Extended to May 17, 2021

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

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

	Intern	al Reve	nue Service	► Go to	www.irs.gov	/Form990 for inst	ructions ar	nd the latest	t information. (7000	Inspection
	A F	or the	e 2019 calend	lar year, or tax year b	eginning J	UL 1, 201	9 and	d ending	TUN 30,	2020	
		heck (f		f organization					D Employer		tion number
	ap	plicabl	i. I	nois Founda		Lpioyer					
	_	[Addre			icion ru	cuare rar	mer s				
	}=	_jchang]Name		merica					ا م		4
,	<u> </u>	_chang	e Doing b	usiness as						03208	<u> </u>
		return	ı	and street (or P.O. box		ess)	Room/suite	E Telephone			
	L_	Final return	, <u>3221</u>	Northfield	<u>l Drive</u>				217-	<u>753-3</u>	<u> 328</u>
		termir ated	1- City or t	own, state or province	e, country, and	ZIP or foreign pos	stal code		G Gross receipts	s \$	911,114.
		Amen	ded Spri	ngfield, II	62702				H(a) Is this a	group retu	ırn
		Application		nd address of principa		inda Buns	elmeve	er	7	rdinates?	Yes X No
		pendi	^	as C above					H(b) Are all subd	ordinates incli	
		av-ev	empt status		01(c) (◀ (insert no.)	4947(a)(1)	or (52)7	, , ,		st (see instructions)
		_	te: ▶ ilag		<u> </u>	\(\(\text{\text{11001}(\text{1100})}\)		7 01	H(c) Group e		
				X Corporation	Trust As	sociation Ot	ther 🕨	I Voor			State of legal domicile: IL
		rt I	Summary		11031 74	30001411011	-		or formation, 1	J Z J IVI C	State of legal dofficile. 112
	4						ml-	-1		<u></u>	
	8	1		e the organization's n							
	ä			inois Found							
	Activities & Governance		Check this bo			ntinued its operati	ons or dispo	osed of more	e than 25% of it	ts net asse	
တ္တ	<u>§</u>	3	Number of vo	ting members of the g	overning body	(Part VI, line 1a)				3	
\Rightarrow	8	4	Number of inc	dependent voting men	nbers of the go	verning body (Part	t VI, line 1b)			4	12
SCANNED	es	5	Total number	of individuals employe	ed in calendar y	year 2019 (Part V,	Ine 2a)		-	5	0
Z	Y.E.	6	Total number	of volunteers (estimat	e if necessary)		l RE	CEIVE	ט ן	6	50
Ш	Ę	7 a	Total unrelate	d business revenue fr	om Part VIII, co	olumn (C), line 12	\	. 2	 (-):	7a	0.
		b	Net unrelated	business taxable inco	me from Form	990-T, line 39	M/	\v(2 1) 20	121 8	7b	0.
APR							18 147		Prior Year		Current Year
	_	8	Contributions	and grants (Part VIII,	line 1h)		1	14 =	612		848,091.
22	Revenue			ce revenue (Part VIII,			1 00	SDEN,		919.	27,962.
8	Š		•	come (Part VIII, colum	C,	and 7d)	L			394.	35,061.
2022	æ			e (Part VIII, column (A)	• • •	•	.)	_		0.	0.
13	- }			- add lines 8 through			•	<u> </u>	671,		911,114.
	_			milar amounts paid (Pa			, y,o 1 <u>-7</u>	-	531,		519,341.
				to or for members (Pa	•	•		-	331,	0.	0.
	,,		•	r compensation, empl	•	• •	\ lines 5.10\	\ -	_	0.	0.
	š			undraising fees (Part I	•		,, iii lea a- 10,	′ <u> </u>		0.	0.
	Expenses			ing expenses (Part IX,			27,9	36		- '-	
	Ä			es (Part IX, column (A)	, ,		41,2	/30. -	9.5	300.	255,425.
							05)		626,		774,766.
			•	es Add lines 13-17 (mi	•	. ,,,	25)	<u> </u>			
	- 2	19	Hevenue less	expenses Subtract III	ne 18 from line	12				711.	136,348.
	S S		-					<u> </u>	ginning of Curre		End of Year
	ass			Part X, line 16)				<u> </u>	1,620,		1,757,019.
	Net Assets or Fund Balances			(Part X, line 26)				 -	1 600	0.	0.
				fund balances Subtra	act line 21 from	i line 20			1,620,	671.	<u>1,757,019.</u>
		rt II							 		
											knowledge and belief, it is
	truc,	correc	ct, and complete	. Declaration of proparor		yr) ic based on all inf	ormation of v	which prepare	r has any knowle	dge.	
			Sales	e of officer	unifor	eejei		.		Tay !	14, 2021
	Sigr	1	-		-	0			Date	/	
	Here	9		<u>nda Bunselm</u>	<u>neyer, E</u>	<u>xecutive</u>	Secret	ary_			
			Type or	print name and title							
			Print/Type pre			Preparer's signatur	e		Date	Check] PTIN
	Paid		Allen K	. Murphy, C		<u> </u>				self-employed	P00135697
	Prep	arer	Firm's name	▶ Murphy &			LLC		Firm's	EIN > 2	7-4404526
	Use	Only	Firm's address	2501 Chat					Ì		
				Springfie	eld, IL	62704			Phone	e no. (21	7) 544-2120
	May	the II	RS discuss the	s return with the prepa	arer shown abo	ove? (see instruction	ons)				X Yes No
				For Panerwork Redu							Form 990 (2019)

