**

THE ORGANIZATION PAID POLICY MANAGEMENT INTERESTS, L.L.C. \$48,000 DURING THE ORGANIZATION'S TAX YEAR. AS OF JUNE 30, 2009, THE ORGANIZATION REPORTED AN ADDITIONAL \$350,452 IN ACCRUED FUNDRAISING EXPENSE WHICH REPRESENTS FEES THAT WERE EARNED BY POLICY MANAGEMENT INTERESTS, L.L.C. FOR FUNDRAISING SERVICES PERFORMED AS OF JUNE 30, 2009 THAT HAVE NOT BEEN PAID.

**FORM 990, PART VI, LINES 15A & 15B**

COMPENSATION REVIEW & APPROVAL PROCESS: BOARD OF DIRECTORS (ALL OF WHOM ARE INDEPENDENT) IS RESPONSIBLE FOR COMPENSATION-RELATED MATTERS. BOARD APPROVES COMPENSATION OF EXECUTIVE DIRECTOR AND OTHER EMPLOYEE (ORGANIZATION HAS TWO FULL-TIME EMPLOYEES) AND CONTEMPORANEOUSLY SUBSTANTIATES DELIBERATION AND DECISION. ALTHOUGH FORMAL COMPARABILITY DATA IS NOT OBTAINED FOR COMPARISON TO COMPENSATION OF EXECUTIVE DIRECTOR OF THE FFA FOUNDATION, BOARD IS FAMILIAR WITH OTHER SIMILAR-SIZED AG-RELATED NONPROFIT EDUCATION ENTITIES AND BELIEVES EXECUTIVE DIRECTOR COMPENSATION IS REASONABLE. OTHER THAN EXECUTIVE DIRECTOR, THERE ARE NO OTHER TOP MANAGEMENT, COMPENSATED OFFICERS OR OTHER KEY EMPLOYEES

**EXPLANATION OF AMENDED RETURN**

AMENDING THE RETURN TO CORRECT AN ERROR IN THE ORIGINALLY FILED RETURN. DURING THE YEAR ENDED JUNE 30, 2009, A CONTRIBUTOR AGREED TO LOAN THE FOUNDATION ENOUGH MONEY TO COMPLETE THE CONSTRUCTION OF THE ORGANIZATION'S ENRICHMENT CENTER BUILDING. THE \$550,000 LOAN HAD BEEN SHOWN AS A CONTRIBUTION ON THE ORIGINALLY FILED RETURN. AMENDING THE RETURN TO REPORT THE \$550,000 AS A LOAN WITH ACCRUED INTEREST ON THE

Name of the organization

IOWA FFA FOUNDATION, INC

Employer identification number

42-1305468

**EXPLANATION OF AMENDED RETURN (CONTINUED)**

LOAN IN THE AMOUNT OF \$1,146.

THE FOLLOWING PARTS OF THE FORM 990 AND SCHEDULES HAVE BEEN CORRECTED TO REFLECT

THIS CHANGE:

FORM 990, PART VII, LINE 1F, CONTRIBUTION INCOME HAS BEEN DECREASED BY \$550,000.

ALSO AMENDING THE RETURN TO CORRECT SCHEDULE M. A DONATED ITEM HAD BEEN INCORRECTLY SHOWN ON LINE 6, IT HAS BEEN MOVED TO LINE 25.

FORM 990, PART IX, LINE 20, INTEREST HAS BEEN INCREASED BY \$1,146.

FORM 990, PART X, LINE 24, UNSECURED NOTES PAYABLE INCREASED BY \$550,000.

FORM 990, PART X, LINE 25, OTHER LIABILITIES INCREASED BY \$1,146.

FORM 990, PART X, LINE 27, UNRESTRICTED NET ASSETS HAS BEEN DECREASED BY \$173,915.

FORM 990, PART X, LINE 28, TEMPORARILY RESTRICTED NET ASSETS HAS BEEN DECREASED BY \$377,231.

SCHEDULE A, PART II, SECTION A, LINE 1(E), GIFTS, GRANTS AND CONTRIBUTIONS HAS BEEN DECREASED BY \$550,000.

SCHEDULE A, PART II, LINE 5, THE PORTION OF TOTAL CONTRIBUTIONS INCLUDED IN LINE 1 THAT EXCEEDS 2%, HAS BEEN DECREASED BY \$517,000.

