WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> THE WISCONSIN FFA FOUNDATION, INC. 1241 JOHN Q HAMMONS DR, NO. 200 MADISON, WI 53717-1929

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		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT		
	0	90	Return of Organization Exempt Fror		OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it r		Open to Public
Intern	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the la		Inspection
B C a	heck if pplicab	le: C Name of	forganization	D Employer identificat	ion number
	Addre	ss The	WISCONSIN FFA FOUNDATION, INC.		
	_chang _Name _chang		usiness as	93-0846582	2
	Initial return	U	and street (or P.O. box if mail is not delivered to street address) Room/		
	Final Final	12/1	JOHN Q HAMMONS DR 200	608-831-50	88
-	termir	ő-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	618,759.
	Amen	MADI	SON, WI 53717-1929	H(a) Is this a group retur	-
	Applie tion	^{ca-} F Name a	nd address of principal officer: TREVER ATHORP	for subordinates?	37
	pendi		AS C ABOVE	H(b) Are all subordinates includ	ded? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	. See instructions
			WISCONSINAGED.ORG	H(c) Group exemption n	
			X Corporation Trust Association Other ▶ L	Year of formation: 1983 M St	ate of legal domicile: WI
Pa	art I	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: ENSURE A	ACCESS TO AGRICU	L'TURAL
and			ON AND FFA FOR ALL STUDENTS IN WISCON		
Governance			x if the organization discontinued its operations or disposed of		ts. 17
g					17
			lependent voting members of the governing body (Part VI, line 1b)		4
ities			of individuals employed in calendar year 2020 (Part V, line 2a)		85
Activities &	6	Total number	of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 12		0.
	~	Not an olated		Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	438,966.	536,127.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	51,034.	66,394.
£			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,791.	-3,912.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,791.	598,609.
			nilar amounts paid (Part IX, column (A), lines 1-3)	178,966.	326,049.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	135,773.	131,922.
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 71,750.	0.	0.
Expenses					100 501
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	63,529. 378,268.	102,501. 560,472.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	114,523.	38,137.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Total coasts //	Part V line 16)	Beginning of Current Year 1,995,259.	End of Year 2,205,553.
Asse Bali	20 21	Total assets (I		62,548.	83,273.
Net , und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	1,932,711.	2,122,280.
Pa	art II			_,	
		_	I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of my kn	owledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which pre		,
		1,			

Sign Here											
		Duran and a sing stress	Date	Check PTIN							
_	Print/Type preparer's name	Preparer's signature									
Paid	JASON STEPHENS, CPA	(Jason Jephens	1/24/22	^{if} self-employed P01263225							
Preparer	Firm's name 🕒 WEGNER CPAS, LLF		Firm's	EIN 39-0974031							
Use Only	Firm's address 2921 LANDMARK PL	STE 300									
	MADISON, WI 5371	3-4236	Phone	$n_{0.608} - 274 - 4020$							
May the II	May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	23-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2020)							
C		AMTON MICCION CMAMEN		ΤΝΤΙΛΜΤΟΝΙ							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) THE WISCONSIN FFA FOUNDATION, INC. 93-0846582 Pag
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WISCONSIN FFA FOUNDATION BUILDS RELATIONSHIPS AND ENCOURAGES
	PHILANTHROPY TO SUPPORT AND GROW AGRICULTURAL EDUCATION AND FFA. THE
	NATIONAL FFA ORGANIZATION IS DEDICATED TO MAKING A POSITIVE DIFFERENCE
	IN THE LIVES OF STUDENTS BY DEVELOPING THEIR POTENTIAL FOR PREMIER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$365,647 • including grants of \$326,049 •) (Revenue \$
	WISCONSIN FFA FOUNDATION HONORS FFA MEMBERS THROUGH PROFICIENCY AWARDS
	SUPERVISED AGRICULTURAL EXPERIENCE (SAE) PROGRAM GRANTS, POST-SECONDAR
	EDUCATION SCHOLARSHIPS, AND STATE FFA DEGREES. THE MEMBERS EARNING TH
	HIGHEST ACHIEVEMENTS ARE REWARDED WITH CASH AWARDS, GRANT MONIES, SCHOLARSHIP MONIES, PLAQUES, AND TROPHIES. THE STATE FFA CONVENTION IS
	HELD EACH SUMMER IN MADISON. ABOUT 3,400 PEOPLE ATTEND THE CONVENTION
	THE CONVENTION FEATURES COMPETITIONS, EDUCATIONAL WORKSHOPS AND OTHER
	EXPERIENCES, AND RECOGNITION OF MEMBERS' AND CHAPTERS' ACCOMPLISHMENTS
	LEADERSHIP PROGRAMMING IS A CORE PIECE OF THE WISCONSIN FFA
	FOUNDATION'S PROGRAMS. OUR OUTREACH SUPPORTS TRAINING AND DEVELOPMENT
	OF THE STATE FFA OFFICERS SO THEY WILL HAVE THE TOOLS TO IMPACT THEIR
	LOCAL MEMBERS AND CHAPTERS DURING THEIR YEAR OF SERVICE.
-10	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
-0	
-0	
UT.	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
4c	
4c	
4b 4c 4d 4e	

Form 990 (WISCONSI
Part IV	Che	cklist	of Require	d Schedules

THE WISCONSIN FFA FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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		х
47		10		- 21
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? <i>If "Yes," complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10	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,"	10		<u> </u>
13		19		х
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		_ ·		

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Form **990** (2020)

Form	990	(2020)
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Part IV Checklist of Required Schedules (continued)

THE WISCONSIN FFA FOUNDATION, INC.

