

EXTENDED TO MAY 15, 2020  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**1906  
**2018**► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA  Check box if  
address changedB Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)Print  
or  
TypeName of organization ( Check box if name changed and see instructions.)**IOWA FFA FOUNDATION, INC**

Number, street, and room or suite no. If a P.O. box, see instructions.

**1055 SW PRAIRIE TRAIL PKWY, #1**

City or town, state or province, country, and ZIP or foreign postal code

**ANKENY, IA 50023-7073**D Employer identification number  
(Employees' trust, see  
instructions)**42-1305468**E Unrelated business activity code  
(See instructions)**531120**C Book value of all assets  
at end of year**12,104,470.**

F Group exemption number (See instructions.) ►

G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trustH Enter the number of the organization's unrelated trades or businesses. ► **1** Describe the only (or first) unrelated  
trade or business here ► **DEBT-FINANCED BUILDING RENTAL**. If only one, complete Parts I-V. If more than one,  
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or  
business, then complete Parts III-V.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  
If "Yes," enter the name and identifying number of the parent corporation. ►  Yes  NoJ The books are in care of ► **JOSHUA REMINGTON**Telephone number ► **515-965-7370****Part I. Unrelated Trade or Business Income**

		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from a partnership or an S corporation (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	7	<b>143,446.</b>	<b>110,259.</b>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions; attach schedule)	11		
13	Total. Combine lines 3 through 12	12		
		13	<b>143,446.</b>	<b>110,259.</b>
				<b>33,187.</b>

**Part II. Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly correlated with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	B60	FEB 25 2020	IRS-OSC	14
15	Salaries and wages				15
16	Repairs and maintenance				16
17	Bad debts				17
18	Interest (attach schedule) (see instructions)				18
19	Taxes and licenses				19
20	Charitable contributions (See instructions for limitation rules)				20
21	Depreciation (attach Form 4562)				21
22	Less depreciation claimed on Schedule A and elsewhere on return				22a
23	Depletion				22b
24	Contributions to deferred compensation plans				23
25	Employee benefit programs				24
26	Excess exempt expenses (Schedule I)				25
27	Excess readership costs (Schedule J)				26
28	Other deductions (attach schedule)				27
29	Total deductions. Add lines 14 through 28				28
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				29
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				30
32	Unrelated business taxable income. Subtract line 31 from line 30				31
					32
					<b>0.</b>
					<b>33,187.</b>
					<b>33,187.</b>
					<b>33,187.</b>

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	33,187.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	33,187.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	40	
	<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
41	Proxy tax. See instructions	42	
42	Alternative minimum tax (trusts only)	43	
43	Tax on Noncompliant Facility Income. See instructions	44	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ►	Refunded	► 55

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here		2/18/20	TREASURER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name TODD GLYNN	Preparer's signature  CPA	Date 2/10/2020	Check <input type="checkbox"/> if self-employed	PTIN P02064659
	Firm's name ► MERICWETHER, WILSON, AND COMPANY, PLLC			Firm's EIN ►	42-0731256
	4500 WESTOWN PARKWAY, SUITE 140				
	Firm's address ► WEST DES MOINES, IA 50266-6717			Phone no.	515-223-0002

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2		
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

## 1. Description of property

(1)		
(2)		
(3)		
(4)		

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		
(1)		
(2)		
(3)		
(4)		
Total	0.	0.
(c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		0.
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
(1) ENRICHMENT CENTER, DMACC		429,095.	STATEMENT 5	STATEMENT 6
(2)			167,287.	162,535.
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	STATEMENT 7	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
STATEMENT 7	STATEMENT 8			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 3,575,000.		10,693,716.	33.43%	143,446.
(2)			%	110,259.
(3)			%	
(4)			%	
STATEMENT 3		STATEMENT 4	Enter here and on page 1, Part I, line 7, column (A)	
Totals			143,446.	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
<b>Nonexempt Controlled Organizations</b>						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
<b>Totals</b>				<b>0.</b>	<b>0.</b>	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					
(2)					
(3)					
(4)					
				Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>				<b>0.</b>	<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
				Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26
<b>Totals</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income (see instructions)****Part I | Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			IPX			
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5) ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14 ►</b>			<b>0.</b>

FOOTNOTES

STATEMENT 1

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK

PERSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY  
ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH  
RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX  
YEAR ENDED 6/30/16.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	1,568.	1,568.	0.	0.
06/30/11	160,980.	33,218.	127,762.	127,762.
06/30/12	107,155.	0.	107,155.	107,155.
06/30/13	94,010.	0.	94,010.	94,010.
06/30/14	89,112.	0.	89,112.	89,112.
06/30/15	58,806.	0.	58,806.	58,806.
06/30/16	15,415.	0.	15,415.	15,415.
NOL CARRYOVER AVAILABLE THIS YEAR			492,260.	492,260.

FORM 990-T

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME  
AVERAGE ACQUISITION DEBT

STATEMENT 3

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
ENRICHMENT CENTER, DMACC	1	
BEGINNING FIRST MONTH		3,575,000.
BEGINNING SECOND MONTH		3,575,000.
BEGINNING THIRD MONTH		3,575,000.
BEGINNING FOURTH MONTH		3,575,000.
BEGINNING FIFTH MONTH		3,575,000.
BEGINNING SIXTH MONTH		3,575,000.
BEGINNING SEVENTH MONTH		3,575,000.
BEGINNING EIGHTH MONTH		3,575,000.
BEGINNING NINTH MONTH		3,575,000.
BEGINNING TENTH MONTH		3,575,000.
BEGINNING ELEVENTH MONTH		3,575,000.
BEGINNING TWELFTH MONTH		3,575,000.
TOTAL OF ALL MONTHS		42,900,000.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		3,575,000.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS	STATEMENT 4
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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER
ENRICHMENT CENTER, DMACC	1
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR	10,868,889.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	10,518,542.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	10,693,716.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5	

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT 5
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		167,287.	
- SUBTOTAL -	1		167,287.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			167,287.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT 6
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PAYROLL TAXES		3,391.	
EQUIPMENT MAINTENANCE		364.	
OTHER		1,748.	
BUILDING EXPENSE		2,167.	
GENERAL MATERIALS		9,128.	
INTEREST		83,925.	
INSURANCE		11,217.	
SALARIES & WAGES		42,272.	
EMPLOYEE BENEFITS		5,885.	
PENSION PLAN		1,170.	
PRINTING & COPYING		145.	
BANK & CREDIT CARD FEES		719.	
BAD DEBT		404.	
- SUBTOTAL -	1		162,535.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			162,535.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		3,575,000.	
- SUBTOTAL -	1		3,575,000.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			3,575,000.

IOWA FFA FOUNDATION, INC

42-1305468

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BASIS OF DEBT FINANCED ASSETS		10,693,716.	
- SUBTOTAL -	1		10,693,716.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			10,693,716.

STATEMENT(S) 8