SCHEDULE B, PART I, NUMBER 2, COLUMN C, AGGREGATE CONTRIBUTIONS HAS BEEN DECREASED BY \$550,000.

SCHEDULE D, PART XI, LINE 10, EXCESS FOR THE YEAR PER FINANCIAL STATEMENTS HAS BEEN DECREASED BY \$551,146.

SCHEDULE D, PART XII, LINE 1, TOTAL AMOUNT OF REVENUE PER AUDITED FINANCIAL STATEMENTS HAS BEEN DECREASED BY \$550,000.

SCHEDULE D, PART XIII, LINE 1, TOTAL EXPENSES PER AUDITED FINANCIAL STATEMENTS HAS BEEN INCREASED BY \$1,146.

SCHEDULE G, PART I, LINE 2B, COLUMN VI, GROSS RECEIPTS FROM ACTIVITY HAS BEEN DECREASED BY \$550,000.

Name of the organization

IOWA FFA FOUNDATION, INC

Employer identification number

42-1305468

**EXPLANATION OF AMENDED RETURN (CONTINUED)**

ALSO AMENDING RETURN TO CORRECT SCHEDULE M. A DONATED ITEM HAD BEEN INCORRECTLY SHOWN ON PART I, LINE 6. THIS ITEM HAS BEEN MOVED TO LINE 25.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

MANAGEMENT AND THE BOARD ARE PROVIDED A DRAFT COPY OF COMPLETE RETURN BEFORE FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

DIRECTORS WOULD ARTICULATE POTENTIAL CONFLICTS TO FULL BOARD. BOARD OF DIRECTORS

MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS IS PROVIDED

UPON REQUEST.

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 145000AM

IOWA FFA FOUNDATION, INC

42-1305468

5/02/11

03 03PM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
MISCELLANEOUS	3,312.	2,669.	4,171.	13,245.	4,821.
TOTAL	<u>\$ 3,312.</u>	<u>\$ 2,669.</u>	<u>\$ 4,171.</u>	<u>\$ 13,245.</u>	<u>\$ 4,821.</u>

2008

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

CLIENT 145000AM

IOWA FFA FOUNDATION, INC

42-1305468

5/04/11

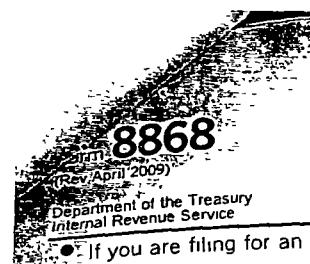
11 26AM

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CASH FUNDRAISING EXPENSES NETTED W/ REV.	\$ 147,461.
NON-CASH FUNDRAISING EXP NETTED W/ REV.	38,692.
RENTAL EXPENSES NETTED WITH INCOME	235.
<b>TOTAL</b>	<b><u>\$ 186,388.</u></b>

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

CASH FUNDRAISING EXPENSES NETTED W/ REV.	\$ 147,461.
NON-CASH FUNDRAISING EXP NETTED W/ REV.	38,692.
RENTAL EXPENSE NETTED WITH INCOME	235.
<b>TOTAL</b>	<b><u>\$ 186,388.</u></b>



# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/file](http://www.irs.gov/file) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>IOWA FFA FOUNDATION, INC</b>	Employer identification number <b>42-1305468</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number if a P O box, see instructions <b>301 CENTER AVENUE S., BOX 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MITCHELLVILLE, IA 50169</b>	
	Check type of return to be filed. (Use a separate continuation for each return)	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A

- Form 4720
- Form 5227
- Form 6069
- Form 8870

- The books are in the care of ► WAYNE NATTRESS

Telephone No. ► 515-967-4000

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 \_\_\_\_ or  
►  tax year beginning 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization <b>IOWA FFA FOUNDATION, INC</b>	Employer identification number <b>42-1305468</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>MERIWETHER, WILSON AND COMPANY, P.L.C. REGENCY W. 5, 4500 WESTOWN PKWY, STE 140</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WEST DES MOINES, IA 50266-6717</b>	

**Check type of return to be filed** (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **WAYNE NATTRESS**  Telephone No ► **515-967-4000**  FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/15**, 20 **10**.
- 5 For calendar year , or other tax year beginning **7/01**, 20 **08**, and ending **6/30**, 20 **09**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► **Kelly M. Mersens** Title ► **CPA** Date ► **1/29/10**