			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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	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? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	' N		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
03200	(gambing) withings to prize withers?		990	(2020)
002004	5		555	12020)

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11 990 1	20201	

 Form 990 (2020)
 THE WISCONSIN FFA FOUNDATION, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			L
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
•	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
N N	amounts due or received from them.) 11b			
12a	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	12u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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			
	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.			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)	Form	990	(2020)
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THE WISCONSIN FFA FOUNDATION, INC.

Check if Schedule O contains a response or note to any line in this Part VI

X

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.

		1 1	4 🗖 🗖	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	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.		1 -		
b	Enter the number of voting members included on line 1a, above, who are independent		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	• •			.
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	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				Σ
	Did the organization become aware during the year of a significant diversion of the organization's as				2 2
6	Did the organization have members or stockholders?		6		<u> </u> 2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	• •	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?			X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?		10a		2
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	ly before filing the form	? 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	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	e to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>		12c	x	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?			X	
	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization			1	Σ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WI				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	und 990-T (Section 501(c)(3)s onl	y) avai	ilabl
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)		• •	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and find	ncial	
19	become on ochequie o whether (and it so, now) the organization made its governing documents, c	ormor or interest policy	, and 1112	uicidi	
19					
	statements available to the public during the tax year.	oke and records			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be CAROLYN ROZELL $-608-838-5505$				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be CAROLYN ROZELL $- 608-838-5505$	ooks and records ▶		n 990	

THE WISCONSIN FFA FOUNDATION, INC.

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Em	ployees, and	l Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)		loat	(D)	(E)	(F)
Name and title	Average hours per	box	Position do not check more than one ox, unless person is both a officer and a director/trustee		h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN HROMYAK	50.00			v					0.	2 204
EXECUTIVE DIRECTOR	1.00			X				73,455.	0.	2,204.
(2) JANET SCHNEIDER	1.00	x		x				0.	0.	0.
PRESIDENT (3) JESSIE KREKE	1.00	^		<u>^</u>				0.	0.	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) JESSE SINGERHOUSE	1.00							•••		
SECRETARY		х		x				0.	0.	0.
(5) TREVER ATHORP	1.00									
TREASURER		х		x				0.	0.	0.
(6) TOM BRESSNER	1.00									
DIRECTOR		х						0.	0.	0.
(7) JOE KELLER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DEB IHM	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHAD BRUSVENN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KATIE HOLEWINSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ETHAN GIEBEL	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(12) JOSH JOSEPH	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(13) GINGER BRAML	1.00	v						0	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(14) JOE SCHLIES	1.00	x						0.	0.	0.
DIRECTOR (15) KATHLEEN MURPHY	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) CHERYL ZIMMERMAN	1.00							0.	0.	0.
DIRECTOR		x						0.	0.	0.
(17) CHERYL STEINBACH	1.00									.
DIRECTOR		х						0.	0.	0.
032007 12-23-20	•									Form 990 (2020)

032007 12-23-20

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2020.05040 THE WISCONSIN FFA FOUNDATIO 03545_11

-	990 (2020) THE WISCO									93-08	346	582	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees	-		ghe	st C					· — \	
(A) Name and title		(B) Average hours per week	box offic	not c , unle	(C Posi heck i ss per id a di	ition ^{more} rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
		(list any hours for related organizations below line)	related anizations anization (W-2/1099 MISC) anizations below line) unit ine) unit ine)						organization (W-2/1099-MIS		fi org an	pensa rom the ganizati d relate anizatio	e ion ed	
,	KATHY HARTMANN-BRUENIG	1.00	x						0.		ο.			0.
	CTOR		A											<u> </u>
	Subtotal								73,455.		0.		2,2	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 73,455.		0.		2,2	$\frac{0.}{04.}$
2	Total number of individuals (including but n compensation from the organization							no re	-	,000 of reportab	le			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-		Ŭ	phest compensated emp	-		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a	-				-			-			_		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Scheaule	e J T	or si	icn j	bers	son .					5		Δ
1	Complete this table for your five highest co the organization. Report compensation for										ipens	ation	from	
	(A) Name and business			ONE					(B) Description of s		С		C) Insatio	n
								_						
2	Total number of independent contractors (i	•	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						<u> </u>				_	Form	990 (2	2020)

