## Form **990** (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	or tn	e 2019 calendar year, or tax year beginning OCT 1, 2019 and	i enaing 🗜	EP 30, 2020			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	Addre chang						
	Name chang	Doing business as		43-17007	39		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Final returr	P O BOX 104898		573-635-	3893		
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	115,646.		
	Amen return	ded JEFFERSON CITY, MO 65110-4898		H(a) Is this a group r	eturn		
	Applie tion	F Name and address of principal officer: TOM VERRY		for subordinates	s? Yes X No		
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
<u>J</u> '	Websi	te: ▶ WWW.BIODIESELFOUNDATION.ORG		H(c) Group exemption	n number 🕨		
K	orm o	forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1996	M State of legal domicile: IA		
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: SUPF	ORTING	RESEARCH A	ND		
၁၁		EDUCATION FOR THE ADVANCEMENT OF BIODIESI					
'n	2	Check this box  if the organization discontinued its operations or disposition of the continued its operations or disposition.	sed of more	than 25% of its net as:	sets.		
S S	3	Number of voting members of the governing body (Part VI, line 1a)		3	10		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10		
တို့ လ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0		
itie	6	Total number of volunteers (estimate if necessary)			10		
Activities & Governance	7 a	T. I. J. II. II. II. II. II. II. II. II.		7a	0.		
⋖	b			7b	0.		
				Prior Year	Current Year		
d)	8	Contributions and grants (Part VIII, line 1h)		50,435.	81,771.		
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,428.	3,524.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,523.	14,205.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,386.	99,500.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ဟ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	. Ы	Total fundraising expenses (Part IX, column (D), line 25)   3,4	21.				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,496.	93,398.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		95,496.	93,398.		
	19	Revenue less expenses. Subtract line 18 from line 12		-34,110.	6,102.		
or or	9	·	Ве	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		334,446.	406,116.		
t Assets or	21	Total liabilities (Part X, line 26)		3,772.	69,341.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		330,674.	336,775.		
Pa	art II	Signature Block					
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	y knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Hei	e e	TOM VERRY, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	d	AMANDA SCHULTZ		if self-employ	P02235888		
Pre	parer	Firm's name WILLIAMS-KEEPERS LLC		Firm's EIN ▶	43-1126847		
Use	Only	Firm's address 3220 WEST EDGEWOOD, SUITE E					
		JEFFERSON CITY, MO 65109		Phone no. 57	3-635-6196		
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

	Check if Schodula O contains a vegeneras av note to any line in this Dout III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE MISSION OF THE NATIONAL BIODIESEL FOUNDATION IS TO ACCOMPLISH
	OUTREACH, EDUCATION, RESEARCH AND DEMONSTRATON ACTIVITIES FOR THE
	ADVANCEMENT OF BIODIESEL AND ITS CO-PRODUCTS TO IMPROVE RURAL ECONOMIC
	DEVELOPMENT, NATOINAL SECURITY AIR QUALITY AND THE ENVIRONMENT.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 65,160 . including grants of \$) (Revenue \$)
тu	TO ACCOMPLISH OUTREACH, EDUCATION, SUSTAINABILITY RESEARCH, SUCH AS
	INDIRECT LAND USE CHANGE AND GLOBAL TRADE ANALYSIS PROJECT (GTAP)
	MODELING AND DEMONSTRATION ACTIVITIES FOR THE ADVANCEMENT OF BIODIESEL
	AND ITS CO-PRODUCTS TO IMPROVE RURAL ECONOMIC DEVELOPMENT, NATIONAL
	SECURITY, AIR QUALITY AND THE ENVIRONMENT.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
	<del> </del>
<b>1</b> 4	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)  (Expanse \$ \
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 65.160.

## Form 990 (2019) NATIONAL BIODIESEL FOUNDATION 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?	_		37
	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	40		- V
	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			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		x
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u> </u>
b		11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d		110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا . ا		_ v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>

Form 990 (2019) NATIONAL BIODIESEL FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	, , , , , , , , , , , , , , , , , , , ,	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25h		X
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 25
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) NATIONAL BIODIESEL FOUNDATION

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\ <sub>V</sub>
	to file Form 8282?	7c		X
d	Pilli di			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand  Did the agraphication yearing any payments for independent angles of wine the tay year?	44-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
16	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>

Page 6 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.

