Form (Rev January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization Address change CHILLICOTHE FFA ALUMNI ASSOCIATION Name change 43-1609199 Doing business as]Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) (660) 646-3414 Final return/ C/O ADAM WOLF, 1200 FAIR STREET termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHILLICOTHE, MO 64601 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer ADAM WOLF for subordinates? 1200 FAIR STREET, CHILLICOTHE, 64601 H(b) Are all subordinates included? 4947(a)(1) or I Tax-exempt status X 501(c)(3) 501(c)((insert no.) If "No," attach a list (see instructions) H(c) Group exemption number ► 0776 J Website: ► N/A Other > . Year of formation: 1992 M State of legal domicile: MO K Form of organization: Corporation Trust Association │Part I│ Summarv Briefly describe the organization's mission or most significant activities EDUCATION IN AGRICULTURAL Activities & Governance SCIENCES if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 50 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **Current Year Prior Year** 86,052 62,513. Contributions and grants (Part VIII, line 1h) Revenue 25,000 25,000. Program service revenue (Part VIII, line 2g) 167 169. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,496. 4,890 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 116,109 92,178. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,800 14,800. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 126,317 131,892. Other expenses (Part IX, column (A), Imes Han 10) V 240 One 25) 146,692. 137,117 Total expenses Add lines 13-17 (must equal Part IX, column (A line 18 from line 12 2021 -21,008 -54,514. Revenue less expenses. Subtract Assets or Balances **End of Year Beginning of Current Year** 780,487. 835,001 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) Net/ 001 487. Net assets or fund balances Subti Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign TREASURER ADAM WOLF Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Firm's address Use Only Phone no.

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2019) CHILLICOTHE F	FA ALUMNI ASSOCIATION	43-1609199 Page 2
Pa	rt III Statement of Program Service Acc		
	Check if Schedule O contains a response or n	note to any line in this Part III	
1	Briefly describe the organization's mission		
•	· · · · · · · · · · · · · · · · · · ·	COTHE R-II SCHOOLS HANDS-ON L	EARNING
	EXPERIENCES IN AGRICULTURA		
	THE DISTRICT OF THE PROPERTY O	0011110101	
2	Did the organization undertake any significant progr	am services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	and services during the year which were not listed on the	Yes X No
	If "Yes," describe these new services on Schedule (n	Lies Laino
_	•		Yes X No
3		nificant changes in how it conducts, any program services?	LYes LA_No
	If "Yes," describe these changes on Schedule O		
4		plishments for each of its three largest program services, as	
		quired to report the amount of grants and allocations to othe	ers, the total expenses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$146,69	02. including grants of \$ 14,800.) (Reven	ue\$ 29,665.)
		COTHE R-II SCHOOLS HANDS-ON L	EARNING
	EXPERIENCES IN AGRICULTURA	AL SCIENCES.	
4b	(Code) (Expenses \$	including grants of \$) (Reven	uue \$
	/ (CAPANAGO #		
	1		
		······································	
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$	including grants of \$) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)		
÷ū		\	N.
4 -	Expenses \$ including gran	146,692. (Revenue \$	
4e	Total program service expenses	170,074	Form 990 (2019)
			1 01111 000 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1 	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		^	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٥	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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			İ
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a		х
h	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		X
14a		14a		X
	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		1	17
	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,"			v
	complete Schedule G, Part III	19	-	X
20a		20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	_ 41

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	Î		
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	_38_	X	
	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Check is Ochequie O Contains a response of flote to any line in this Part V		V	<u> </u>
1~	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1		Yes	No_
_	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 1a 1 1b 0			1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
C	(gambling) winnings to prize winners?	1c	X	-
932004	1 01-20-20			(2019)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a

	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	2 gr		·- `
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		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 4	.	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	`.,		٠.
	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) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ıcıal	

State the name, address, and telephone number of the person who possesses the organization's books and records

ADAM WOLF - (660) 646-3414 1200 FAIR STREET, CHILLICOTHE, MO 64601

Other officers or key employees of the organization

statements available to the public during the tax year

Form 990 (2019)