Illinois Foundation Futuure Farmers of America

Form	990 (2019) of America	37-6032081	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	The objectives and purposes of the Illimois Foundation		_to
	receive, maintain, and hold by request, devise, gift, o		
	either absolute or in trust for any of its purposes any	property, r	<u>eal</u>
	or personal, fund or no fund without limitation as to a	mount or val	ue
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	<u></u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$)
	Awards and plaques for recognition of High School vocat		
	agricultural students for achievements, student officer		
	travel to conduct training schools, chapter visits, and	<u>l State offic</u>	<u>e</u>
	leadership meetings for over 20,000 members.	 -	
			
			
<u></u>	(Code) (Expenses \$627,640 . including grants of \$519,341 .) (Reve		
4b	(Code) (Expenses \$ 627,640. including grants of \$ 519,341.) (Reve Support to FFA related organizations including Illinois		,
	Future Farmers of America, Illinois Association of Voca		
	Agriculture Teachers, and others.		
	(Public relations)		
	1		
			 •
4c	(Code) (Expenses \$) (Reve	enue \$)
	Scholarships to FFA members. Support to first year agri	<u>culture high</u>	
	school teachers.		
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ►635,103.		
		Form 9	90 (2019)

Form 990 (2019) of America

Part IV Checklist of Required Schedules

	•		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
^	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
,	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ŭ		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
_	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
0	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
1				
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	i ia_		
Đ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated illustrations attached to the tax year include a restrict data described the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1 2 d	Schedule D. Parts XI and XII	12a	х	
.	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	T- <u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17]	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- <u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	
. 3	complete Schedule G, Part III	19	[Х
Mα	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† - - -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u>X</u>
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"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	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		ŀ	7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	056		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1		X_
~	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+-	├ ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	<u>, A</u>	L
- 4	Check if Schedule O contains a response or note to any line in this Part V			
	Should a contidue of contains a response of flote to any line of this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	1.53	 '''
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form **990** (2019)

(gambling) winnings to prize winners?

Form 990 (2019) of America

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

				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	!		103	140
Za	filed for the calendar year ending with or within the year covered by this return	0			ı
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	а			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	4a		X
h	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	3)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	"	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		solicit			
Va	any contributions that were not tax deductible as charitable contributions?	Solioit	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	o the navor?	7a	x	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	J the payor	7b	- 22	Х
b	Balance and the second		10		
С	to file Form 8282?		7c		х
_	15 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3		1		
d			7e		ĺ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7f		İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	aurod?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form		7 <u>9</u> 7h		
h		11030-07			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8		l
^	sponsoring organization have excess business holdings at any time during the year?		 		l
9	Sponsoring organizations maintaining donor advised funds.		000	-	l '
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				l
а	Initiation fees and capital contributions included on Part VIII, line 12		1		l
b			1		l
11	Section 501(c)(12) organizations. Enter				ł
a	Gross income from members or shareholders 11a		1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them) 11b		40-	-	-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans		1		1
_			-		77
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				4,5
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	 -	X
	If "Yes," complete Form 4720, Schedule O		L	000	<u> </u>
			Forn	n 990	(2019)

