Return of Private Foundation 29491044062

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/Form990PF for instructions and the latest information.

Open to Public Inspection

ror	calend	dar year 2019 or tax year beginning , a	and ending			
Na	me of fou	undation			A Employer identification number	
D	ENT	COUNTY LIVESTOCK EDUCATIONA	L			
A	<u>SSO</u>	CIATION, INC.			43-1608213	
		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephone number (see instructions)	
1_		CR 2540			573-308-5415	
Cit		i, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check here	▶ [
	ALE!				1	. =
G (Check		rn of a former public ch	narity	D 1 Foreign organizations, check here	▶ _
		Final return Amended	return		2 Foreign organizations meeting the	_
		Address change Name cha	ange		85% test, check here and attach computation	▶ _
i c	Check t	type of organization $\overline{f X}$ Section 501(c)(3) exempt private	foundation	03	E If private foundation status was terminated under	_
7	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation	כט	section 507(b)(1)(A), check here	▶ ∟
1 (air mai	rket value of all assets at J Accounting method	X Cash Acc	rual	F If the foundation is in a 60-month termination	
e	nd of y	ear (from Part II, col. (c), Other (specify)			under section 507(b)(1)(B), check here	L
lır	ne 16)	▶ \$ 64,559 (Part I, column (d), must	t be on cash basis)			
P	art I_	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Nation	(d) Disburseme	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net into	me income purposes	
	1 .		220/10		(cash basis on	ly)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ► X if the foundation is not required to attach Sch B	2 07 0		1 (10	
	3	Interest on savings and temporary cash investments	1,619		1,619	-
	4	Dividends and interest from securities				
	5a	Gross rents				
ģ	b	Net rental income or (loss)				
Kevenue	6a	Net gain or (loss) from sale of assets not on line 10				
Š	b	Gross sales price for all assets on line 6a				
Ž	7	Capital gain net income (from Part IV, line 2)			0	
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	1,619		1,619 0	[
s	13	Compensation of officers, directors, trustees, etc	0			
cbenses	14	Other employee salaries and wages				
Ę	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
TI.	b	Accounting fees (attach schedule) STMT 1	250		/ RECE	
<u>₹</u>	С	Other professional fees (attach schedule)			INCES EN	
<u>ख</u>	17	Interest			181	
ī	18	Taxes (attach schedule) (see instructions)			JUL 20 3020 100	
Operating and Administrative Ex	19	Depreciation (attach schedule) and depletion				
듄	20	Occupancy			OGDEN IT	
Δ_	21	Travel, conferences, and meetings			्रा पा ध	
Ĕ	22	Printing and publications	30			
<u>ත</u>	23	Other expenses (att sch)				
Ĕ	24	Total operating and administrative expenses.	-			
ē		Add lines 13 through 23	280		o o	0
Ď	25	Contributions, gifts, grants paid	1,230			, 230
0	26	Total expenses and disbursements. Add lines 24 and 25	1,510			,230
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	109			
	b	Net investment income (if negative, enter -0-)	100		1,619	
	c	Adjusted net income (if negative, enter -0-)		<u> </u>	0	

For Paperwork Reduction Act Notice, see instructions.

1 Cash – non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att schedule) ▶ Less allowance for doubtful accounts ▶ 0 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Investments – US and state government obligations (attach schedule) b Investments – corporate stock (attach schedule) c Investments – corporate bonds (attach schedule) 11 Investments – and, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) 12 Investments – ontrigage loans 13 Investments – ontrigage loans 13 Investments – other (attach schedule) 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue	281 64,278
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Instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable	
17 Accounts payable and accrued expenses 18 Grants payable	64,559
18 Grants payable	04,333
14 Deletred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons	
Mortgages and other notes payable (attach schedule)	
22 Other liabilities (describe ►) 0 0	
Total Haddings (add midd it through 22)	
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	!
24 Net assets without donor restrictions	
25 Net assets with donor restrictions	
and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions)	j
and complete lines 26 through 30.	:
26 Capital stock, trust principal, or current funds	
27 Paid-in or capital surplus, or land, bldg, and equipment fund	
28 Retained earnings, accumulated income, endowment, or other funds 64,450 64,559	
29 Total net assets or fund balances (see instructions) 64,450 64,559	
ਰੂ 30 Total liabilities and net assets/fund balances (see	l ,
instructions) 64,450 64,559	
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with	
end-of-year figure reported on prior year's return)	64,450
2 Enter amount from Part I, line 27a	109
3 Other increases not included in line 2 (itemize) ▶ 3	
4 Add lines 1, 2, and 3	64,559
5 Decreases not included in line 2 (itemize) ▶ 5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	