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			THE WISCONSIN	FFA FOU	NDATION, I	INC.	93-0846	582 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response o	r note to any lin	ie in this Part VIII (A)	(B)	(C)	[L]
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
t s	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
ي ق			Fundraising events	19,299.				
ar A			Related organizations					
nikG.			Government grants (contributions) 1e	24,000.				
ŝ			All other contributions, gifts, grants, and					
but		•		492,828.				
ĒĒ		a	Noncash contributions included in lines 1a-1f	4,299.				
aŭ		-	Total. Add lines 1a-1f		536,127.			
				Business Code	-			
ø	2	а						
ωŽ		b						
Se		с						
am eve		d						
Program Service Revenue		е						
đ		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►				
	3		Investment income (including dividends, interes					
			other similar amounts)		66,394.			66,394.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	а	assets other than inventory 7a					
		h	Less: cost or other basis					
e		D	and sales expenses					
evenue		c	Gain or (loss)					
Rev			Net gain or (loss)					
er	8		Gross income from fundraising events (not					
Other	ľ	•	including \$ 19,299. of					
			contributions reported on line 1c). See					
			Part IV, line 18	16,019.				
		b	Less: direct expenses 8b	20,150.				
			Net income or (loss) from fundraising events		-4,131.			-4,131.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
				🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sne	44	~	+	Business Code				
neo	11							
ver		b						
Miscellaneous Revenue		c d	All other revenue	900099	219.			219.
Σ			Total. Add lines 11a-11d		219.			229.
	12		Total revenue. See instructions		598,609.		0.	62,482.
03200				····· F	-		•	Form 990 (2020)

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THE WISCONSIN FFA FOUNDATION, INC.

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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	202,866.	202,866.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	123,183.	123,183.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	73,543.	7,354.	25,740.	40,449
7	persons described in section 4958(c)(3)(B)	48,339.	13,366.	25,450.	9,523
7 8	Other salaries and wages Pension plan accruals and contributions (include	40,339.	15,500.	25,450.	5,525
9	section 401(k) and 403(b) employer contributions) Other employee benefits	877.	149.	368.	360
10	Payroll taxes	9,163.	1,558.	3,848.	3,757
11	Fees for services (nonemployees):				
	Management				
b		10,900.		10,900.	
	Accounting	10,900.		10,900.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,986.		6,986.	
g		4,902.	2,500.	2,402.	
12	Advertising and promotion				
13	Office expenses	19,169.	3,259.	8,050.	7,860
14	Information technology	12,361.	2,101.	5,192.	5,068
15	Royalties	6 600	1 1 0 0		
16	Occupancy	6,600.	1,122.	2,772.	2,706
17	Travel	1,411.		1,330.	81
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		E 010	00.140	
19 20	Conferences, conventions, and meetings	31,751.	7,910.	23,143.	698
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,370.		1,370.	
23 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.)	1,570.		1,370.	
a					
b					
c d					
d	All other expenses	7,051.	279.	5,524.	1,248
е 25	Total functional expenses. Add lines 1 through 24e	560,472.	365,647.	123,075.	71,750
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)				

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Form 990 (2020)

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THE WISCONSIN FFA FOUNDATION, INC.

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r ai		Dalance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		112,720.	1	72,917.
	2	Savings and temporary cash investments		445,720.	2	487,584.
	3	Pledges and grants receivable, net		86,904.	3	122,315.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
ŝts	7	Notes and loans receivable, net		7		
ssets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		1,192.	9	1,851.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		1,271,271.	11	1,472,561.
	12	Investments - other securities. See Part IV, line 1	46,108.	12	10,948.	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		31,344.	15	37,377.
	16	Total assets. Add lines 1 through 15 (must equa		1,995,259.	16	2,205,553.
	17	Accounts payable and accrued expenses		38,548.	17	58,264.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I			21	
iabilities	22	Loans and other payables to any current or form				
bilit		trustee, key employee, creator or founder, subst			00	
Lia	00	controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24 25	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines				
		of Schedule D	17-24). Complete Fait A	24,000.	25	25,009.
	26			62,548.	26	83,273.
	20	Organizations that follow FASB ASC 958, che		01,0100	20	0072700
Ses		and complete lines 27, 28, 32, and 33.				
anc	27			652,206.	27	722,390.
Bal	28			1,280,505.	28	1,399,890.
pu		Organizations that do not follow FASB ASC 9			· · ·	
Ľ.		and complete lines 29 through 33.				
s ol	29	Capital stock or trust principal, or current funds		29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq			30	
t As	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Ne:	32	Total net assets or fund balances		1,932,711.	32	2,122,280.
	33	Total liabilities and net assets/fund balances		1,995,259.	33	2,205,553.

Form **990** (2020)

Form 990 (2020)

Form	990 (2020) THE WISCONSIN FFA FOUNDATION, INC.	93-0	846582	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			09.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.		
3	Revenue less expenses. Subtract line 2 from line 1	3			37.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,93				
5	Net unrealized gains (losses) on investments	5	15:	1,4	32.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,12	<u>2,2</u>	80.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?			Х			
	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 Sir	ngle Audi			37		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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(Form	990	or	990-EZ
	220		

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.

