Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	ending					
B Check if applicable C Name of organization		D Em	ployer ide	ntificat	tion number	r
Address CHILLICOTHE FFA ALUMNI ASSOCIATION						
Name change Doing business as			43	-160	09199	
Initial	Room/sur	te E Tele	ephone nu			
Final C/O RON WOLF, 1200 FAIR STREET			(6	60)	646-3	414
terminated City or town, state or province, country, and ZIP or foreign postal code		G Gros	s receipts \$		110	6,109.
Amended CHILLICOTHE, MO 64601		H(a) Is	this a gro	up retu	rn	
Application F Name and address of principal officer RON WOLF	^	fo	r subordir	nates?	☐ Ye:	s X No
pending 1200 FAIR STREET, CHILLICOTHE, MO 6460	01 ~ 1/2	<b>1</b> H(b) ∧	e all subordin	ates inclu	ded? Ye	s 🔲 No
I Tax-exempt status	or 🔲 5;	<u>#</u> If	"No," atta	ch a list	t (see instru	ictions)
J Website: ► N/A					number 🕨 (	
Form of organization: Corporation Trust X Association Other ► Part I Summary	L Ye	ar of format	ion: 199	2 <u>m</u> s	tate of legal d	lomicile: MO
Briefly describe the organization's mission or most significant activities     EDUCA	ATION	IN A	GRICU	LTUI	RAL	
SCIENCES  Check this box Inf the organization discontinued its operations or disposed in the second of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VII, line 1b)						
2 Check this box  if the organization discontinued its operations or dispos	sed of mo	ore than 25	5% of its n	et asse	ets	
3 Number of voting members of the governing body (Part VI, line 1a)				3		<u> </u>
				4		9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5		0
6 Total number of volunteers (estimate if necessary)				6		50
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12				7a		0.
b Net unrelated business taxable income from Form-990-T, line 38				7b		0.
	<u> </u>	Pric	or Year	_	Current	
8 Contributions and grants (Part VIII, line 1h) 0 2010	<u> </u>		59,30			6,052.
9 Program service revenue (Part VIII, line 2g) 0 2019 10 Investment income (Part VIII, column (A), lines 3, 4, and 76)	<u> </u>		26,12		2:	<u>5,000.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 18)	1			5.		167.
11 Other revenue (Part VIII, column (A) lines 5 64, 86, 95, 10c, and 11e)	Ļ		4,41	$\overline{}$		<u>4,890.</u>
12 Total revenue - add lines 8 through 11 (must equal Part-Vill, column (A), line 12)			90,00			6,109.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ļ		10,45		1	0,800.
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  b Total fundraising expenses (Part IX, column (D), line 25)	,  -			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	-	20 60	_	10	C 31 F
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)	-		32,60			<u>6,317.</u>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		43,05			7,117.
19 Revenue less expenses Subtract line 18 from line 12			53,05			1,008.
in the contract of the contrac	<u>                                     </u>	Beginning o			End of	
20 Total assets (Part X, line 16)	-	8	56,00	_	83	5,001.
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	-		E 6 00	0.	0.21	0.
Part II   Signature Block			56,00	19.	83	5,001.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedule:	o and atat	monto and	l to the best	of mule	noudodae end	l bolief it is
true, correct, and complete Declaration of preparer (other than officer) is based on all information of wh				. Ut IIIy Ki	nowieuge and	i Dellei, il is
tive, correct, and complete decidation oppreparer (other than officer) is based on all information of wi	ilicii prepai	ei iias aiiy	Kilowieuge,	,,,1	; <b>Q</b>	<del></del>
Signature of officer			Date	71	<del>- /</del>	
DOMESTIC TO THE PROPERTY OF TH						
RON WOLF, TREASURER  Type or print name and title						
Print/Type preparer's name Preparer's signature		Date	Chec	ck	PTIN	<del></del>
Paid Printry pe preparer s name Preparer s signature			ľ	employed	<u>'</u>	
Preparer Firm's name		L	Firm's EIN		<u> </u>	
Use Only Firm's address			, , , , , , , , , , , , , , , , , , ,	· P		
, i i i i i i i i i i i i i i i i i i i			Phone no.			
May the IRS discuss this return with the preparer shown above? (see instructions)			T - HOHO HO	•	Yes	No
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.			-		990 (2018)

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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			
	sımılar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> X</u>
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		<u> X</u>
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		<u> </u>
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 temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		; ;	
	as applicable		~ ~~	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	1
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		110		
٠	the organization's supplication and the composition of the composition	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			4,5
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l .	<u> </u>

		609199	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		1	l
	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	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
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	<del> </del>	<b></b> -
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del> </del>	<b>-</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ľ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			١
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b></b> -	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			١,,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	\ <b>v</b>
	Schedule N, Part II	32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		┢
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	<del> ^</del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	I		Х
	If "Yes," complete Schedule R, Part V, line 2	36	1	<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	+^-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
Da	Note. All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance		1 23	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Constitution of the state of th		Yes	No
٠.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	168	140
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
D	Linter the number of Forms 44-20 included in the Ta Linter -0- in not applicable		1	1