_	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management		ı	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decilor b requests information about politics not required by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b		110		
12a		12a	х	
b.		12b	X	
c		120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
a b		15a		X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<u> </u>
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iba		25
Ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avana	
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	oial	
19		ı ııı ıdı l	oiai	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	APRIL YAEGER - 573-635-3893			
	PO BOX 104898, JEFFERSON CITY, MO 65110-4898			
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## 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.

Check this box if neither the organization (A)	(B)				C)	•		(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Name and title	hours per	(do	not c	heck i	more	than	one n an	compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Di S		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsati		(W-2/1099-MISC)	,	organization
	organizations	trus	lal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Ē	Key employee	Highest compensated employee	ja Ja			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JEFF LYNN	0.40									
PRESIDENT		Х	4	X				0.	0.	0.
(2) MARK CASPERS	0.40									
VICE PRESIDENT		Х		Х			ľ	0.	0.	0.
(3) LINDSAY FITZGERALD	0.40									-
TREASURER	3110	x		X				0.	0.	0.
(4) MIKE DEVINE	0.40						7		-	
DIRECTOR	0.10	x						0.	0.	0.
(5) CHRIS HILL	0.40	_				1	$\vdash$	0.	0.	0.
	0.40	X						_	0.	0
DIRECTOR (C) MARKE TARGETS	0 40	Δ			_			0.	0.	0.
(6) MATT JAEGERS	0.40								_	^
DIRECTOR	0.40	Х						0.	0.	0.
(7) ROB SHAFFER	0.40	_								_
DIRECTOR		Х						0.	0.	0.
(8) DANIELLE BRANNAN	0.40	1								
SECRETARY		Х		Х				0.	0.	0.
(9) DAVE WALTON	0.40									
DIRECTOR		X						0.	0.	0.
(10) COLIN HUWYLER	0.40									
DIRECTOR		X						0.	0.	0.
(11) TOM VERRY	1.40									
EXECUTIVE DIRECTOR	43.00			X				0.	157,257.	28,316.
		1								
		1								
		1								
	+	<del>                                     </del>	$\vdash$		$\vdash$		$\vdash$			
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		1								

Form **990** (2019) 932007 01-20-20

(F)

(E)

(C)

(D)

(B)

(A)

	Name and title	Average hours per week	box,	not ch , un <b>l</b> es	ss per	tion nore son i	than o s both r/trust	an	Reportable compensation from	e on	Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	ns	comp fro orga and	pensation om the unization related nizations
								4					
				4	A								
	Subtotal  Total from continuation sheets to Part \					7			0.	157,2	0.		3,316. 0.
	Total (add lines 1b and 1c)							<u> </u>	0.	157,2		28	3,316.
	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	) wn	o re	eceived more than \$100,	UUU of reportable	e 		0
3	Did the organization list any former office	r, director, trust	ee, k	ey e	emple	oye	e, or	higl	hest compensated emp	loyee on	ſ		Yes No
	line 1a? If "Yes," complete Schedule J for											3	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$1!											4	X
5	Did any person listed on line 1a receive or										·····		
	rendered to the organization? If "Yes." co	mnlete Scheduli	□ . I fa	or su	ich r	ers	on .					5	Х
		ripiete ochedan	<i>y</i> 0 /(							····		•	
	tion B. Independent Contractors											ion fro	
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of com	pensat	ion fro	n
	tion B. Independent Contractors	ompensated inc r the calendar ye	lepei	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of com ear.		ion from	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar ye	lepei	nder ndin	nt co	ntra	actor	s th	nat received more than \$ the organization's tax y (B)	100,000 of com ear.		(C	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar ye	lepei	nder ndin	nt co	ntra	actor	s th	nat received more than \$ the organization's tax y (B)	100,000 of com ear.		(C	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar ye	lepei	nder ndin	nt co	ntra	actor	s th	nat received more than \$ the organization's tax y (B)	100,000 of com ear.		(C	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar ye	lepei	nder ndin	nt co	ntra	actor	s th	nat received more than \$ the organization's tax y (B)	100,000 of com ear.		(C	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar ye	lepei	nder ndin	nt co	ntra	actor	s th	nat received more than \$ the organization's tax y (B)	100,000 of com ear.		(C	)
	ction B. Independent Contractors  Complete this table for your five highest on the organization. Report compensation for (A)	ompensated inc r the calendar yes s address	NC	nder ndin	nt co	ontra	actor or wit	s th	nat received more than \$ the organization's tax y (B) Description of s	ear. ervices		(C	)