OMB No. 1545-0047
2020
Open to Public Inspection

	epartment of the Treasury ternal Revenue Service			► Go to www.irs.go		Open to Public Inspection				
Nar	ne of	the organizati		do to WWW				mormation	Employer	identification number
		U		WISCONSIN	FFA FOUNDATI	ON, I	NC.			3-0846582
Pa	art I	Reason			(All organizations must o			ee instructio		
The	organ				(For lines 1 through 12, o					
1					on of churches describe					
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	ion operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	ped in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6					mental unit described in					
7	X				antial part of its support	from a gov	rernmental	unit or from	the general	public described in
_				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					l in section 170(b)(1)(A)(
			or a non-land-c	grant college of agric	culture (see instructions)	. Enter the	name, city	, and state c	of the colleg	je or
10		university:	on that narma	lly receives (1) more	than 22 1/20/ of its our	nort from	oontributio	na mambar	hin face of	nd areas respire from
10					than 33 1/3% of its sup ct to certain exceptions;					
					e (less section 511 tax) fr					-
				mplete Part III.)		om busine	5365 acqu		i gai lization	alter bulle 50, 1975.
11				• •	ively to test for public sa	afetv. See	section 50)9(a)(4).		
12					ively for the benefit of, to				arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
a	a 🗌	🗌 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	_			t complete Part IV,						
c					g organization operated				ally integrat	ed with,
					s). You must complete					
c					orting organization oper					
				0	zation generally must sa nplete Part IV, Section:	•		•	id an attent	iveness
e		- ·			written determination fro					
	•		•		nally integrated support				, rype m	
f	Ente		-	••						
ç				n about the supporte						·
		(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 14

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Schedule A (Form 990 or 990-EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC.

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	525,649.	488,470.	627,522.	438,966.	536,127.	2616734.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	525,649.	488,470.	627,522.	438,966.	536,127.	2616734.
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)						201,388.
	Public support. Subtract line 5 from line 4.						2415346.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 2616734.
-	Amounts from line 4	525,649.	488,470.	627,522.	438,966.	536,127.	2010/34.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,		25 200	76 010	60 040	66 204	207 002
_	and income from similar sources	68,053.	35,388.	76,219.	60,948.	66,394.	307,002.
9							
	activities, whether or not the	2 6 2 0				21.0	2 040
	business is regularly carried on	2,629.				219.	2,848.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2926584.
	Total support. Add lines 7 through 10						
	Gross receipts from related activities			· · · · · · · · · ·			77,746.
13	First 5 years. If the Form 990 is for th	-			-		
500	organization, check this box and stor ction C. Computation of Publ						
-				oolump (f))		14	82.53 %
	Public support percentage for 2020 (Public support percentage from 2019					15	83.50 %
	33 1/3% support test - 2020. If the o						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the o						
~	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te		-		•	vine organiz	
h	10% -facts-and-circumstances tes	-			•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						s
						edule A (Form 990	

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
ec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(0) 2010	(6) 2017	(6) 2010	(4) 2010	(0) 2020	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total aupport (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
3	I Utal Support. (Add lines 9, 10c, 11, and 12.)						•
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	e organization's f	irst, second. third.	fourth, or fifth tax	vear as a section !	501(c)(3) orga	nization,
	First 5 years. If the Form 990 is for th	e organization's f		-	•		nization, ▶
14	First 5 years. If the Form 990 is for th check this box and stop here			fourth, or fifth tax	•		nization,
4 ec	First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Publi	c Support Pe	rcentage		- 	· · · · ·	
4 6ec	First 5 years. If the Form 990 is for the check this box and stop here	c Support Pe ne 8, column (f), o	rcentage divided by line 13,	column (f))	- 	15	>
4 5 6	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019)	c Support Pe ne 8, column (f), o Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))	- 	· · · · ·	>
4 5 6 ec	First 5 years. If the Form 990 is for the check this box and stop here	c Support Pe ne 8, column (f), Schedule A, Part	rcentage divided by line 13, III, line 15 e Percentage	column (f))	- 	15 16	 % %
4 5 6 7	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (Il Public support percentage from 2019) tion D. Computation of Investige for 20	ic Support Pe ne 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colu	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l	column (f))	- 	15 16 17	▶□ %
14 15 16 6 17 18	First 5 years. If the Form 990 is for the check this box and stop here	ic Support Pe ne 8, column (f), o Schedule A, Part Stment Incom 20 (line 10c, colur 20 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	column (f))	- 	15 16 17 18	▶□ % %
14 15 16 6 17 18	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 stion D. Computation of Investment income percentage from 20 Investment income percentage from 23 1/3% support tests - 2020. If the	ic Support Pe ne 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colu 2019 Schedule A, organization did r	divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 33 1/3%, and	 % % %
14 15 16 17 18 19a	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019) tion D. Computation of Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box and the support percentage for an analysis of the support tests of tests of the support tests of tests	ic Support Per ne 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colum 20 Ig Schedule A, organization did r nd stop here. The	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 33 1/3%, and ation	▶□ % % % line 17 is not
14 15 16 17 18 19 a b	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 stion D. Computation of Investment income percentage from 20 Investment income percentage from 23 1/3% support tests - 2020. If the	ic Support Per ine 8, column (f), a Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	15 16 17 18 33 1/3%, and ation pore than 33 1/	
4 6 6 6 7 8 9 9 8 9 9 8 9 9 8	First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2020 (II Public support percentage from 2019 stion D. Computation of Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	ic Support Per ine 8, column (f), a Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization qual not check a box or cop here. The orga	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3%, and ation ore than 33 1/ orted organize	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 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).
- 8 Did the organization make a loan to a disgualified 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 line 10b below.
 - **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC. Part IV Supporting Organizations (continued)