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of America

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions. \Box Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 12 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records The Organization - 217-753-3328 3221 Northfield Drive, Springfield, 62702

Form 990 (2019) of America 37-6032081

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

、Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0		mper		(D)	(E)	(F)
Name and title	Average	ر ا		Posi	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than o	h an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	p to	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		 83	neus		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tonal		g d	yee ye	_			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key en	Highest compensated employee	Рогтег			0.94.7.24.01.0
(1) JOe Webel	0.10									
Chair		X		X				0.	0.	0.
(2) Josh St. Peters	0.10									
Vice Chair of Sponsors		X		X				0.	0.	0.
(3) Thomas Martin	0.10								_	_
Vice Chair Collection Drive		X		Х	_			0.	0.	0.
(4) Karen Blatter Schieler	0.10	1							_	_
Sponsor Committee Member		X				<u> </u>		0.	0.	0.
(5) Rod Stroll	0.10	ļ							•	
Sponsor Committee Member		X					_	0.	0.	0.
(6) Sarah Strutner	0.10									
Sponsor Committee Member		X	_			_	<u> </u>	0.	0.	0.
(7) Brandon Knodel	0.10									
Sponsor Committee Member		X				_		0.	0.	0.
(8) Julie Armstrong	0.10	ļ							•	_
Sponsor Committee Member	2 12	Х	_			<u> </u>	ļ	0.	0.	0.
(9) Ryan Tracy	0.10								0	
Sponsor Committee Member	0.10	X				-		0.	0.	0.
(10) Larry Suess	0.10				ļ				_	0
Local Collection Drive Member	0 10	X			<u> </u>	\vdash	_	0.	0.	0.
(11) Alexix Asher	0.10								0	_
Local Collection Drive Member	0 10	X	_	-				0.	0.	_ 0.
(12) Megan Faber	0.10	.						0.	0.	0.
Local Collection Drive Member	1.00	X	-			-		· · · · · ·		
(13) Melinda Bunselmeyer	1.00	1		_v				0.	0.	0.
Executive Director	1.00	├-		Х			_	 	U.	<u> </u>
(14) John Edgar	1.00	1						0.	0.	0.
Executive Treasurer		 					\vdash	 	<u></u>	0.
		1								
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	L	ı .	l .	1	ı	1	ı	i	i	l

of America

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	and	d Hi	ghe	st C	ompensated Employed	es (continued)			
	· (A)	(B)			(C)			(D)	(E)		(F)	
	Name and title	Average			Posi			one	Reportable	Reportable		Estima	ted
		hours per	box	, unle:	ss pe	rson	than o	h an	compensation	compensation		amoun	t of
		week	-	cer an	dad	recto	or/trus	tee)	from	from related		othe	
		(list any	recto						the	organizations	,,	compens	
		hours for related	p 70	8			ated		organization	(W-2/1099-MISC	"	from t	_
		organizations	nstee	trust		왕	ubeu		(W-2/1099-MISC)			organiza and rela	
		below	laal ta	tonal		ptoy	st con	_				organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former				- gaa	
			-	=	_		1 8	<u> </u>			\dashv		
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			L								_		
1b	Subtotal								0.		0.		0.
c	Total from continuation sheets to Part VI	I, Section A									0.		0.
d	Total (add lines 1b and 1c)	·						<u> </u>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization											····	0
											_	Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу б	emp	loye	e, o	r hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		L	4	X
5	Did any person listed on line 1a receive or a									dual for services			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son		_			5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	tion from	
	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and business	address	N	INC	Ξ			_	Description of s	ervices	Co	ompensat	on
								- 1					
				_		•							
								1					
							_					_	
								_	-			· · · · · ·	
	Total number of reduced and acceptance of the		o + 1-	m:+c		. th.c	oc l		d abough who recovered to	ore than		-	
2	Total number of independent contractors (i	_	iot II	mite	u to		_	stec	above) who received in	iore triairi			
	\$100,000 of compensation from the organi	zation >				- 1	0					-orm 990	(2010)