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

Par	t;Vi Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•		Lacetapagns	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	IA-EL-SHIELD		
	filed for the calendar year ending with or within the year covered by this return		12000	44 125 TTP
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	* 1 .	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	T STANGED	i de la	Zentine Valle
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	.		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			*******
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	242242557 222342557 223342557		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	`6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	20 100 000	VPV4187 4
7	Organizations that may receive deductible contributions under section 170(c).	**************************************		-KK-MARHARE
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 partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and contribution and a contribution and a contribution and a contrib	1y0r? <u>7a</u>		, X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	. 24 3	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Χ.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			<del></del>
ĥ	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	-C? 7h	AL MARKEYA, N	UKS. MARK IVĀ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		MARKET STATE	. PERFERENCE TAST ASSESSED
4	sponsoring organization have excess business holdings at any time during the year?	8	.: .d5d¥ ,8.2	75/02/13: 1
9	Sponsoring organizations maintaining donor advised funds.	1000 P		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	457,275,67	.5072ESF 4
10	Section 501(c)(7) organizations. Enter	TAXABARANA TAXABARANA TAXABARANA TAXABARANA TAXABARANA		
а	Initiation fees and capital contributions included on Part VIII, line 12	1223143	400 (A)	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	T THE PROPERTY OF THE PROPERTY	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	Section 501(c)(12) organizations. Enter	# 12 / 2006 # 12 / 2006 # 12 / 2006 #	* * * * * * * * * * * * * * * * * * *	**************************************
_	Gross income from members or shareholders 11a	22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	TERRITOR OF	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	SANGAL ANNEAN AN	********	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
40-	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	SANTER SAN	CHARLES TO S
		124	(500000)	
	<del></del>	28325774 283257744 283257744	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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	TEPTRACTANA	7 'AZZAKKKI
а	Note. See the instructions for additional information the organization must report on Schedule O.	*******	. 24x22m	WEST
		X 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4		
р	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	E SSPINITE SALET COMP		
_	Enter the amount of reserves on hand	ANTENNA DE SERVICIO DE SERVICI	100000	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, , <del>, ,,,,</del>		ļ.
	excess parachute payment(s) during the year?	15		X -
•	If "Yes," see instructions and file Form 4720, Schedule N		188, 288, 28 188, 288, 28	janj
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Vos." complete Form 4720. Schodule O	Halt u	£å.F	165.05.00

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 in Schedule O.	٠,		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, ,	. '	
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule Q	9		х
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
366	tion b. Folicies (mis Section & requests information about policies not required by the internal neverue code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	the state of the s	11a	Х	
11a		ı ı ıa	,	, , ,
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Ingenier and	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	In Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<del>^</del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	•		]
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-m		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		·	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RON WOLF - (660) 646-3414			
	1200 FAIR STREET, CHILLICOTHE, MO 64601			
		Form	990	/2018\

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ntion more rson	than ts bot or/trus	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	hours for related satsual programizations below below		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) E.L. REED	0.50	Γ							_	_	
PRESIDENT						_		0.	0.	0	
(2) RON WOLF	0.50	-								_	
TREASURER					<u> </u>			0.	0.	0	
(3) GAYLEN POTTER	0.50	-								•	
DIRECTOR	0.50					-		0.	0.	0	
(4) DAVID WALKER	0.50	-			ļ				0.	0	
DIRECTOR	0.50				├	<del> </del>		_0.	· · · ·	0	
(5) STEVE RADCLIFF	0.50	1						0.	0.	0	
DIRECTOR	0.50							0.	<u> </u>		
(6) SUSAN DAVIS	0.50	1						0.	0.	0	
DIRECTOR (7) DAVID WILLIAMS	0.50	1					_	1			
DIRECTOR	0.30	1	1					0.	0.	0	
(8) RUSTY BLACK	0.50										
DIRECTOR								0.	0.	0	
(9) ADAM WOLF	0.50										
DIRECTOR						<u>L.</u>		0.	0.	0	
		-									
		-									
		1								*****	
		-									
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		-									
					-	$\vdash$		1			
				_		<u> </u>	_				
`	<del>-</del>										

Par	t VII Section A. Officers, Dire	ectors, Trustees, Key Emp	oloy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)	·			
	(A)	(B)	l		_ (0				(D)	(E)		į	(F)	
	Name and title	Average	ído	not c	Pos heck			one	Reportable	Reportable		Est	tımate	∌d
		hours per	box	, unle: cer an	ss pe	rson	ıs bot	h an	compensation	compensatio			ount (	of
		week (list any	├.			1	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100,	from	from related	- 1		other	
		hours for	in the control					İ	the organization	organizations (W-2/1099-MIS			pensa om the	
		related	10 00	stee			sate		(W-2/1099-MISC)	(** 2) 1000 10110	,,,		anızatı	
		organizations	trust	al trus		yee	im bei		(11 2) 1000 111100)			_	i relate	
		below	Individual trustee or director	Institutional trustee	ia	Key employee	Highest compensated employee	ē				orga	nızatı	ons
		line)	Ę	Insti	Officer	Key 6	E E	Former						
		,												
												<u> </u>		
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			<u> </u>			<u> </u>			-					
		<u> </u>	l											
				$\vdash$				-						
			-	-				1				<del> </del>		
	Cub Askal		L	J	l				0.		0.			0.
	Sub-total	to to Dort VII. Soction A							0.		0.			0.
	Total from continuation sheet Total (add lines 1b and 1c)	is to Part VII, Section A							0.		0.			0.
2	Total number of individuals (inc		1086	liste	n al	hove	e) wi	ho r	<del></del>	) 000 of reportable				
~	compensation from the organiz		000		, u u	504	c, •••		Cooleda Moro Mari Que	,,ooo or roportable	•			0
	Somportuation nom the organic											$\neg \uparrow$	Yes	No
3	Did the organization list any for	rmer officer, director, or tru	uste	e. ke	ev er	nplo	ovee	. or	highest compensated e	mployee on				
•	line 1a? If "Yes," complete Sch			-,	, -		,	,	<b>g</b>			3		X
4	For any individual listed on line		le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations great									· ·		4	_	X
5	Did any person listed on line 1a									idual for services				
	rendered to the organization? I	lf "Yes," complete Schedule	<u>e J f</u>	for s	uch	pers	son					5		Х
Sec	tion B. Independent Contracto	ors										···		
1	Complete this table for your five	e highest compensated inc	qet	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fi	rom	
	the organization Report compe	ensation for the calendar y	ear	endı	ng v	vith	or w	<u>ıthı</u> r	n the organization's tax	year				
		(A)							(B)		_	(C		
	Name a	nd business address	N(	INC	3				Description of s	services		comper	1Satio	n 
_														
		<u> </u>												
		· · · · · · · · · · · · · · · · · · ·												
	Total number of independent c	antractors (including his m		mitc	d +c	the	oc l	l	t above) who recoved a	nore than				
2			Ot II	ппе	u to		se III 0	o( <del>C</del> C	a abovej who received h	INE HIAH				
	\$100,000 of compensation from	III LIIC VIYANIZALIOII			•		<u>~</u>					Form 9	990 ¢	2018)