15b

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

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

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

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

X Check this box if neither the organize											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ODE	Reportable	Reportable	Estimated amount of		
	hours per	Бох	box, unless person is both an		h an	compensation	compensation				
	week	officer and a director/trustee			or/trus	iee)	from	from related	other		
	(list any	g	ŀ					the	organizations	compensation	
	hours for	9	gg			ated		organization	(W-2/1099-MISC)	from the	
	related	nstee	T st		82	bens		(W-2/1099-MISC)		organization and related	
	organizations below	를	l e		ptoy	2 5				organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			Organizations	
(1) E.L. REED	0.50	 	 =	٦	×	- w					
PRESIDENT		ĺ			İ			0.	0.	0.	
(2) RON WOLF	0.50										
DIRECTOR		1						0.	0.	0.	
(3) GAYLEN POTTER	0.50										
DIRECTOR								0.	0.	0.	
(4) DAVID WALKER	0.50										
DIRECTOR		ļ		<u> </u>		<u> </u>		0.	0.	0.	
(5) STEVE RADCLIFF	0.50									_	
DIRECTOR						<u> </u>	L.	0.	0.	0.	
(6) SUSAN DAVIS	0.50			ļ						_	
DIRECTOR		<u> </u>		ļ	<u> </u>	 	_	0.	0.	0.	
(7) DAVID WILLIAMS	0.50	1						_		_	
DIRECTOR		1	ļ	ļ				0.	0.	0.	
(8) RUSTY BLACK	0.50	_									
DIRECTOR	0.50	 -	╁	<u> </u>		-		0.	0.	0.	
(9) ADAM WOLF	0.50	4						_		1	
TREASURER		 		<u> </u>	-			0.	0.	0.	
		┨		i							
	· · · · · ·	 	╁┈	T							
		1									
		1									
		-	 	├	-	+					
		┨									
		\vdash		H	-	t					
		1									
		T									
		1	<u> </u>	<u> </u>	_	╄	1				
		-									
		+-	-	\vdash	\vdash		 -			-	
		1									
					<u> </u>					Farm 990 (2010	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Federated campaigns Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 62,513. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 62,513 Total. Add lines 1a-1f **Business Code** 110000 25,000 25,000 Program Service 2 a SALE OF LIVESTOCK, ETC f All other program service revenue 25,000. Total, Add lines 2a-2f Investment income (including dividends, interest, and 169. 169 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 4,496. 6 a Gross rents **b** Less rental expenses 4,496. Rental income or (loss) 4,496 4,496 Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less. direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d. 92,178. Total revenue. See instructions 29,665 0.

12040626 786970 DC3616.6

Form 990 (2019) CHILLICOTHE FFA ALUMNI ASSOCIATION 43
Part X Statement of Functional Expenses

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

	Section 30 (C)(3) and 30 (C)(4) diganizations must complete an column Another diganizations must complete column (4)							
	Check if Schedule O contains a respon		this Part IX	(O)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		•					
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals See Part IV, line 22	14,800.	14,800.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above to disqualified		-					
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (nonemployees).							
а	Management				 .			
b	Legal		:					
С	Accounting							
d	Lobbying .		us. h sudd. of . http://doi.htm.uddw.bbb.vis. mb b	Phouse E. 15 (156) as Advantable transmitteen distant				
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion							
13	Office expenses				<u> </u>			
14	Information technology	"						
15	Royalties							
16	Occupancy		**************************************					
17	Travel		-					
18	Payments of travel or entertainment expenses				in			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings Interest							
20	Payments to affiliates							
21 22	Depreciation, depletion, and amortization	77,907.	77,907.					
23	Insurance	11,501.	77,507.					
24	Other expenses, Itemize expenses not covered							
24	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	SUPPLIES	34,723.	34,723.	The Property and County allocated a room	school decrement a strategic and the second decreases and the second			
b	REPAIRS AND MAINTENANCE	13,042.	13,042.	-				
c	LABOR	4,220.	4,220.					
d	WEBSITE	2,000.	2,000.					
e	All other expenses							
25	Total functional expenses Add lines 1 through 24e	146,692.	146,692.	0.	0.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.		-					
	Check here if following SOP 98-2 (ASC 958-720)							