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Pai	LV		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
		•	Officer if Schedule O contains a respons	of note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and	0.40, 0.01				
ontrib nd Oth		g	Similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	848,091.	848,091.			,
9 0		<u>n</u>	Total. Add lines 1a-1f	Business Code	040,031.			
[_		Wi		27 207	27 207		
<u>:</u>			Miscellaneous	900099	<u>27,387.</u>			
ž e		b	Planned giving	900099	<u> </u>	575.		
en S		С				_		
e a		d			<u> </u>			
Program Service Revenue		е			·			
ਕੁ		f	All other program service revenue					L
		g	Total. Add lines 2a-2f	•	<u>27,962.</u>]
ļ	3		investment income (including dividends, inte	rest, and		ļ		
			other similar amounts)	▶	<u> 35,061.</u>	35,061.		
	4		Income from investment of tax-exempt bond	proceeds >	_			
	5		Royalties	•				
			(ı) Real	(II) Personal				
	6	а	Gross rents 6a					
		_	Less rental expenses 6b					
ļ			Rental income or (loss) 6c	-				
			Net rental income or (loss)					
			· · · · · · · · · · · · · · · · · · ·	(II) Other	·			
	′	а	41 000 411 0411 0411 0411 0411 0411 041	(1) (1)				
			assets other than inventory 7a					ļ
ا م		b	Less cost or other basis					
Revenue			and sales expenses 7b					
e e			Gain or (loss) 7c				-	
		d	Net gain or (loss)		_			
Other	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See					
			· ·	a				į į
1		h	<u>~</u>	b				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities See					
	9	u		a				
		_		b				
			•	D			-	
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	.				
				Da				
		b	Less cost of goods sold	Ob!			-	
		c	Net income or (loss) from sales of inventory				-	
ဖွ				Business Code		<u> </u>		
ု ရှိ	11	а						
ש בי		b						
scellaned Revenue		С			_			
Miscellaneous Revenue		d	All other revenue					
_		е	Total. Add lines 11a-11d	—				
	12			•	911,114.	63,023.	0.	0.

Form 990 (2019) of America Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		,	<u> </u>				
	and domestic governments. See Part IV, line 21	449,128.	449,128.		·			
2	Grants and other assistance to domestic	_	_		1			
	individuals See Part IV, line 22	70,213.	70,213.		}			
3	Grants and other assistance to foreign				*****			
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)				···			
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (nonemployees)							
а	Management			-				
b	Legal							
С	Accounting	7,375.		7,375.				
d	Lobbying	··· –						
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees			+				
g	Other (If line 11g amount exceeds 10% of line 25,	16 063		16 063				
	column (A) amount, list line 11g expenses on Sch 0.)	16,863.		16,863.	4 920			
12	Advertising and promotion	4,829.			4,829.			
13	Office expenses	2 042			2,043.			
14	Information technology	2,043.			2,043.			
15	Royalties	50,440.		50,440.				
16	Occupancy Travel	50,440.	<u>-</u>	30,440.				
17 18	Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates				-			
22	Depreciation, depletion, and amortization	18,517.		18,517.				
23	Insurance	7,692.		7,692.				
24	Other expenses, Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·		, , , , , , ,				
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	STAR-NAAE	107,460.	107,460.					
b	Miscellaneous	36,150.	4,246.	10,840.	21,064.			
С	Awards and plaques	2,500.	2,500.					
d	Planned giving	1,556.	1,556.					
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	774,766.	635,103.	111,727.	27,936.			
26	Joint costs Complete this line only if the organization			-				
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
93201	0 01-20-20				Form 990 (2019)			

37-6032081 Page 11 Form 990 (2019) of America Part X | Balance Sheet · Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 232,198. 60,036. 1 Cash - non-interest-bearing 1,069,290. 1,051,993. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 967,065. 10a basis Complete Part VI of Schedule D 491,345. 472,828. 494,237. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,620,671 1,757,019 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0. 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,434,350. 1,309,484. 27 Net assets without donor restrictions 27 311,187. 322,669. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here

,757,019. Form **990** (2019)

1,757,019.

29

30

31

32

1,620,671.