1

2

3

2a

2b

За

3b

٧o

No Yes

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

-				
		_	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	cition D. An Type in Supporting Organizations			
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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			
	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 line 2, above, did the organization's supported organizations have a			
	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.

Type III Supporting Orge

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Part Test during the yealsee instructions)
---	--	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	(optional)
(A) Prior Year	(B) Current Year (optional)
	Current Year
-	ype III supporting o

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC.

Par	t v Type in Non-Functionally integrated 509	(a)(s) supporting Org	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional infor (See instructions.)	Part IV, Section C, on B, line 1e; Part \
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional infor	on B, line 1e; Part \
Section 2, intes 3, 6, and 6, and 6 and 7, section 2, intes 2, 5, and 6. Also complete this part for any additional into (See instructions.)	
Cabadula A /Fac	
2028 01-25-21 Schedule A (For 21	m 000 000 F7
.0124 788028 03545.1AU01 2020.05040 THE WISCONSIN FFA FOUNDAT	rm 990 or 990-EZ

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Na

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

on number

Name of the organizati	Employer identification nu	
	THE WISCONSIN FFA FOUNDATION, INC.	93-0846582
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	tion is covered by the General Rule or a Special Rule.	
Note: Only a section 5	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.
General Rule		
•	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contril	

Special Rules

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
	any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
	or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020	Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020
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Name of organization

Page **2**

Employer identification number

93-0846582

THE WISCONSIN FFA FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-22		\$15,880.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
023402 11-23	J-20	Schedule B (Form	330, 330-EL, OF 330-PF) (202

1 2020.05040 THE WISCONSIN FFA FOUNDATIO 03545_11

23

13110124 788028 03545.1AU01

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Name of organization

Page **2**

Employer identification number

93-0846582

THE WISCONSIN FFA FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$19,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$12,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll On Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	24		

2020.05040 THE WISCONSIN FFA FOUNDATIO 03545_11

Employer identification number

93-0846582

THE WISCONSIN FFA FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11.25-20		\$	990, 990, EZ or 990, PE
3453 11-25-20	2 28 03545.1AU01 2020.05040 TH	5	990, 990-EZ, or 990-PF)

	3 (Form 990, 990-EZ, or 990-PF) (2020)			Page				
Name of or	rganization			Employer identification number				
THE WI	ISCONSIN FFA FOUNDATION	I, INC.		93-0846582				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of g	ift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(ạ) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
— [
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4		ansferor to transferee				
	· · · · ·		•					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
F	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of g						
ľ	Transferee's name, address, a		netationship of tra	ansferor to transferee				
23454 11-25	5-20	26	Schedule	e B (Form 990, 990-EZ, or 990-PF) (20				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

THE WISCONSIN FFA FOUNDATION, INC.

Employer identification number 93-0846582

2 / 3 / 4 /	Total number at end of year Aggregate value of contributions to (during year)	(a) Donor advised funds	(b) Funds and other	accounts
2 / 3 / 4 /				
3 / 4 /	Aggregate value of contributions to (during year)			
4 /	-ggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
с г	Aggregate value at end of year			
נו	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
e	are the organization's property, subject to the organization's	exclusive legal control?	N	/es
6 [Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
f	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferring	
i	mpermissible private benefit?		ר 🗌 ו	/es
Part	II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1 F	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important lar	nd area
	Protection of natural habitat	Preservation o	f a certified historic structu	re
	Preservation of open space			
2 (Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easeme	nt on the la
C	day of the tax year.		Held at the E	nd of the Ta
a 1	Total number of conservation easements		2a	
c١	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d N	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture	
	isted in the National Register			
	Number of conservation easements modified, transferred, rel			ax
	year 🕨		0 0	
	Number of states where property subject to conservation eas	sement is located		
	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			/es
	Staff and volunteer hours devoted to monitoring, inspecting,			
				ig the year
7 /	Amount of expenses incurred in monitoring, inspecting, hanc	dling of violations, and enforcing conserv	ation easements during the	vear
				, your
	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			/es
	n Part XIII, describe how the organization reports conservati			
	palance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	note to the organization's inhancial statem	nents that describes the	
	III Organizations Maintaining Collections or	f Art Historical Treasures or ()ther Similar Assets	
urt	Complete if the organization answered "Yes" on Form			1
10 1	f the organization elected, as permitted under FASB ASC 95		and balanco shoot works	
	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar	, ,	•	
	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 tur	inerance 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			
	f the organization received or held works of art, historical tre		al gain, provide	
	the following amounts required to be reported under FASB A			
аF	Revenue included on Form 990, Part VIII, line 1		🕨 💲	
b /	Assets included in Form 990, Part X		> \$	
IA I	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D	(Form 990
	12-01-20			