	990-PF (2019) DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608213			Pa	age 4
	rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>– see i</u>	nstructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here \blacktriangleright X and enter "N/A" on line 1				1
	Date of ruling or determination letter $11/07/95$ (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A	1			
	here ▶ ☐ and enter 1% of Part I, line 27b	Ì			- 1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	_			لن
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0
6	Credits/Payments	l			.
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	- 1			- 1
b	Exempt foreign organizations – tax withheld at source	ļ		•	1
С	Tax paid with application for extension of time to file (Form 8868)	ŀ			ŀ
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11			
	rt VII-A Statements Regarding Activities			1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		4.		v
	Instructions for the definition		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				1
С	Did the foundation file Form 1120-POL for this year?		1c	——	X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		10	_	<u> </u>
u	(1) On the foundation ► \$ (2) On foundation managers ► \$				- 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-	^		1
•	on foundation managers > \$				٠ ا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/2	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			.	- 1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 [- 1
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		<u> </u> .		لــــا
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	xv	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MO				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		,		
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"				
	complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			- 1	
	names and addresses		10		X
			Form 99 (U-PF	(2019)

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<u>l Pa</u>	Int VII-A Statements Regarding Activities (continued)					
	6				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		Χ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		Χ_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	ication?		13	X	
	Website address ► NOT APPLICABLE					
14	The books are in care of ▶ DARRELL SKILES Te	ephone no	▶ 573-3	08-	541	5
	1541 CR 2540					
	Located at ▶ SALEM MO	ZIP+4	▶ 65560)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	>	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorities.	:y			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f				
	the foreign country ▶					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)					- 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		_	-		
	disqualified person?	Yes	X No		٠,٠	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		-	•		
	the benefit or use of a disqualified person)?	Yes	X No		•	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in)	<u> </u>		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ ∐			-
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		NT / 70			
_	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			,		1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	□ v	X No			
	6d and 6e) for tax year(s) beginning before 2019?	∐ Yes	X No	i		
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
þ	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b	_	/
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	•	11/21			
·	► 20 , 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			• ,		
-	at any time during the year?	Yes	X No			·]
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		٠ د		-	1
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse					
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the					
	foundation had excess business holdings in 2019)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo	ses?		4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize					
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in			4b		X
			F	om 99	0-PF	(2019)

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Form 990-PF (2019) DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Manager	s, Highly Paid Employ	/ees,
and Contractors (continued)	-4 (INIONIE II	
3 Five highest-paid independent contractors for professional services. See instructions. If none, en		(-) ()
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
	STED IN	•
1 AGRICULTURAL SCHOLARSHIP ACTIVITIES (RECIPIENTS LIS	21ED IN	
IANI AV)		1,200
FAIR TROPHIES FUNDED FOR COUNTY 4-H PROGRAM		
		30
3		
•		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		Amount
2		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 3	•	
	- 1	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2019)

Form 990-PF (2019) DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608213 Part XIII Undistributed Income (see instructions) (c) (d) (a) (b) Corpus Years prior to 2018 2018 Distributable amount for 2019 from Part XI, line 7 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only b Total for prior years 20 ____ , 20 ___ , 20 ___ Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 From 2017 e From 2018 f Total of lines 3a through e Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 1,230 a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2019 distributable amount 1,230 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: .230 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must/be distributed in 2020 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required-see instructions)/ Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from/2015 Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019