1,620,671

30

31

32

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Illinois Foundation Futuure Farmers 37-6032081 Page 12 of America Form 990 (2019) Part XI Reconciliation of Net Assets · Check if Schedule O contains a response or note to any line in this Part XI 911,114 Total revenue (must equal Part VIII, column (A), line 12) 1 774,766. 2 2 Total expenses (must equal Part IX, column (A), line 25) 136,348. Revenue less expenses Subtract line 2 from line 1 3 3 1,620,671. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, 1,757,019. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

X

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Illinois Foundation Futuure Farmers

2019

Open to Public Inspection

Employer identification number

37-6032081 of America Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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 (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{x} 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (III) Type of organization (vi) Amount of other (i) Name of supported (II) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) **Total**

Illinois Foundation Futuure Farmers 37-6032081 Page 2 Schedule A (Form 990 or 990-EZ) 2019 of America 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 1 Gifts, grants, contributions, and membership fees received (Do not 616,949. 658,033. 670,287. 876,053 include any "unusual grants") 635,359. 3,456,681. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 616,949. 658,033. 670,287. 876,053. 635,359. 4 Total. Add lines 1 through 3 3,456,681, 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) 3 456 681. 6 Public support. Subtract line 5 from line 4 **Section B. Total Support** (e) 2019 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 670,287 876,053. 616,949. 658,033. 635,359. 7 Amounts from line 4 3,456,681. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 35,061. 130,932. 16,235. 23,827. 33,416. 22,393. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 3,587,613. 12 Gross receipts from related activities, etc (see instructions) 12

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	▶□	_
ìei	ction C. Computation of Public Support Percentage		

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.33 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.41 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line	14 is 33 1/3% or more, check	
stop here. The organization qualifies as a publicly supported organization		$\blacktriangleright X$
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and	line 15 is 33 1/3% or more, cl	heck this box
and stop here. The organization qualifies as a publicly supported organization		▶□
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line	e 13, 16a, or 16b, and line 14 i	s 10% or more,
and if the organization meets the "facts and circumstances" test, check this box and stop h	ere. Explain in Part VI how the	e organization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	dorganization	▶□
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line	e 13, 16a, 16b, or 17a, and line	e 15 is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and	stop here. Explain in Part VI h	iow the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publi	cly supported organization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b	o, check this box and see insti	ructions 🕨 🔛

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 O		-	rucuurc	rarmers	37-603	32081 Page 3
Part III Support Schedule for C	rganizations	Described in	Section 509(a)(2)	<u> </u>	72001 Fage 3
(Complete only if you checked	=				art II If the organ	ization fails to
qualify under the tests listed be			o.ga.n.za.iora.ioa	to quam, ando.		,
Section A. Public Support	orom, produce comp	5,515 T Q,E II 7				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
E. Havolotad Business touchle increase				1		

S **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 VI)
- 13 Total support (Add lines 9, 10c, 11, and 12)

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) organi	zation,
	check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
198	33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is mo	re 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 2018. If the organization did not check a box on line 14 or line 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

Schedule A (Form 990 or 990 EZ) 2019 of America

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Su	pporting Organizations
-------------------	------------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		1
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
		-
_9c		
10a	_	<u> </u>
401-		
10b		

Sche	edule A (Form 990 or 990 EZ) 2019 of America	<u>37-603208</u>	1 Pa	<u> 19e 5</u>
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b_		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			_
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		` `
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Month Divini 1) po in outpoi in g		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		· · ·
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_ 		<u> </u>
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	•	*.
Sec	tion E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	etructions)		
' a	The organization satisfied the Activities Test Complete line 2 below	a aotionoj.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instruction	s)	
2	Activities Test. Answer (a) and (b) below.	., 1000	Yes	No
			1.00	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		j	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		-
_	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u></u>	 	
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL.		
_	activities but for the organization's involvement	<u>2b</u> _	 	
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а			-	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	-
b				-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		Ь

Sche	edule A (Form 990 or 990 EZ) 2019 Of America	_		<u>37-6032081 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		<u></u>
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	_		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u></u> _
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	<u></u>
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year i	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_ 6		<u></u>
7	Chack here if the current year is the ergonization's first as a neg functional	lly intograte	d Type III supporting ord	ianization (coo