		CONSIN FFA							93-08			age 2
Par	t III Organizations Maintaining C		-							ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the	following th	nat make	signi	ficant	use of its			
	collection items (check all that apply):											
а	Public exhibition	d			hange prog							
b	Scholarly research	е	U Other									
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	how they fu	ther th	ne organiza	tion's exe	empt	purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations c	of art, historica	al treas	sures, or ot	her simila	ar ass	sets		_		_
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran		te if the orgar	nizatio	n answered	l "Yes" or	n For	m 990), Part IV,	line 9, or	•	
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodi									-		-
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				г					
										Amoun	t	
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 Fe	orm 990, Part X, line :	21, for escrov	v or cu	ustodial acc	ount liab	ility?		L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes"	on Fo	rm 990, Pa	rt IV, line	10.					
		(a) Current year	(b) Prior ye		(c) Two ye		(d)		ears back	(e) Four		
	Beginning of year balance	995,788.	923	420.		38,076.		8	09,939.			524.
b	Contributions	30,831.		104.	1	85,507.			27,545.		51,	695.
С	Net investment earnings, gains, and losses	148,943.	47	174.		28,625.			21,358.		27,	465.
d	Grants or scholarships	38,794.	16	910.	:	28,788.			20,766.		28,	745.
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	1,136,768.	995	788.	91	23,420.		8	38,076.		809,	939.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, coli	umn (a)) held as:							
	Board designated or quasi-endowment	.0000	%									
b	Permanent endowment > 84.9350	%	_									
с	Term endowment ► 15.0650 g	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are	held a	nd adminis	tered for	the c	organiz	ation			
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedu	ule R?						3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ient.										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11a. S	ee Form 99	90, Part X	(, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	Accur	nulate	ed	(d) Boo	k valu	е
		basis (investm		, basis (iation		-		
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment					1						
	Other					1						
-	Add lines 1a through 1e. (Column (d) must e		X, column (B)	line 1	0c.)	·						0.
			, (-7)		,				Schedule	D (Forn	n 990)	2020

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(3) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	() D + +
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYCHECK PROTECTION PROGR	AM LOAN		25,009.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)		25,009.
2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncertain tax positions. In Part All, provide		-	
		iore in the text of the loothole has been pro-	MUCU III FAIL AIII

THE WISCONSIN FFA FOUNDATION, INC.

Schedule D (Form 990) 2020

93-0846582 Page 3

032053 12-01-20

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Schedul	e D (Form 990) 2020 THE WISCONSIN FFA FOUNDATION	, INC	•	93-0	846582	Page 4
Part >	I Reconciliation of Revenue per Audited Financial Statements	With R				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 To	tal revenue, gains, and other support per audited financial statements			1	743	,055.
2 Ar	nounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Ne	et unrealized gains (losses) on investments	2a	151,432.			
b Do	onated services and use of facilities	2b				
c Re	ecoveries of prior year grants	2c				
		2d				
e Ac	dd lines 2a through 2d			2e		,432.
	ubtract line 2e from line 1			3	591	,623.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:					
a In	vestment expenses not included on Form 990, Part VIII, line 7b	la 🛛	6,986.			
b Ot	her (Describe in Part XIII.)	4b			_	
	Id lines 4a and 4b			4c		<u>,986.</u>
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,609.
Part >	KII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 To	tal expenses and losses per audited financial statements			1	553	,486.
	nounts included on line 1 but not on Form 990, Part IX, line 25:					
a Do	onated services and use of facilities	2a				
b Pr	ior year adjustments	2b				
	——————————————————————————————————————	2c				
		2d				•
	Id lines 2a through 2d			2e		0.
3 Si	ibtract line 2e from line 1			3	553	,486.
4 Ar	nounts included on Form 990, Part IX, line 25, but not on line 1:					
a In	· · · · · · · · · · · · · · · · · · ·	ła	6,986.			
b Ot	her (Describe in Part XIII.)	4b				
	Id lines 4a and 4b			4c		,986.
	tal expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	560	,472.
Part)	KIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE WISCONSIN FFA FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE

SCHOLARSHIPS FOR POST-SECONDARY EDUCATION AND TO SUPPORT FFA PROGRAMS

APPROVED BY THE WISCONSIN FFA FOUNDATION'S GOVERNING BODY.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						, or if the	2020
Department of the Treasury Internal Revenue Service		Attach to Form 990				_		Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer ide	entification number
		CONSIN FFA FOUNDAT	ION	, I	NC.		93-0846	
	complete this par	Complete if the organization answe t.	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
		sed funds through any of the followi				-		
a Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations	s f └── Solicita g └── Special			nment grants events			
d In-person so		g opoold	Tanare	loing				
2 a Did the organization	on have a written o	or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees	, or	
• • •		art VII) or entity in connection with p			-			
b If "Yes," list the 10 compensated at le	÷ .	viduals or entities (fundraisers) pursi e organization.	uant to	agree	ements under which	the fi	undraiser is to	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustoay	(iv) Gross receipts from activity	tò (o	fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	laisei)		or con contrib	utions?	nom activity		ted in col. (i)	organization
			Yes	No				
Total								
		on is registered or licensed to solicit		oution	l s or has been notifie	l d it is	exempt from r	L registration
or licensing.	-							-
	duction Act N-+	ion and the Instructions for Forme	000	000	-7 /	Patr		
	euucuon ACT NOT	ice, see the Instructions for Form	ฮฮ บ 0r	990-l		sche	uule G (Form S	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC. 93-084<u>6582 Page 2</u> Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTINGS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu					,	
Revenue	1	Gross receipts	35,318.			35,318.
	2	Less: Contributions	19,299.			19,299.
	3	Gross income (line 1 minus line 2)	16,019.			16,019.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	11,778.			11,778.
irect E	7	Food and beverages	4,243.			4,243.
		Entertainment				4,129.
	9	Other direct expenses			<u> </u>	20,150.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			•	-4,131.
Pa	rt I			990, Part IV, line 19, or		4,151.
		\$15,000 on Form 990-EZ, line 6a.				
ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Seve						
ш	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	│	└── Yes %	│ Yes % │ No	
	0					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
	-					
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re		-	• • • • • • • • • • • • • • • • • • • •	L Yes L No
b	lf "	Yes," explain:				
03208	32 1 [.]	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020
				32		

Schedule G (Form 990 or 990-EZ) 2020 THE WISCONSIN FFA FOUNDATION, INC.	93-0846582 _{Page}
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	Yes 🗌 N
Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u>
b An outside facility	
4 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	?
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	
of gaming revenue retained by the third party \triangleright \$	amount
c If "Yes," enter name and address of the third party:	
c in res, entername and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes N
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year > \$	pentin the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar	nd (v): and Part III, lines 9, 9b, 10
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
32083 11-25-20 Sche	edule G (Form 990 or 990-EZ) 20
33	
10124 788028 03545.1AU01 2020.05040 THE WISCONSIN FFA F	OUNDATIO 03545_1
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Schedule G (Form 990 or 990-EZ)	THE WI	ISCONSIN	FFA	FOUNDATION	INC.	93-0846582 _F	age 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inf	ormation (co	ntinued)					
						Schedule G (Form 990 or 9	90-F7
032084 04-01-20							
				34			
L10124 788028 0354	5.1AU01	2020.0	5040	THE WISCON	SIN FFA	FOUNDATIO 03545	11

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization THE WISCO	NSIN FFA	FOUNDATION,	INC.				Employer identification number $93 - 0846582$
Part I General Information on Grants a 1 Does the organization maintain records to criteria used to award the grants or assisted to award the grants or assisted to award the organization's pro- 2 Describe in Part IV the organization's pro-	to substantiate th stance?						tion X Yes No
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than s 1 (a) Name and address of organization or government	\$5,000. Part II ca (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ded. (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
WISCONSIN ASSOCIATION OF FFA, INCORPORATED - 125 S WEBSTER ST - MADISON, WI 53703-3474	39-6096332	501(C)(3)	144,797.	0.			GENERAL SUPPORT
WISCONSIN ASSOCIATION OF AGRICULTURAL EDUCATORS, INC 1172 HUMMINGBIRD LN - PLYMOUTH, WI							FUNDS GRANTED PROVIDED INSTRUCTIONAL KITS FOR TEACHERS AS WELL AS
53073-2462	39-6076982	501(C)(3)	18,083.	0.			EDUCATIONAL RESOURCES AND
WISCONSIN FFA CENTER, INC. PO BOX 110 SPENCER, WI 54479	39-1763850	501(C)(3)	10,620.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	-	-	ne line 1 table				3.
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice							

Schedule I (Form 990) 2020 THE

THE WISCONSIN FFA FOUNDATION, INC.