Rai	T;X	Balance Sheet				
		Check if Schedule O contains a response or note to a	any line in this Part X		1	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		77,512.		100,736.
	2	Savings and temporary cash investments		16,808.	2	16,977.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or form	er officer, director,			
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe	rsons		5	
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ď	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less accumulated depreciation 10b	914,419.	740,681.	10c	662,774.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	835,001.	16	780,487.
	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 I			21	T-11-15-60-60-60-60-60-60-60-60-60-60-60-60-60-
ies	22	Loans and other payables to any current or former of				
Liabilities		trustee, key employee, creator or founder, substantia			333335	
Lial		controlled entity or family member of any of these pe			22	
	23	Secured mortgages and notes payable to unrelated t	·		23	
	24	Unsecured notes and loans payable to unrelated thin			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2 of Schedule D	4) Complete Fant X		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	20	Organizations that follow FASB ASC 958, check he	ara N		20	
စ္မ		and complete lines 27, 28, 32, and 33.	ae 🕨 🗀			
anc	27	Net assets without donor restrictions		AND AND SALES SEED OF STREET AND SALES SAL	27	R SLEUNSCOMMOND SOFTEN THE NOTION SOFTEN SOF
Bal	28	Net assets with donor restrictions			28	
2		Organizations that do not follow FASB ASC 958, c	heck here X			
Ī.		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		O •	29	0 •
sets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund	0.		0.
As	31	Retained earnings, endowment, accumulated income		835,001.		780,487.
et	32	Total net assets or fund balances		835,001.		780,487.
_	33	Total liabilities and net assets/fund balances		835,001.		780,487.
		. O.C. HADINGO AND HEL ASSELS/HUNG DAIGHOES		, <u>000,001.</u>		, , , , , , , , , , , , , , , , , , , ,

Form	990 (2019) CHILLICOTHE FFA ALUMNI ASSOCIATION	43-160	9199	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>92.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	•		<u> 14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83	<u>5,0</u>	<u>01.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	780),4	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 -	.'	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			٠.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			-	- :
	Separate basis Consolidated basis Both consolidated and separate basis				. ',
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				. `
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		36		l

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.

OMB No 1545-0047

2019

Open to Public Inspection
Employer identification number

Nam	Name of the organization Employer identification number								
		CHIL	LICOTHE FF	A ALUMNI ASS	OCIAT	ION		4	3-1609199
Pa	rt I	Reason for Public (ee instruction	s	
The	organ	ization is not a private found	lation because it is ((For lines 1 through 12, c	heck only	one box)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	$\wedge()$	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))	l	19	
3		A hospital or a cooperative					ıi).	ノし	
4		A medical research organiz					•)(iii). Enter	the hospital's name,
		city, and state	·						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental (unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in :	section 17	70(b)(1)(A)	(v).		
7	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). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vı). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, city	y, and state o	f the colleg	e or
		university							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	purposes of one or
		more publicly supported or	-						Check the box in
	_	Ines 12a through 12d that	- ·						
а			•	•	•			• • • •	
		the supported organization	* * * *	• • • •	a majority	of the dire	ctors or trust	ees of the s	supporting
	<u> </u>	organization You must o	•						
ь	L	☐ Type II. A supporting org					_		-
		control or management o			ame perso	ons that co	ontroi or mani	age the sup	рропеа
_		organization(s) You mus	•			4.a.a	and funations	lly intograt	ad with
C		Type III functionally inte its supported organization	•			•		illy lillegrat	eu with,
d		Type III non-functionally			-	-	-	nted organi	rzation(s)
u		that is not functionally int	•					_	
		requirement (see instruct	-	• •	-		•	a an attent	
۵	_	Check this box if the orga	•	•				II Type III	
·	·	functionally integrated, or					- , , po ., . , po	,, . , p.	
f	Ente	er the number of supported of	• .	man, maganer sepper	9 - 1 9 - 1				
a		vide the following information	-	ed organization(s)					
		i) Name of supported	(II) EIN	(iii) Type of organization	(iv) is the orga in your govern	inization listed ino document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
		<u> </u>			<u>_</u>				
				[
					 				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990-EZ) 2019 C	HILLICOTH Organizations	E FFA ALU Described in	MNI ASSOC	CIATION O(b)(1)(A)(iv) and	43-160: d 170(b)(1)(A)(v	9199 Page 2 i)
Anglinia	(Complete only if you checke	•					. /
	fails to qualify under the tests			-	, ,		
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	•		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(4) 2010	(6) 2013	10 Total
•	membership fees received (Do not						
	include any "unusual grants ")				Ì	/	
^	Tax revenues levied for the organ-	·					
2	ization's benefit and either paid to						
	or expended on its behalf						
•	The value of services or facilities			-			
3	furnished by a governmental unit to						
	the organization without charge	•					
	Total. Add lines 1 through 3						
	The portion of total contributions						
5	by each person (other than a				1 //		
	governmental unit or publicly						
	supported organization) included				//		
	on line 1 that exceeds 2% of the			/			
	amount shown on line 11,			/			
	column (f)			//			
6	Public support. Subtract line 5 from line 4	30274.007767002250007	3550074797000256, 1995000000	//			·
	etion B. Total Support	onnumbououcocococococococococococococococococ	Taxagg harang and an add agust nedects retire	Notinger-Truspolitings and province and prov	10112691940A0A0A0A0A0A0A0A0A0A0A	populational administration of the control of the c	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2010	(6) 2010	(6)2011	(4) 2010	16,2010	(1) 10.00.
-	Gross income from interest,			/			
0	dividends, payments received on						
	securities loans, rents, royalties,			1			
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on					-	
10	Other income Do not include gain		/				
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	*******	260000000000000000000000000000000000000			100000000000000000000000000000000000000	
	Gross receipts from related activities			800-54,71533864,8850,5-19085644, HTD-5	a secure social consistency	12	
	First five years. If the Form 990 is fo	<i>y</i>		rd fourth or fifth t	tax vear as a sectio		
13	organization, check this box and stop	<i>y</i> -	3 mst, scoond, am	a, 10a/a1, 0/ 11/a1	iax year as a section	50 ((0)(0)	ightharpoons
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (column (fl)		14	%
	Public support percentage from 2018			···· VII		15	%
	33 1/3% support test - 2019. If the			n line 13, and line	14 is 33 1/3% or r		x and
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2018. If the		_		d line 15 is 33 1/3%	or more, check th	is box
_	and stop here. The organization qua					,	ightharpoons
17a		•			ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization, meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes	•	*		-	17a, and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
18	Private foundation. If the organization						s _
	/					edule A (Form 990	
							·
	f						
	/						