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Sche Pa i	dule A (Form 990 or 990-EZ) 2019 OI AMETICA	(a)(2) Supporting Orga		7-6032081 Page 7
		(a)(3) Supporting Orga	ariizations (continued)	0
	ion D - Distributions	-	Current Year	
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	19	-
4	Amounts paid to acquire exempt use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI) See instructions	y		
9	Distributable amount for 2019 from Section C, line 6	•		
10	Line 8 amount divided by line 9 amount		-	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_	Distributable amount for 2010 from Section C. line C			
1	Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reason-			
2	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016 ,			
	From 2017	W 41		
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,	**		-
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2015			<u> </u>
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_	Eyeass from 2010		l .	I

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 of	America	<u>37-6032081 Page 8</u>
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and 8, and	on. Provide the explanations required by Part. 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1	t II, line 10, Part II, line 17a or 17b, Part III, line 12, 1c, Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
	(See instructions)		·
	· · · · · · · · · · · · · · · · · · ·		
			
	9		
			· · · · · · · · · · · · · · · · · · ·
	·		<u>-</u> .
			
			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Illinois Foundation Futuure Farmers

of America

Employer identification number 37-6032081

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis				
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose				
	impermissible private benefit?		X Yes No			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax			
	year >					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	└── Yes └── No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year			
	—					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170				
	and section 170(h)(4)(B)(ii)?		L Yes L No			
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the			
-	organization's accounting for conservation easements	4 And Historical Transcomes on C	Athan Cincilar Assats			
Pal	t III Organizations Maintaining Collections of		otner Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,			
	provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	,			
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		▶ \$			

Sche	dule D (Form 990) 2019 of Amer								<u>32081</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures, d	or Othe	er Si <u>m</u> il	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make s	significant	use of its		
	collection items (check all that apply)									
а	Public exhibition	d	ı 🔲 i	_oan or excl	hange progra	am				
b	Scholarly research	е	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of t	the organ	nization's co	llection?				Yes	No_
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21		_						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for d	contribution	s or other as	sets not	ıncluded			_
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
	-								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabi	lity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided on	Part XIII	1			
Pai								_		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	60,000.		60 000.						
b	Contributions			•						
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships								-	
	Other expenditures for facilities									
•	and programs					ŀ				
f	Administrative expenses					Ī				
g	End of year balance	60,000.		60,000.						
2	Provide the estimated percentage of the cur		e (line 1	•	ı)) held as					
	Board designated or quasi-endowment		%	5, \-	,,,					
h	Permanent endowment	%								
C		^% %								
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse	•	ation tha	it are held a	nd administe	red for t	he organi	zation		
ou	by	ocion or and organiz	a						T	'es No
	(i) Unrelated organizations								3a(ı)	X
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							(02)	
	t VI Land, Buildings, and Equipn		J.Williams	0.100			-			
	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990). Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	pescription of property	basis (investr			(other)		preciation		(u) Dook	. 4.66
4-	Land	2230 (11170011	,		5,187.		,	_	125	,187.
					$\frac{3,187.}{7,379.}$		330,2	19		,160.
	Buildings			0 /	1,313.		<i></i>		<u> </u>	, 100.
	Leasehold improvements				<u>-</u>			-		
	Equipment , Other			16	4,499.		164,0	18		481.
	i. Add lines 1a through 1e (Column (d) must e	aqual Form 990 Part	X colun				<u> </u>		472	,828.
· Jud	aria inico la ancaga le (column (a) maste	quari omi 330, i art	A, COIGH	(U), mid 1	<i></i>					

► 472,828. Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 of Americ	a		7-6032081 Page 3
Part VII Investments - Other Securities	·		
Complete if the organization answered "			
(a) Description of security or category (including name of secu	rity) (b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.			
Part VIII Investments - Program Related	d.		
Complete if the organization answered "		11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)			<u></u>
(7)			<u> </u>
(8)			<u> </u>
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)▶		
Part IX Other Assets.			
Complete if the organization answered "		11d See Form 990, Part X, line 15	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (l Part X Other Liabilities.	3) line 15)	P	<u> </u>
	(. II	11 11. O F 000 Bt V b 0	·F
Complete if the organization answered " (a) Description of liability	res" on Form 990, Part IV, line	The or The See Form 990, Part X, line 2	
"			(b) Book value
(1) Federal income taxes			
(2)			 _
(3)			
(4)			
(5)			
(6)			 -
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (b			
Liability for uncertain tax positions. In Part XIII, pre	ovide the text of the footnote to	the organization's financial statements	s that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Illinois Foundation Futuure Farmers of America