SEE STATEMENT 5

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year LYNDSEY PARKER-MSU 2035 CR 2400 NONE SALEM MO 65560 EDUC SCHOLARSHIP 300 DENT COUNTY 4-H COUNCIL DENT COUNTY JUDICIAL BLD NONE SALEM MO 65560 4-H COUNTY FAIR TROPHIES 30 CARRIE LEE HOLLIDAY-MSU 2463 HWY P NONE SALEM MO 65560 EDUC SCHOLARSHIP 300 BRAYLIN SHELTON-MSU 1234 CR 6410 NONE SALEM MO 65560 EDUC SCHOLARSHIP 300 DALTON SANDERS-MSU 804 N YOUNG NONE SALEM MO 65560 EDUC SCHOLARSHIP 300 ▶ 3a 1,230 Total b Approved for future payment N/A

▶ 3b

Total

Part XVI-A	Analysis of Income-Producing Acti	ivities				
	unts unless otherwise indicated	Y	ed business income	Exclude	d by section 512, 513, or 514	<i>(-</i>)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program ser	vice revenue					(See instructions)
				ļ		
c				 		
		-		ļ		
				 		
f				 		
-	d contracts from government agencies			<u> </u>		<u> </u>
	dues and assessments			14	1 (10	
	avings and temporary cash investments and interest from securities			1 4	1,619	
	come or (loss) from real estate	· · · · · · · · · · · · · · · · · · ·		1		
	anced property	* * * * * * * * * * * * * * * * * * * *				
	-financed property			1		
	come or (loss) from personal property					
7 Other invest				<u> </u>		
	from sales of assets other than inventory			<u> </u>		
	or (loss) from special events					
	or (loss) from sales of inventory	-				
	ue a					
b						
				Ì		
е						
12 Subtotal Ad	d columns (b), (d), and (e)		0		1,619	0
13 Total. Add It	ne 12, columns (b), (d), and (e)				13	1,619
	in line 13 instructions to verify calculations)					
Part XVI-B						
Line No. ▼	Explain below how each activity for which income					
N/A	accomplishment of the foundation's exempt purpo	ses (other than	by providing runds to	r such pi	urposes) (See instruct	ons)
					·	
	- ***					
-					· · · · · · · · · · · · · · · · · · ·	
					·	
					-	
			· -			
						·
	-					
			<u> </u>			
						·
			 			

01111 330-1 1 (2	OIS DUINT COOKET	<u> </u>	DDOCMI TOWARD	<u> </u>	<u>_ ray</u>
Part\XVII	Information Regarding	ng Transfers To a	nd Transactions and	Relationships With	Noncharitable Exempt
	Organizations				·

1	_	inization directly or ind		= =	= :	-	cribed			Yes	No
	organization	01(c) (other than sections?	on 501(c)(3)	organizations) or i	in section 527, rei	ating to political					
а	•	om the reporting found	ation to a no	oncharitable exem	pt organization of						
	(1) Cash			•	. 0				1a(1)		X
	(2) Other as	ssets							1a(2)		Х
b	Other transa	actions									
		f assets to a noncharit		_					1b(1)		Х
		ses of assets from a no			on				1b(2)		X
		of facilities, equipment		sets					1b(3)	ļ	X
		rsement arrangements Ir loan guarantees	i					2	1b(4) 1b(5)		X
	` '	nance of services or mo	embership o	r fundraising solici	tations				1b(6)		X
С		acılıtıes, equipment, m		-					1c		X
	=	er to any of the above i	-	="		nn (b) should always s	show the fa	ır market	<u> </u>		
	value of the	goods, other assets, o	or services g	iven by the reporti	ng foundation If t	he foundation receive	d less than	fair market			
		transaction or sharing				he goods, other asse	ts, or service	es received			
	a) Line no	(b) Amount involved	(c) Name	e of noncharitable exem	pt organization	(d) Description (of transfers, tra	insactions, and sharing	arrangeme	nts	
N / Z	4										
										· · · · · ·	—
		-							-		
											
		-									
			<u> </u>								
											
	· · · · · · · · · · · · · · · · · · ·										
								· · · · · · · · · · · · · · · · · · ·			
2a	Is the found	ation directly or indirec	tly affiliated	with, or related to,	one or more tax-	exempt organizations					
	described in	section 501(c) (other	than section	501(c)(3)) or in se	ection 527?				Ye	es X	No
b		nplete the following sc	hedule	I							
		a) Name of organization		(b) Type of o	organization		(c) Descript	ion of relationship			
Г	1/A	······································									
											