(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

500	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II)				
	···	(-) 0015	#-> 001C	(-) 2017	(4) 2010	(-) 2010	(5) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	02 142	66 325	54,300.	40,052.	41,513.	285,332.
_	, ,	83,142.	66,325.	54,300.	40,052.	41,513.	203,332.
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	30,821.	25,833.	26,122.	25,000.	25,000.	132,776.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	113,963.	92,158.	80,422.	65,052.	66,513.	418,108.
7a	Amounts included on lines 1, 2, and					44 540	0.55 0.00
	3 received from disqualified persons	74,032.	66,125.	43,300.	40,052.	41,513.	265,022.
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				•		0.
_	amount on line 13 for the year Add lines 7a and 7b	74,032.	66,125.	43,300.	40,052.	41,513.	265,022.
-		74,052.	00,123.	43,300.	40,032.	<u> </u>	153,086.
	Public support. (Subtract line 7c from line 6)		1				133,000.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	113,963.	92,158.	80,422.	65,052.	66,513.	418,108.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34.	66.	165.	167.	169.	601.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	34.	66.	165.	167.	169.	601.
	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)						
	Total support (Add lines 9, 10c, 11, and 12)	113,997.	92,224.	80,587.	65,219.		418,709.
14	First five years. If the Form 990 is for	the organization'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						
	tion C. Computation of Publ			.,			
15	Public support percentage for 2019 (ine 8, column (f), d	livided by line 13, o	column (f))		15	36.56 %
	Public support percentage from 2018					16	<u>37.13 %</u>
Sec	tion D. Computation of Inves	stment Incom	e Percentage		· –	-	
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.14_ %
	Investment income percentage from				ļ	18	.10 %
	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly si	upported organiza	tion	$\triangleright \mathbf{X}$
D	33 1/3% support tests - 2018. If the						anu 🛌
	line 18 is not more than 33 1/3%, che		op here. The organ				

15

Part V 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a 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)

Yes No За 4c 5a 5b 50 8 9b 9с 10a 10b

	edule A (Form 990 or 990 EZ) 2019 CHILLICOTHE FFA ALUMNI			3-1609199 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supportin			20#1///\ Car instance Alima
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	-		Part VI) See Instructions. Al
Sect	ion A - Adjusted Net Income	mpiete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		,	
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		•
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		,
3	Subtract line 2 from line 1d	3		•
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			, .
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	-8-		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting orga	anization (see