	rt XI Reconciliation of Revenue per Audited Financial Stat	tomonte Mith Dover		32001 Page 4
Pa			iue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		911,114.
1	Total revenue, gains, and other support per audited financial statements		1	911,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	0-		
a	• • •	2a		
b		2b 2c		
ç		2d		
d		_ <u>Zu</u>]	2e	0.
е 3	Subtract line 2e from line 1		3	911,114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			J 1 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a		_{4a}		
b		4b		
c			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	911,114.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total expenses and losses per audited financial statements		1	774,766.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	774,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		_
C			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>'</u>	5	774,766.
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	•	Part V, line 4, Part X,	line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an	y additional information		
		<u></u>		
				
				_ .

		<u> </u>	<u>-</u>	
			 	·
			<u></u>	
		· · · · · · · · · · · · · · · · · · ·		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Illinois Foundation Futuure Farmers

2019 Open to Public Inspection

OMB No 1545-0047

Inspection	Employer identification number
	Employer

of America	a						37-6032081
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	: IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additi	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Illinois Association of Future							Convention \$64,109
Farmers of America - 3221							Leadership Camp \$17,500
Northfield Dr - Springfield, IL							Confernce \$20,000
62702	37-6043957	501(c)(5)	217, 135.	0			Section/District awards
Illinois Association of Vocational							Annual conference \$19,300
Agriculture Teachers - 3221							Plaques and awards \$7,355
Northfield Dr - Springfield, IL							Board of Directors \$9,640
62702	37-0918596	501(c)(6)	5,479.	0.			Beginning Advisor
							Building and grounds
IAVAT Administrative Fund							000′08\$
3221 Northfield Dr							Foundation staff \$56,000
Springfield, IL 62702	37-0918596	501(c)(6)	218,424.	0			Other \$9,505
ļ							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table				A
	s listed in the line	1 table					•
ہ ا	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

See Part IV for Column (h) descriptions

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

Farmers	
Futuure	
Foundation F	ď
Illinois	of America

Schedule I (Form 990) (2019)

Part III

Page 2

37-6032081

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (h) Purpose of Grant or Assistance: Convention \$64,109 ન Ö (c) Amount of cash grant Illinois Association of Future Farmers of America (b) Number of recipients Name of Organization or Government: Section/District awards \$17,503 Column (h): (a) Type of grant or assistance Leadership Camp \$17,500 First Year Teacher Project Confernce \$20,000 line 1, Scholarships Part II,

Schedule I (Form 990) (2019)

National Convention \$10,000

Other \$50,749

932102 10-26-19

Illinois Foundation Futuure Farmers 37-6032081 Page 2 of America Schedule I (Form 990) Part IV Supplemental Information Name of Organization or Government: Illinois Association of Vocational Agriculture Teachers (h) Purpose of Grant or Assistance: Annual conference \$19,300 Plaques and awards \$7,355 Board of Directors \$9,640 Beginning Advisor Workshop \$487 IAVAT CDEs \$1,550

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Illinois Foundation Futuure Farmers of America

Employer identification number 37-6032081

Form 990, Part I, Line 1, Description of Organization Mission:				
gift, or otherwise, either absolute or in trust for any of its				
purposes, any property, real or personal, fund or no fund, without				
limitation as to amount or value to convey such property and to invest				
or reinvest any principal, and to deal with and expand the income				
and/or principal of the Corporation for such education activities and				
in such a manner as in the judgement of the Board of Trustees will				
stimulate and promote the best interests of students and former				
students of agricultural education on a local, sectional, or State				
basis.				
Form 990, Part III, Line 1, Description of Organization Mission:				
and to convey such property and to invest or reinvest any principal,				
and to deal with and expend the income and/or principal of the				
Corporation for such education activities and in such a manner as in				
the jugement of the Board of Trustees will stimulate and promote the				
best interests of students and former students of agricultural				
education on a local, sectional, or State basis				
Form 990, Part VI, Section B, line 11b:				
Reviewed by Executive Secretary and Executive Treasurer before filing.				
Form 990, Part VI, Section C, Line 19:				
Available upon request				