*,F4AI			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
TO THE TOTAL PROPERTY OF TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF T		**************************************	CHECK II SCHEUGE O'COM			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	1a		AND THE TAXABLE OF THE PROPERTY OF THE PROPERT	THE STATE OF THE S	AND THE PROPERTY OF THE PROPER	NEW TANKS TO SERVICE AND THE S
S S			Membership dues	. 1b				WAR ASSESSED TO THE PROPERTY OF THE PROPERTY O	GRACE AND THE STATE OF THE STAT
Ft.			Fundraising events	1c				ANN VERNEY AND THE PROPERTY OF	
를			Related organizations	1d		ANALASSA - MATERIAL AND ANALASSA - MATERIAL AND ANALASSA - MATERIAL AND ANALASSA - MATERIAL AND ANALASSA - MATERIAL AND ANALASSA - MATERIAL AND ANALASSA - MATERIAL AN	A SECTION OF THE PROPERTY OF T		PART OF THE PROPERTY OF THE PR
Sir			Government grants (contributi						
ig E	1	Ì	All other contributions, gifts, grant		86,052.	THE REST OF THE PROPERTY OF TH			ALL STATES OF THE STATES OF TH
물탕			similar amounts not included abov		00,032.	TO SEE THE SECOND SECON	THE REPORT OF THE PARTY OF THE		INTERNATION OF THE PROPERTY OF
등		_	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1r 5		86,052.	AND THE PROPERTY OF THE PROPER		
<u> </u>		_	TO(a). Add lines 1a-11	W	Business Code	27. 22. 22. 20. 20. 20. 20. 20. 20. 20. 20	THE PROPERTY AND THE PARTY AND THE PROPERTY AND THE PROPE		Total name and the control of the co
	2 :	а	SALE OF LIVESTO	CK, ETC	110000	25,000.	25,000.	Endesissing .combatensis	.00036739307979799957790977797679
5		b					-		
Sel		c							
eve		d							
Program Service Revenue	(	е							
ፈ	1	f	All other program service reve	nue ,			Legalini, Leggius eni anni di sesse Te	100 74 2007 of access 700c 2 co 200c of	Laudonna waynngabaabaasasasasasa wa
		9	Total. Add lines 2a-2f			25,000.			
	3		Investment income (including	dividends, intere	est, and		1.67		,
ł		-	other similar amounts)	•		167.	167.	<u> </u>	<u> </u>
	4		Income from investment of tax	k-exempt bond p	proceeds		,—		
	·5		Royalties	(i) Bool	(ii) Personal	12	THE RESERVE AND THE PROPERTY OF THE PARTY OF	 	Lever' 2017 2017 2017 2017 2017 2017 2017 2017
	6	_	Gross rents	(i) Real 4,890.	(ii) Personal		CONTRACTOR OF THE CONTRACTOR O		TOTAL THE PROPERTY OF THE PROP
	6 :	_	Less rental expenses	0.		TING THE PROPERTY OF THE PROPE	**************************************		X 130 CALL AND A CALL
			Rental income or (loss)	4,890.		STANDARD FOR COMMENT OF ANY ANY AND ANY ANY AND ANY AND ANY AND ANY AND ANY AND ANY AND ANY AND ANY AND ANY AN	NAME OF THE PROPERTY OF THE PR	A STATE OF THE STA	THE RIT INGE OF THE STATE OF TH
			Net rental income or (loss)		<b>&gt;</b>	4,890.	4,890.	Leader the control of the control of	The second of th
1			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory			THE PERSON OF TH			
	1	b	Less cost or other basis	1			STREET STATE OF STATE	NECT CONTROL OF THE PROPERTY O	A PROPERTY OF THE PROPERTY OF
			and sales expenses				TABLE CRIMENT JANK I TRANSPORT OF THE CONTROL OF THE CRIMENT OF TH	1	AND AND PROPERTY OF THE PROPER
	,	С	Gain or (loss)		<u> </u>				
			Net gain or (loss)			zońskaużlińskaloszabanoskosch icześ			
e	8	а	Gross income from fundraising	-		TANGET TO THE TANGET OF THE TA	AND THE PROPERTY OF THE PROPER	AND AND AND AND AND AND AND AND AND AND	STREET ST
Ven			including \$	of '			SA PART APPONENT SERVICE TELES	A (This key manay (* 1 pr y p) a dy a 'An indy type distribution (* 1 al al al al al al al al al al al al al	A STATE OF THE PROPERTY OF THE
Be			contributions reported on line Part IV, line 18	•			THE CALL AND THE TAX A CALL AND THE CALL AND	RADITY JAPAN AND AND AND AND AND AND AND AND AND A	PROBLEM STATES
Other Revenu		<b>h</b>	Less direct expenses \	a b		ANNEXA CONTRACTOR AND AND AND AND AND AND AND AND AND AND			THE STATE OF THE S
٥٧			Net income or (loss) from fund	_	<b></b>	Zusäffit vällist, nee-sarun-raifi sähenät	AND THE STATE OF T	第1m分かは対抗で変のがながられば行うなんなできれるようなながら	· 보고의 20 분수도 당한 10 1 분석도 그 보다 그 는 는 는 부팅 11 분수도 등 수 밝혔다.
			Gross income from gaming ac			TARE THE RESERVE TO THE PROPERTY OF THE PROPER	CONTROL OF THE CONTRO	20 1724	TANK AND THE PROPERTY A
		_	Part IV, line 19	а	}	A THE STATE OF THE	TARREST OF THE PARTY OF THE PAR	PARTITION OF THE PROPERTY OF T	
	1	b	Less direct expenses	b	1		CANA AND AND AND AND AND AND AND AND AND		147. 147. 147. 147. 147. 147. 147. 147.
		С	Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less	returns		AND AND AND AND AND AND AND AND AND AND	RAJAYA TANANGKA MANGAHA KATEREE ET DE EKSTEREN MANGA TANANGKA TE RAJERI BU MENNINGKE MENGAMBA TE RAJERI BU MENNINGKE MENGAMBA TERI RAJERI BU MANGAKAN MENGAMBA TERIFIKA MENGAMBAN MENGAMBA	ANA THE INTEREST THE TRANSPORT OF THE SERVICE OF TH	ANY CHARM PART THE CAR CARLES OF THE CAR CAR CAR CAR CAR CAR CAR CAR CAR CAR
			and allowances	а		AND STANDARD CANADA CAN	AND THE PROPERTY OF THE PROPER		THE ALL SEPTIMENTS AND THE SECTION OF THE SECTION O
			Less cost of goods sold	b	L	AND THE PROPERTY OF THE PROPER	PAT TOTAL TENENT THE TRANSPORT TO THE TR		KATELINISTE SANGER STATES SANGER
		C	Net income or (loss) from sale			\$	(2004-01-01-01-01-01-01-01-01-01-01-01-01-01-	4456×1366;1036;408668810-773;254;	ENERGY TO SECURE THE BREAKERS SEEN
			Miscellaneous Revenu	<u>e</u>	Business Code				
	11						· · · · · · · · · · · · · · · · · · ·		,
	i	b			•		· ·	·-·	
	,	ن ام	All other revenue		<u> </u>		· -		
		u P	Total. Add lines 11a-11d		<b></b>	<del></del>		READER FROM THE RESIDENCE OF THE PROPERTY OF T	
	12	~	Total revenue See instructions	•		116,109.	30,057.	` 0.	0.
83200		31	,		1		·		Form <b>990</b> (2018)