93-0846582

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH AWARDS EARNED BY FFA MEMBERS AT AGRICULTURAL					
PROFICIENCY PROGRAMS, AGRISCIENCE FAIRS, AND					
CAREER DEVELOPMENT AND OTHER EVENTS AND CONTESTS	315	42,870.	٥.		
SUPERVISED AGRICULTURAL EXPERIENCE (SAE) PROGRAM					
GRANTS TO FFA MEMBERS	48	31,492.	0.		
SCHOLARSHIPS TO FFA MEMBERS FOR POST-SECONDARY					
EDUCATION	42	34,571.	٥.		
LEADERSHIP STIPENDS AND CLOTHING ALLOWANCES TO					
WISCONSIN FFA OFFICERS TO ASSIST THEM IN THEIR					
YEAR OF VOLUNTARY SERVICE TO THE ORGANIZATION	11	14,250.	0.		
Part IV Supplemental Information. Provide the information rec	L uired in Part L lin	e 2. Part III. column	(b): and any other a	L dditional information	1

PART I, LINE 2:

THE FOUNDATION PROVIDES ANNUAL SUPPORT TO SEVERAL OTHER FFA ORGANIZATIONS.

GRANTS ARE APPROVED BY DESIGNATED COMMITTEES. FINAL REPORTS AND/OR RECEIPTS

ARE REQUIRED OF ALL GRANT RECIPIENTS.

RECIPIENTS OF SUPERVISED AGRICULTURAL EXPERIENCE (SAE) GRANTS MUST SUBMIT A

FINAL REPORT BY MAY 15TH (USUALLY FIVE MONTHS AFTER THE PERIOD THE GRANT

FUNDS ARE RECEIVED) DETAILING THE USE OF THE FUNDS AND THE RESULTS OF THE

PARTICULAR PROJECT. RECIPIENTS OF CHAPTER AND ESTABLISHMENT GRANTS MUST

93-0846582 Page 2 THE WISCONSIN FFA FOUNDATION, INC. Schedule I (Form 990) Part IV | Supplemental Information SUBMIT A FINAL REPORT WITHIN TWELVE MONTHS AFTER THE PERIOD THE GRANT FUNDS ARE RECEIVED DETAILING THE USE OF THE FUNDS AND THE RESULTS OF THE PARTICULAR PROGRAM OR PROJECT. SCHOLARSHIP RECIPIENTS MUST SUBMIT AN OFFICIAL TRANSCRIPT OF THEIR FALL SEMESTER GRADES AS WELL AS PROOF OF ENROLLMENT FOR THE SPRING SEMESTER BEFORE THE FUNDS ARE DISBURSED. AWARD WINNERS THAT EARN CASH AWARDS MUST BE OFFICIAL FFA MEMBERS AND THEIR APPLICATIONS MUST INCLUDE SIGNATURES VERIFYING ACCURACY BY THE STUDENT, THE FFA ADVISOR, AND IN SOME INSTANCES A SCHOOL ADMINISTRATOR AND/OR PARENT. INDIVIDUALS RECEIVING STIPENDS MUST PROVIDE RECEIPTS TO VERIFY THE EXPENSES FOR WHICH THE STIPEND IS INTENDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WISCONSIN ASSOCIATION OF AGRICULTURAL EDUCATORS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS GRANTED PROVIDED INSTRUCTIONAL

KITS FOR TEACHERS AS WELL AS EDUCATIONAL RESOURCES AND INQUIRY

BASED TEACHING SKILLS TO IMPLEMENT ACTIVITIES IN THE CLASSROOMS FOR

AGRICULTURAL EDUCATION

Schedule I (Form 990)

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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.

INC.



93-0846582

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WISCONSIN FFA FOUNDATION,

FUNDING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEADERSHIP, PERSONAL GROWTH, AND CAREER SUCCESS THROUGH AGRICULTURAL

EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE

WISCONSIN FFA FOUNDATION'S GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL STAFF, DIRECTORS, AND OFFICERS ANNUALLY COMPLETE AND SIGN A STATEMENT

THAT DISCLOSES INTERESTS THAT COULD GIVE RISE TO CONFLICTS. ALL

DETERMINATIONS ARE MADE BY THE WISCONSIN FFA FOUNDATION'S GOVERNING BODY OR

COMMITTEES WITH POWERS DELEGATED BY THE WISCONSIN FFA FOUNDATION'S

GOVERNING BODY. REVIEWS ARE PERFORMED BY THE WISCONSIN FFA FOUNDATION'S

GOVERNING BODY. A DISINTERESTED PERSON OR COMMITTEE INVESTIGATES

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER

CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE WISCONSIN FFA

FOUNDATION'S GOVERNING BODY OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF

THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN

THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS

 FAIR AND REASONABLE.
 IN CONFORMITY WITH THE ABOVE DETERMINATION THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 CHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE WISCONSIN FFA FOUNDATION, INC.	Employer identification number 93-0846582
WISCONSIN FFA FOUNDATION'S GOVERNING BODY WILL MAKE ITS D	ECISION AS TO
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AFTER REVIEWING COMPARABILITY DATA FOR SIMILAR POSITIONS,	THE BOARD OF
DIRECTORS APPROVES THE WAGES OF THE EXECUTIVE DIRECTOR AN	D ANY OTHER KEY
EMPLOYEES.	

FORM 990, PART VI, SECTION C, LINE 19:

THE WISCONSIN FFA FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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