						,					
		nalties of perjury, I declare that declare that declare the declaration of period of p						ny knowledge and belie	ef, it is true	,	
								May the IRS dis			
Sigr			$\overline{}$			ſ,	v '	with the prepare See instruction:		Yes	٦ _{No}
lere	3 V	\- 10	7	. 1 . ~	1 47 1	2 0020	anav.	/BDBAC			
	Signs	ature of officer or trustee				3-2020	Title	/TREAS.			
	 -	·	<u> </u>		1	$\overline{}$		Date			$\overline{}$
	Printry	pe preparer's name			Preparets signature	2 5 L	1		m/_	Check self-em	If Lorent
aid	CHEST	TER E. PRATT,	JR.		(Mass	o Chot /	7	- /2	190	55m-6/11	J.0300
repa	arer Firm's n			CHELL & CO	O. PC			PTIN PO	0796	654	
Jse (Firm's a	ddress ► 303 N			O BOX 15	0			-126		
		SALEM	1, MO	65560				Phone no 57	3-72		
									Form 99	0-PF	(2019)

0 1	,			1	·.	0	0	0	0	0	0	0	
5/27/2020 Page 1		Charitable Purpose	0		Expenses		-	_	_	-	-	-	1-2
	ωi	Adjusted Net	\(\sigma\)	rustees, Etc.	Benefits	0	0	0	0	0	0	0	
	990-PF, Part I, Line 16b - Accounting Fees		w w	- List of Officers, Directors, Trustees,	Compensation	0	0	0	0	0	0	0	
Statements	art I, Line 16b	Net Investment	w w	_	Average Hours	0.25	0.25	1.00	0.25	0.25	0.25	0.25	
OCK EDUCATIONAL Federal	Statement 1 - Form 990-PF, P	Total	\$ 250	990-PF, Part VIII, Line	Title	BOARD MEMBER	BOARD MEMBER	SECY/TREAS.	BOARD MEMBER	VICE PRESIDE	BOARD MEMBER	PRESIDENT	
DCLIVESTOCK DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608213 FYE: 12/31/2019	Stateme		INDIRECT ACCOUNTING FEES TOTAL	Statement 2 - Form 990-PF,	Name and Address	GEORGE A BARNITZ 2699 CR 2070 LAKE SPRING MO 65532	JOSH CARTWRIGHT 1407 CR 6380 SALEM MO 65560	DARRELL SKILES 1541 CR 2540 SALEM MO 65560	CHARLES TRIPLETT 945 CR 2440 SALEM MO 65560	BOB PARSONS 405 SOUTH WARFEL SALEM MO 65560	LANCE HASTEN 1202 CR 3210 SALEM MO 65560	LEROY KUNKEL 1061 CR 6350 SALEM MO 65560	

DCLIVESTOCK DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608213 FYE: 12/31/2019	OCK EDUCATIONAL Federal S	Statement	S		5/27/2020 Page 2
Statement 2 - Form 990-PF,		ne 1 - List of ontinued)	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	., Trustees,	,
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JIM FREEMAN 554 CR 5190 SALEM MO 65560	BOARD MEMBER	0.25	0	0	0
DENNIS MEDLOCK 11098 WEST HWY 32 SALEM MO 65560	BOARD MEMBER	0.55	0		
					2

DCLIVESTOCK DENT COUNTY LIVESTOCK EDUCATIONAL 43-1608213 Federal Statements

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FYE: 12/31/2019

Statement 3 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATIONS SHOULD BE SUBMITED IN WRITING AND INCLUDE BIOGRAPHICAL INFORMATION, FUTURE PLANS FOR COLLEGE AND POST GRADUATION

Statement 4 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

THE DEADLINE FOR SUBMISSIONS IS MID APRIL AND PROVIDES THE BOARD ADEQUATE TIME TO REVIEW THE APPLICATIONS.

Statement 5 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

THE AWARDS ARE MADE TO QUALIFYING INDIVIDUALS WITHIN A GEOGRAPHICAL REGION OF SALEM, MO.