Form	990 (2018) CHILLICOTHE	FFA ALUMNI	ASSOCIATION	43-1	609199 Page 10
	on 501(c)(3) and 501(c)(4) organizations must com		or organizations must o	omolota column (A)	
Secur				omplete column (A)	
	Check if Schedule O contains a responsor include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			THE PROPERTY OF THE PROPERTY O	
2	Grants and other assistance to domestic				
,	individuals See Part IV, line 22	10,800.	10,800.	Straights garade for the san real straights for the san straights and san san san san san san san san san san	2, 213, 44, 5-5", 1-5" x 25, 25, 22 x 25, 25, 25, 25, 25, 25, 25, 25, 25, 25,
3	Grants and other assistance to foreign	,		SPECIAL SECTION SECTIONS SECTION SECTI	THE STATE OF THE S
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	•			a dinamina di di di di di di di di di di di di di
5	Compensation of current officers, directors,				
	trustees, and key employees	+		•	
6	Compensation not included above, to disqualified		•	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	•			,
, 7	Other salaries and wages	-			•
8	Pension plan accruals and contributions (include	, ,		,	
_	section 401(k) and 403(b) employer contributions)	·			
9	Other employee benefits			٠. ،	
10	Rayroll taxes	•		,	•
11	Fees for services (non-employees)	+ e- + F			
а	Management	t	•		
b	Legal				
С	Accounting '				,
ď	Lobbying -		1		
e	Professional fundraising services. See Part IV, line 17			anstractions	
f	Investment management fees		(		
. g	Other (If line 11g amount exceeds 10% of line 25,	4*			,
•	column (A) amount, list line 11g expenses on Sch O.)				•
12	Advertising and promotion	• .			
13	Office expenses				
14	Information technology	-			
15	Royalties				,
16	Occupancy				
17	Travel	· ·			L1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				"
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	79,354.	79,354.		
23	Insurance		_		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
,	amount, list line 24e expenses on Schedule 0.)	36,867.	36,867.	General services (see sure les propesses etc.	RG. Triben, Gather of Proposition of 1935 be bus 1957 be
a	SUPPLIES REPAIRS AND MAINTENANCE	4,596.	4,596.		
D	LABOR	3,500.	3,500.		-
C	WEBSITE '	2,000.	2,000.	:	,
u ^	All other expenses	2,000.	2,000.		
25	Total functional expenses Add lines 1 through 24e	137.117.	137.117.	.0.	0.

Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

,	,	Check if Schedule O contains a response or not	re to any line in this Part X			<del>"</del>
	•	Chieck in Ochicotic O Contains a response of no		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		68,124.	1	77,512.
	2	Savings and temporary cash investments		16,641.	2	16,808.
	3	Pledges and grants receivable, net	-		3	=
	, 4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,		3734584 (*) 538536 (*)	
		trustees, key employees, and highest compens			796x 23 m	
		Part II of Schedule L		CONTRACT A STATE AND LOSS OF THE PARTY	5	marketing to the restriction of the
	6	Loans and other receivables from other disquali	fied persons (as defined under		######################################	
		section 4958(t)(1)), persons described in section			######################################	And the control of the second
		employers and sponsoring organizations of sec				
S		employees' beneficiary organizations (see instr)		and a difficultural of the second for the second of the se	6	
Assets	7	Notes and loans receivable, net	·		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		,	9	
	10a	Land, buildings, and equipment cost or other			1788 -42×1	. STANDAR - ARSTRAND COMPONENT ARREST ARREST ARREST.
		hasis Complete Part VI of Schedule D	10a 1,577,193.	Transport of the control of the cont		versioner (filme in de la litter de la litter de la litter de la litter de la litter de la litter de la litter La litter de la litter d
	ь	Less accumulated depreciation	10b 836,512.	771,244.	10c	740,681.
	11	Investments - publicly traded securities	Control of the Contro		11	!
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	856,009.	16	835,001.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and forme			1100000	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
iţi		key employees, highest compensated employee		AT A THE REAL PROPERTY OF THE		
Liabilities		Complete Part II of Schedule L			22	
ت	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	B), check here 🕨 🔲 and	AND THE RESERVE THE TARGET THE SERVE AND THE TARGET THE		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
S		complete lines 27 through 29, and lines 33 ar	nd 34.	CONTROL OF THE PROPERTY OF THE		
ğ	27	Unrestricted net assets			27	
Sala	28	Temporarily restricted net assets	· ·		28	
Fund Balances	29	Permanently restricted net assets		gagleng yan popt, project beneather and the	29	or right agent (hanging an and both the Me belowed)
Ē		Organizations that do not follow SFAS 117 (A	ASC 958), check here 🕨 🗓	AND STATEMENT OF STATEMENT AND AND AND AND AND AND AND AND AND AND	**************************************	The state of the s
ō		and complete lines 30 through 34.		SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN	AND THE RESTRICT OF THE PROPERTY OF THE PROPER	
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Net Assets or	31	Paid-in or capital surplus, or land, building, or e		0.	31	0.
<u>e</u>	32	Retained earnings, endowment, accumulated in	ncome, or other funds	856,009.	32	835,001.
Z	33	Total net assets or fund balances		856,009.		835,001.
	34	Total liabilities and net assets/fund balances		856,009.	34	835,001.

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

Employer identification number

D				LEGGY TAMOUN P				3-1003133						
Par		Reason for Public (					e instructions							
The o	rgan	zation is not a private found	ation because it is (F	For lines 1 through 12, c	heck only	one box )	$\wedge$							
1 L		A church, convention of chu	urches, or associatio	n of churches described	In section	n 170(b)(1	)(A)(i).							
2 [		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	90-EZ).)	14							
з [		A hospital or a cooperative	hospital service orga	ınızatıon described in <mark>se</mark>	ction 170	(b)(1)(A)(ii	i). <b>U</b>							
4 [		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,						
		city, and state												
5 [		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describ	ed ın						
•	_	section 170(b)(1)(A)(iv). (C		,	•	, ,								
<b>6</b> [	$\neg$	A federal, state, or local gov		nental unit described in s	ection 17	O(b)(1)(A)	(v).							
7 [	=	, ,	-				• •	nublic described in						
, ,		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
ا م		section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )												
8 [	=	•				d in conii	nation with a land arant	collogo						
9 [		An agricultural research org												
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the	name, city	, and state of the colleg-	e or						
г	<b></b>	university												
10 l	X.	An organization that normal												
		activities related to its exem												
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975						
		See section 509(a)(2). (Cor												
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See s	section 50	9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or						
		more publicly supported org	ganizations describe	d in section 509(a)(1) or	section !	509(a)(2)	See <b>section 509(a)(3).</b> C	theck the box in						
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 12g							
а		Type I. A supporting orga	ınızatıon operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	giving						
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the s	upporting						
		organization You must c												
b	Г	Type II. A supporting org	•		tion with it	s supporte	ed organization(s), by ha	ving						
_		control or management of												
		organization(s) You mus			•									
С		Type III functionally inte	•		in connect	tion with, a	and functionally integrate	ed with.						
·	-	its supported organization	-					,						
		Type III non-functionally						zation(s)						
d	ا	that is not functionally int												
		· · · · · · · · · · · · · · · · · · ·						VC11033						
		requirement (see instructi		-										
е	Щ	Check this box if the orga					r rype i, rype ii, rype iii							
	_	functionally integrated, or	• •	naliy integrated supporti	ng organiz	zation								
f		er the number of supported of	-											
9_		vide the following information  i) Name of supported	about the supporte	d organization(s) (iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other						
	(	organization	(11) = 114	(described on lines 1-10	ın your governi	ng document?	support (see instructions)	` '						
		organization		above (see instructions))	Yes	No								
							<u> </u>							
					<u> </u>									
Total														