	dule A (Form 990 or 990-EZ) 2019 CHILLICOTHE F			3-1609199 Page 7
		nance supporting organization	ariizations (continued)	Current Year
1	ion D - Distributions Amounts paid to supported organizations to accomplish exe	ampt purposes		Current rear
2	Amounts paid to supported organizations to accomplish exem			
2	organizations, in excess of income from activity	pr purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	16	
4	Amounts paid to acquire exempt-use assets	es of supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
6	Total annual distributions. Add lines 1 through 6			
7		be ergenization in regeneration		
8	Distributions to attentive supported organizations to which t	rie organization is responsive	,	
	(provide details in Part VI) See instructions	<u> </u>	 	
9	Distributable amount for 2019 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount	<u> </u>		,,,,,
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		Characteristics and the second	
	From 2015			
	From 2016		STATE OF THE PROPERTY OF THE P	
	From 2017			
	From 2018			
	Total of lines 3a through e	The state of the s		
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>;</u>	Carryover from 2014 not applied (see instructions)	NACTOR STATE OF STATE		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D.			
•	line 7 \$			
a	Applied to underdistributions of prior years	22.02.00 H 22.00 T 22.	Soviet de reconstructural management de la construction de la construc	
	Applied to 2019 distributable amount			190 Mil 11 11 12 12 12 12 12 12 12 12 12 12 12
	Remainder Subtract lines 4a and 4b from 4	Security and a second s		
5	Remaining underdistributions for years prior to 2019, if		000-01-001-01-01-01-01-01-01-01-01-01-01	DOX SOUTHBOOKSOURDS ENCERTSOON FOR TOO SOUTHBOOK TO SOUTH
Ū	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h	9449555645574574559557459574455455955		900101955-989*960*********************************
U	-			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	33.380.45.4188884.387273.678888888848988888		
, 7 	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7.			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section D	Ormation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; s 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
SCHED	ULE A, LIST O	F UNUSUAL GRANTS RECEIVED:
DESCR	IPTION: CASH	
DATE:	09/10/19	AMOUNT: 21000.
		
		

SCHEDULE D

(Formi 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 FED ALUMNI ASSOCIATION

Employer identification number 43-1609199

Pai	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	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	_	ed only
_	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, Part	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 (for example, recrea	ation or education) Preservation of a h	iistorically important land area
	Protection of natural habitat	Preservation of a c	ertified 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	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 or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements		0: "
Pai	t III Organizations Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95	· '	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

Schedule D (Form 990) 2019

		OTHE FFA A							09199	
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Oth	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	at make :	significant	use of its		
	collection items (check all that apply)									
а	Public exhibition	(,	Loan or exc	hange progra	am				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further tl	he organizati	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	s or other as	sets no	t included	r	~	
	on Form 990, Part X?								_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				1		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>	-	
	Did the organization include an amount on F						-	L.	」 Yes	∐ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	Ĭ								
		(a) Current year	(b) F	nor year	(c) Two year	rs back	(d) Three	years back_	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions								ļ	
С	Net investment earnings, gains, and losses		 							
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						-			
f	Administrative expenses									
9	End of year balance		L		L				L	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	the organi	zation		
	by								1	es No
	(i) Unrelated organizations								3a(i)	
_	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Por	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunds						
Fai			0 0-40	/ l 44 C	N F 000	. D4 V	lime 40			
	Complete if the organization answere			1						
	Description of property	(a) Cost or o		, , ,	or other	· ·	ccumulat preciation		(d) Book v	/aiue
		basis (investi	ment)		(other)	ue	ישוים ועו	'	100	E 2 0
	Land				0,538.		102 2	0.6		<u>,538.</u>
	Buildings			4/	5,144.		<u>193,3</u>	00.	Z8T	<u>,758.</u>
	Leasehold improvements	<u> </u>					-			
d	Equipment			1 00	1 [11		721 ^	22	200	170
	Other		V		1,511.		721,0	33.		<u>,478.</u>
<u>I otal</u>	. Add lines 1a through 1e (Column (d) must e	equai ⊢orm 990, Part	X, colui	πn (Β), line 1	UC)				<u> </u>	<u>,774.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

D	4 VI Decemblishing of Devenue way Audited Financial C			
Pai	t XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine iza		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b		
_	Recoveries of prior year grants	2c		
c d		2d	 i.	
e	Add ines 2a through 2d	. 20 1	2e	
3	Subtract line 2e from line 1		3	···-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(2.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	1-4	
b	Prior year adjustments	2b	,	
С	Other losses	2c	`	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
			<u> </u>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	18)		· · · - · ·
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information.	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b,	5	

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

* 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
--

°N ⊠ Employer identification number 43-1609199 (h) Purpose of grant or assistance , ∀es 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CHILLICOTHE FFA ALUMNI ASSOCIATION (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table Part I a General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

Schedule I (Form 990) (2019)

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

Schedule I (Form 990) (2019) (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 14,800 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 932102 10-26-19

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) (2019)

Part III

SCHÈDULE O

A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2019

Name of the organization **Employer identification number** 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 INSPECTION UPON REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO 64601.