Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

and ending A For the 2024 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable ROSS-CHILLICOTHE CONVENTION AND VISITORS Address BUREAU 31-1080870 Name change Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite (740)702 - 7677Final 230 NORTH PLAZA BLVD 556,404. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code CHILLICOTHE, OH 45601 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MELODY YOUNG Yes X No for subordinates? 45601 H(b) Are all subordinates included? Yes 100 N. PLAZA BLVD, CHILLICOTHE, OH I Tax-exempt status: 501(c)(3) X 501(c) (6) 4947(a)(1) or If "No," attach a list. See instructions (insert no.) H(c) Group exemption number N/A J Website: K Form of organization: X Corporation L Year of formation: 2009 M State of legal domicile: OH Association Other Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE TRAVEL AND TOURISM Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 551,104. 936,691. 8 Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 3,765. 78. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,535. 13,582. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 950,351. 556,404. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 166,144. 177,623. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 622,286. 458,933. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 636,556. 788,430. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -80,152. 161,921. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 50 727,149. 807,334. 20 Total assets (Part X, line 16) 33. 0. 21 Total liabilities (Part X, line 26) 149. 807,301. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Date Signature of officer Sign MELODY YOUNG, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Preparer's name 02/19/25 P01455483 JAY SEIGNEUR Paid Firm's EIN 31-0962125 WHITED SEIGNEUR SAMS/& Preparer Firm's address 213 SOUTH PAINT STREET Use Only Phone no. (740) 702-2600 CHILLICOTHE, OH 45601-3828 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Forn	n 990 (2024) BUREAU	31-1080870	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROMOTE TRAVEL AND TOURISM		
			10
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990·EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.	□ vos	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	165	140
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	ind
	revenue, if any, for each program service reported.		F 0 F
4a		nue\$1,	535.
	PROMOTION OF TRAVEL AND TOURISM IN ROSS COUNTY OHIO.		
4b	(Code:) (Expenses \$) (Reven	iue \$)
	//		
4-	(Code:) (Expenses \$) (Reven	nue \$)
4c	(Code:) (Expenses 5 Including Gallis of 9		
4d	Other program services (Describe on Schedule O.)	1	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses 636,556.		000 (000 ::
		Form :	990 (2024)

			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? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	, Stratecher	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.	ELQU		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a		х
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	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			1000
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	73.000-0		٠
	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,"	0.020		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

REARCHE SES	· [continued]		Yes	No
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
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	25b		
	Schedule L, Part I	230		\vdash
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):		2630	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?	1000000		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Day	Note: All Form 990 filers are required to complete Schedule O **TV Statements Regarding Other IRS Filings and Tax Compliance	36	21	
r al	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Octobride O Contains a response of fiete to any line in anot act.		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	8 8 8		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		HART	
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-0.0		
4a		4a		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	70		CARREST .
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).	E a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	
	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	_		v
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1000		
	were not tax deductible?	6b	and the Section Section 1	PARTICION.
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year		1000	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1020	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8		8	NACOUNT.	CONTRACTOR NA
	sponsoring organization have excess business holdings at any time during the year?	200	15/63	BRAN
9	Sponsoring organizations maintaining donor advised funds.	9a		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	NO PERSONAL PROPERTY.	DOUG!
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
0.00	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	TO BOOK ON	00.000000
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		MINE COLUMN
	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			
10 75 (4	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		Tie Street	
	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		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
40	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
16		1000		
	If "Yes," complete Form 4720, Schedule O.	-	-	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		10/10/3	
	If "Yes," complete Form 6069.	Form	990	(2024)

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X

Form 990 (2024) 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					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15				
	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	15				
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					
		***************************************]	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or		1		0.00	
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				25500	
	persons other than the governing body?]	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:					
а	a The governing body?						
b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					623	
	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 Re	venue Code.)					
					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 ch						
	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	n?	11a	X	2002	
b	- "						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe					
	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	Х		
14				14	Х	LOG BUNG	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent	- 1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	A STATE OF			
а	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b	<u> </u>	- Salata di Salata	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		- 1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			A Print		
	taxable entity during the year?			16a	and the latest the lat	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed OH			10			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 501	(c)(3)s	only)	availa	ble	
VOSERIO)	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, co	nflict of interest police	y, and	financ	cial		
0.00000	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records					
	MELODY YOUNG - 740-702-7677						
	230 NORTH PLAZA BLVD, CHILLICOTHE, OH 45601						