	edule A (Form 990 or 990-EZ) 2018 C rt:   Support Schedule for	HILLICOTH Organizations	E FFA ALU.	MNI ASSUC	TATTON (b)(1)(A)(iv) and		1199/Page 2
्राह्मत	Support Schedule for (Complete only if you checked						
	fails to qualify under the tests				in lanea to quality t		organization
800		s listed below, pied		,			
	tion A. Public Support	4 ) 0044	# > 0015	(-) 001C	(-I) 0017	(e) 2018	(6 Total
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received (Do not						
	include any "unusual grants ")			·			<del></del>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	,			ľ /	_	-
7	or expended on its behalf			-			
3	The value of services or facilities			,			
	furnished by a governmental unit to			4			
	the organization without charge						
	Total. Add lines 1 through 3	Feed at 1500 a restucted by Page 1500 by a		674,00849-5871 3716549/366455.	**	**************************************	
5	The portion of total contributions	TOWN LINE WE WE THE ACT OF THE COLUMN TWO IN THE COLUMN TO THE COLUMN TWO IN THE COL				AMERICAN CALANT PROPERTY AND THE SECOND CONTRACTOR OF THE SECOND CONTRA	
	by each person (other than a	CHAPTER AND DESCRIPTION OF THE PROPERTY OF THE					
	governmental unit or publicly					######################################	
	supported organization) included				THE CANADA AND THE CONTROL OF THE CANADA AND THE CA	STANDARD SOLD OF THE PROPERTY	
	on line 1 that exceeds 2% of the				172 - 172 -	THE TOTAL STATE OF THE STATE OF	
	amount shown on line 11,						
	column (f)	######################################	A SECTION OF SPECIAL PROPERTY OF ALL	00050 1600120 1511111111111111111111111111111111	[	1412828*********************************	
	Public support. Subtract line 5 from line 4		A SEPTEMBER AND PARTY AND PARTY.	- 489649444444444444444444444444444444444	artoss Charles Thoste Langue		
	tion B. Total Support	T	1115215	4 3 0040	4 0 0047	( ) 0010	(0 Tabel
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4		<del>  /</del>				
8	Gross income from interest,		<b> </b>			·	
	dividends, payments received on	,	· .				
	securities loans, rents, royalties,	/	ĺ.				
	and income from similar sources	· · · · · /	<u></u>				
9	Net income from unrelated business		,				1
	activities, whether or not the				1		
	business is regularly carried on	//					
10	Other income Do not include gain	. /					
	or loss from the sale of capital	/				,	
	assets (Explain in Part VI)	567/45/40/48/9986338/ %C1686/5466	[4"RJ0-82-(1+08; F98399*78, 400", 4 <sub>88</sub> -	THE CONTROL OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O		#5658755# ##9654756 #885#5#5# 9\$	
	Total support. Add lines 7 through 10			- HW 38 - MA X 384 . # 15 K# 30 8 4 1 1 7 4	[] [] [] [] [] [] [] [] [] [] [] [] [] [	\$2,754%\$	
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_
Ser	organization, check this box and stop ction C. Computation of Publ		rcentage	<del></del>			
	Public support percentage for 2018 (			column (fl)	•	14	%
	Public support percentage from 2017					15	<del></del>
	33 1/3% support test - 2018. If the			n line 13, and line	14 is 33 1/3% or n		_
100	stop here. The organization qualifies				7 7 10 00 17070 01 11		▶□
	33 1/3% support test - 2017. If the				l line 15 is 33 1/3%	or more check th	is hox
L	and stop here. The organization qua				1 III 10 10 10 00 17070	, or more, errosit ar	▶□
170	10% -facts-and/circumstances tes				e 13 16a or 16b :	and line 14 is 10%	or more
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						<b>▶</b> □
	10% -facts-and-circumstances tes					17a_and line 15 is 1	10% or
C	more, and/if the organization meets t						
	<i>y</i>						▶□
40	organization meets the "facts-and-cir Private foundation. If the organization				,		
10	rivate/loundation. If the organization	on the rior check a	COX OIT III IC TO, TO	a, 100, 17a, 01 171		edule A (Form 990	
					Cone		<u>,</u>
•	•				•		
	/						

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	122,924.	83,142.	66,325.	54,300.	40,052.	366,743.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,723.	30,821.	25,833.	26,122.	25,000.	138,499.
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		j				
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	153,647.	113,963.	92,158.	80,422.	65,052.	505,242.
	a Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons	93,950.	74,032.	66,125.	43,300.	40,052.	317,459.
t	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	·			·		0.
	Add lines 7a and 7b	93,950.	74,032.	66,125.	43,300.	40,052.	317,459.
	Public support. (Subtract line 7c from line 6)		•			-	187,783.
	ction B. Total Support	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	153,647.	113,963.	92,158.	80,422.	65,052.	505,242.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	95.	34.	66.	165.	167.	527.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	95.	34.	66.	165.	167.	527.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	153,742.	113,997.	92,224.	80,587.	65,219.	505,769.
	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here			· · · · ·			<b>D</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (	line 8, column (f), c	divided by line 13, o	column (f))		15	<u>37.13 %</u>
16	Public support percentage from 2017	<sup>7</sup> Schedule A, Part	III, line 15			16	<u>38.95 %</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	nn (f), divided by lir	ne 13, column (f))		17	.10 %
	Investment income percentage from				İ	18	.09 %
19	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						ightharpoons X
	33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th			<u>▶</u>
8320	23 10-11-18				Sche	edule A (Form 99	0 or 990-EZ) 2018

#### Part IV: Supporting Organizations

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

#### Section A. All 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 (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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).

_		.,	
-	.587~3650.95c	Yes	No
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Schedile Villing on a 220-EV 5010 CHTTDTCOTHT T.L.V. VILLINAT VIDOCCTUTTO	Schedule A (Form 990 or 990-EZ)	2018 CHILLICOTHE	FFA ALUMN	I ASSOCIATIO
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' Kai	TIVE Supporting Organizations (continued)			
		1464 P 14900	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	EXCHANGE CANAL		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	7372727477	A TAXAGET	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
		Piles, - Jahre	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	5.2009-404444 5.7555, 5.51457	77.2551.75 17.2551.75 17.2551.75	7.55
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	THE STREET PROPERTY OF THE STREET		622
•	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,	100000000000000000000000000000000000000		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	11 11 12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1	MAT.	EX.40 % - 22
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<b>1</b>	lelietah.	1. 3. "x - 2"1.4.
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	55.00 A 10.00 A		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	4444 AURICA		SERVE.
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			г <del></del>
		unior despe	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	***************************************	ANTINE I	
	or management of the supporting organization was vested in the same persons that controlled or managed			1220mids.
<u></u>	the supported organization(s) tion D. All Type III Supporting Organizations	1 1	*	<u> </u>
<u> </u>	tion b. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105 131,111	######################################
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	* 1	28 AT \$2.54.7	
	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	T. F. S. S.	Tekstralett.
2		NINKE MANGE ACCESSION TANGE ACCESSION TANGE ACCES ACCESSION TANGE ACCESSION TANGE ACCESSION TANGE ACCES ACCES	100000000	Kene
. <sup>2</sup> .	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	AN ANNAN PER		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	PROFIER .	-MASSINGE
3	By reason of the relationship described in (2), did the organization's supported organizations have a		FIFT (COT)	TURNINGS E RESERVE L REMERK L REMERK
3	significant voice in the organization's investment policies and in directing the use of the organization's		Er zerz	12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2 833 4888214 2 833 4888214 - 8383 4888214		
	supported organizations played in this regard .	3	TI CUI REEMA	and an investor
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee-instructions	).		
a	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
' c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	structions	;)	٠.
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	TATALANDA 'A	Secretary of the second of the	4 4 4 HR 11 (4 2   FAREA 2   FAREA 2   FAREA 3   FAREA
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	AND NATIONAL AND N	77 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	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	328 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	that these activities constituted substantially all of its activities	2a	,	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	AND MAPENDER OF THE PERSON OF THE PERSON NAMED IN THE PERSON NAMED	**************************************	12.12.12.12
	reasons for the organization's position that its supported organization(s) would have engaged in these	200 200 100 100 100 100 100 100 100 100	NOT THE T	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	*****		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	200 C 200 C	**************************************	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	* [9:4585/5]	* ************************************	1 KHR
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
		200 or 00	V E7	1 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990 EZ) 2018 CHILLICOTHE F			3-1609199 Page 7
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	,		•••
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	· ·	
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	<u></u>	
_4_	Amounts paid to acquire exempt-use assets			,
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6_	Other distributions (describe in Part VI) See instructions		·	
7	Total annual distributions. Add lines 1 through 6			
<b>8</b>	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI) See instructions		<u> </u>	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,, ,		
	Pictuitudes Allegations (see appropriate	(i)	(ii) Underdistributions	(ıii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	AND THE REAL PROPERTY OF THE P		ANTAL ANT AND ANTALAN PARK AND ANTALAN
	able cause required- explain in Part VI) See instructions	THE STATE OF THE S		STEERING OF THE STATE OF THE ST
3	Excess distributions carryover, if any, to 2018			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
а	From 2013			
ь	From 2014			
с	From 2015	district and the control of the second sections of the control of	AND AND AND AND THE PROPERTY OF THE PROPERTY O	
d	From 2016	AND AND AND AND AND AND AND AND AND AND		
е	From 2017			
f	Total of lines 3a through e			# # # # # # # # # # # # # # # # # # #
g	Applied to underdistributions of prior years	ANALYSIS AND ANALYSIS OF STREET		
h	Applied to 2018 distributable amount			
ı	Carryover from 2013 not applied (see instructions)		ATT STANKE SELECTION OF SELECTI	an later terres at 1.5 et a fil 15 th a the street of 1.5 file
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,	PARTO AND AND THE STATE OF THE	THE RESIDENCE OF THE PROPERTY	NEW JUNES OF THE CHARLES OF THE CONTROL OF THE CONT
	line 7	The competition of the competiti	INTERNATION OF THE PROPERTY OF	

LENGUETTA AND AND THE CONTROL OF SCHOOL OF SCHOOL AND THE CONTROL OF SCHOOL

a Applied to underdistributions of prior years
 b Applied to 2018 distributable amount
 c Remainder Subtract lines 4a and 4b from 4

Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greaters

Excess distributions carryover\_to 2019. Add lines 3j

than zero, explain in Part VI. See instructions

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI See instructions

Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017

e Excess from 2018

and 4c

Schedule /	A (Form	990	or 990-EZ	) 2018	CHILLIC	OTHE FF	A ALUMNI	ASSOCI	ATION	43-1609199 Page 8
Part VI	Sup Part line	oplei IV, Se 1, Par	<b>nental</b> ection A, I t IV, Secti	Inforsines 1, ion D, I	mation. Provid 2, 3b, 3c, 4b, 4d ines 2 and 3, Pa	de the explana c, 5a, 6, 9a, 9b irt IV, Section I	tions required b o, 9c, 11a, 11b, E, lines 1c, 2a, 2	by Part II, line 1 and 11c, Part 2b, 3a, and 3b	10, Part II, line 1 IV, Section B, li , Part V, line 1, l	7a or 17b, Part III, line 12, ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
			, lines 5, 6 uctions )	S, and	8, and Part V, Se	ection E, lines :	2, 5, and 6 Also	complete this	s part for any ac	dditional information
SCHED	ULE	Α,	LIST	OF	UNUSUAL	GRANTS	RECEIVE	D:		
DESCR	IPTI	ON	: CAS	<u>H</u>						
DATE:	01/	09	/18		AMOUNT:	6000.				
DESCR	IPTI	ON	: CAS	Н						
DATE:	07/	16	/18		AMOUNT:	40000	•			
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHILLICOTHE FFA ALUMNI ASSOCIATION

**Employer identification number** 43-1609199

Pai	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		L∐ Yes L∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abor-	ve satisfy the requirements of section 170(h)	<del></del>
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements	6 And Historical Transcersor on Other	au Cimilau Acceta
Ра	rt III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>S</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		<b>S</b>
<u> </u>	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; connueved			OTHE FFA A								Page <b>2</b>
checks all that apply  a	Par										
a Public exhibition d Loan or exchange programs b School with the second state of the comparison of the transparency of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII Sound to reserve the second of the organization's collection?  Previous a description of the organization's collection of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is it he organization an agent, insiste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escribing the property of the programization and the property of the programization and the property of the programization and the property of the programization and programs or the property of the programs of the programs of the programs of the programs of the programs of programs or provided on Part XIII   Part V   Endowment Funds. Complete if the organization has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10    Beginning of year balance   (a) Current year (b) Prior year   (e) Two years back   (e) Frior years back   (e) Four years back	3		on, and other record	s, check	any of the	following tha	t are a sig	gnificant	use of its	collection	items
b Scholarly research e											
Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII During the year, did the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?  Is a part of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?    Ves	а		d			-					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solot or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be manifained as part of the organization's collection?    Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1c is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1c is the organization and the year  1c is did in the part of the organization and the part of the organizat	b		е	L (	Other						
5 Dung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X kine 21  Is the organization an aspert, flustee, sucdoal or other intermediary for contributions or other assets not included on Form 990, Part X   If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  C Beginning balance  C Beginning balance  D Additions during the year  E Ending balance  2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V   Endowment Funds. Complete if the organization has been provided on Part XIII  Part V   Endowment Funds. Complete if the organization has been provided on Part XIII  Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses of Grantine and Contributions  c Net investment earnings, gains, and losses of Grantine and Contributions  c Net investment earnings, gains, and losses of Beginning and Part XIII Part V   Endowment Funds.  Part V   Endowment Funds. Camplete if the organization that are held and administered for the organization or scholarships  Contributions  1 Administrative expenses  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment I — %  Permanent endowment I — (b) Provide the estimated organization with the provided organizations is endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See	С	_									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4								ose in Pari	XIII	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   In 2	5						er sımılar	assets		٦	
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on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2a Dd the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance 1b Contributions c Net investment earrangs, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organizations endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings (b) Buildings (c) Cost or other (b) Cost or other (c) Accumulated depreciation d Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation d Equipment  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation d Equipment  Description of property (b) East A Tys, 144, 181, 203, 293, 941.			•								
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b Permanent endowment ▶	_		rent year end balanc		g, column (a	a)) neid as					
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  100,538. 100,538. b Buildings 475,144. 181,203. 293,941. c Leasehold improvements d Equipment e Other  1,001,511. 655,309. 346,202.		-									es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  100,538.  100,538.  100,538.  b Buildings  c Leasehold improvements d Equipment e Other  1,001,511. 655,309. 346,202.		-									$\overline{}$
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Omits and Equipment 1,001,511. 655,309. 346,202.					-bd-d- 00						
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  1a Land  Buildings  C Leasehold improvements  d Equipment  e Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  (b) Cost or other basis (other)  (c) Accumulated depreciation  100,538.  100,538.  100,538.  293,941.		•	•							3D	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10   Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	<u> </u>			wment	iunus	·				**	
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	r ai			) Part IV	/ line 11a S	Saa Earm 990	Dort V	line 10			
basis (investment)         basis (other)         depreciation           1a Land         100,538.         100,538.           b Buildings         475,144.         181,203.         293,941.           c Leasehold improvements         Equipment         1,001,511.         655,309.         346,202.									ad	(d) Pools	value
1a Land     100,538.       b Buildings     475,144.       c Leasehold improvements       d Equipment       e Other     1,001,511.       655,309.     346,202.		Description of property	1 ' '			I	٠,,			(a) Book	value
b Buildings 475,144. 181,203. 293,941. c Leasehold improvements d Equipment 1,001,511. 655,309. 346,202.	_	Lond	Dasis (investin			<u> </u>	uep	· COILLIOI		100	
c Leasehold improvements d Equipment e Other 1,001,511. 655,309. 346,202.				- · <del>- · ·</del>			1	Q1 2	03		
d Equipment e Other 1,001,511. 655,309. 346,202.		•			<u>4/</u>	<u>J,144.</u>		. <u></u>	03.	493	<u>, , + + •</u>
e Other 1,001,511. 655,309. 346,202.		•									
		• •			1 00	1 511	-	55 3	09	316	202
		<del></del>	equal Form 990 Port	X colun				<u> </u>	<u> </u>		

Schedule D (Form 990) 2018

1.	(a) Description of liability		(b) Book value	
(1)	Federal income taxes		-	Property Commencer and Commenc
(2)	•			
(3)				
(4)	,	- 4		
(5)				
(6)			•	
(7)	, , ,			
(8)	1	1	3	
(9)				
Total.	(Column (b) must equal Form 990, Part X, col (B) line	25)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII L Schedule D (Form 990) 2018

832053 10-29-18

SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service
Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

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

the latest information.	
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w.irs.gov/Form99	
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Name of the organization	TIMMILIA ARR REA	<u>ل</u> ا	NOTHATOR				Employer identification number
Part   General Information on Grants and Assistance	and Assistance	2	111 101				
1 Does the organization maintain records to substantiate the amount of the	to substantiate the		or assistance, the	grantees' eligibilit	y for the grants or as:	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	stance?	;	:				Ves X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d States			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Farting Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organi \$5,000 Part II car	zations and Domesti be duplicated if addit	c Governments. Connal space is need	omplete if the org Jed	anization answered "	res" on Form 990, Pa	ת IV, line ∠ I, Tor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		,	ſ				
	and government or	ganizations listed in th	ne line 1 table				
S Enter total number of other organizations listed in the line in able LHA For Paperwork Reduction Act Notice, see the Instructions for Form	s, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance ö 10,800, 30 (c) Amount of cash grant (b) Number of recipients SCHOLARSHIPS AND AWARDS FOR STUDENTS IN EDUCATION (a) Type of grant or assistance OF AGRICULTURAL SCIENCES 832102 11-02-18

Page 2

43-1609199

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

CHILLICOTHE FFA ALUMNI ASSOCIATION

Schedule I (Form 990) (2018)

Part III

#### SCHEDULE O (Form 990 or 990-EZ)

i' . . . .

# 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.

2018
Open to Public

► Attach to Form 990 or 990-EZ. Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 FORM 990, PART VI, SECTION A, LINE 2: RON WOLF IS ADAM WOLF'S FATHER. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO 64601. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL INFORMATION ARE AVAILABLE FOR PUBLIC 64601. INSPECTION UPON REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO

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

Schedule O (Form 990 or 990-EZ) (2018)