432006 12-10-24

Form 990 (2024) 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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Name and title 1) MELODY YOUNG	Average hours per week (list any hours for related organizations below	stee or director	not c	ss per	more son i	than o		Reportable	Reportable	Estimated	
1) MELODY YOUNG	week (list any hours for related organizations	offi	. unle	ss per	son i	s both					
CONT. 1000 PARAMETER CONTRACTOR	(list any hours for related organizations		cer ar	dad	recto	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of	
CONT. 1000 PARAMETER CONTRACTOR	hours for related organizations	stee or director					(99)	from	from related	other	
CONT. 1000 PARAMETER CONTRACTOR	related organizations	stee or di						the	organizations (W-2/1099-MISC/	compensation from the	
CONT. 1000 PARAMETER CONTRACTOR	organizations	e ste	23			sated		organization (W-2/1099-MISC/	1099-NEC)	organization	
CONT. 1000 PARAMETER CONTRACTOR		2	l trus		ee/	u beu		1099-NEC)	1000 1120)	and related	
CONT. 1000 PARAMETER CONTRACTOR		dual	institutional trustee	<u></u>	Key employee	sst co oyee	Je	,		organizations	
COME TO SERVICION CONTROL CONT	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				
	40.00									•	
EXECUTIVE DIRECTOR				Х				87,063.	0.	0.	
2) NANCY AMES	0.00			2222					•	•	
PAST PRESIDENT		X		X	_			0.	0.	0.	
3) BRANDON SMITH	0.00									0	
PRESIDENT		X		Х				0.	0.	0.	
4) ERIC WOODWORTH	0.00			١,,				0	0.	0.	
TREASURER	0.00	Х		Х	\vdash			0.	0.	0.	
5) PATTI CAVENDER	0.00	.,		х				0.	0.	0.	
AT-LARGE	0.00	Х		A	-		H	0.	0.	0.	
6) DAVID POLK	0.00	x	1					0.	0.	0.	
AT-LARGE	0.00	^	-	-	\vdash		H	0.	0.		
7) CURT MCALLISTER	0.00	x						0.	0.	0.	
VICE-PRESIDENT 8) DWIGHT GARRETT	0.00	^		\vdash	\vdash			0.	0.		
RUSTEE	0.00	х						0.	0.	0.	
9) NANCY SCHAFFER	0.00	^		\vdash	\vdash			0.			
PRUSTEE	0.00	x						0.	0.	0.	
10) MIKE THRONE	0.00			Г							
PRUSTEE		x						0.	0.	0.	
11) KATHY STYER	0.00										
AT-LARGE		X						0.	0.	0.	
12) BRYAN WICKLINE	0.00									_	
TRUSTEE		X						0.	0.	0.	
13) ALLISON HENDERSON	0.00							_			
PRUSTEE		X		$oxed{oxed}$	\perp	\vdash	$oxed{oxed}$	0.	0.	0.	
14) CHRIS ALFORD	0.00								•	•	
RUSTEE		Х		\vdash	_		_	0.	0.	0.	
15) DARREN BAKER	0.00							_	0.	0.	
TRUSTEE	0.00	X					\vdash	0.	0.	0.	
16) STEPH MOORE	0.00							0.	0.	0.	
TRUSTEE		Х		-			\vdash	0.	0.	0.	
		1									

432007 12-10-24

Form 990 (2024)

BUREAU

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck iss per	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		-								
								87,063.	0.	0.
to Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								87,063.	0.	0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	Yes No
3 Did the organization list any former officer,										3 X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on				5 X
Complete this table for your five highest co the organization. Report compensation for	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ation from
(A) Name and business			ONE		iur	<u> </u>		(B) Description of s		(C) Compensation
			<u> </u>							
Total number of independent contractors (ii \$100,000 of compensation from the organic		ot lir	nited	d to		se lis O	sted	above) who received me	ore than	F 000 (000 f)
										Form 990 (2024)

Pai	t VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line			(0)	(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	551,104.	FF1 104			
Oa	h	Total. Add lines 1a-1f	Business Code	551,104.			
Program Service Revenue	2 a b c d e f						
\dashv	3	Investment income (including dividends, intere			Carrier Laboratory Charactery Cha		
	4 5	other similar amounts) Income from investment of tax-exempt bond pi Royalties (i) Real	roceeds	3,765.			3,765.
	6 a	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
		Ret rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities 7a	(ii) Other				
ther Revenue	c	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss) Gross income from fundraising events (not					
₽O		including \$ of contributions reported on line 1c). See					
		Gross income from gaming activities. See					
	С	Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
\dashv	С	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a b	MISCELLANEOUS	900099	1,535.	1,535.		
Sell	С		000000				
Ris		All other revenue	900099	1,535.			
-		Total. Add lines 11a-11d		556,404.	1,535.	0.	3,765.
	12-10	Total revenue. See instructions		330,404.	1,555.		Form 990 (2024)

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Form 990 (2024)	BUREAU		
Part IX Statemen	t of Functional Expenses		
Section FO1/a/2) and FO1	(c)(A) organizations must complete all colum	ons. All other organization	ns must complete column (A

Sec	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		this Part IX		(5)
	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				
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	87,063.	87,063.		
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	73,350.	73,350.		
8	Pension plan accruals and contributions (include				
Ů	section 401(k) and 403(b) employer contributions)	4,139.	4,139.		
9	Other employee benefits				
10	Payroll taxes	13,071.	13,071.		
11	Fees for services (nonemployees):	==/,			
''	The state of the s				
b					
c		8,150.	8,150.		
d					
	B () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
e f	Investment management fees				
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	204,208.	204,208.		
13	Office expenses	10,852.	10,852.		
14	Information technology	20,002			
15					
16	Royalties	16,239.	16,239.		
115050	Occupancy	3,274.	3,274.		
17	Payments of travel or entertainment expenses	0,2,2,			
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20		19.	19.		
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	5,222.	5,222.		
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 O.)				
	WAYFINDING PROGRAM/SIGN	155,205.	155,205.		
a b	TRAINING	29,445.	29,445.		
1075	EQUIPMENT LEASE	11,456.	11,456.		
d		10,386.	10,386.		
2077	All other expenses	4,477.	4,477.		
	Total functional expenses. Add lines 1 through 24e	636,556.	636,556.	0.	0
25	Joint costs. Complete this line only if the organization	550,550.	200,0000		
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-10-24			•	Form 990 (2024

Form 990 (2024)

BUREAU

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	rt X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		648,831.	1	264,953.
	2	Savings and temporary cash investments		156,055.	2	459,820.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director				
	1 650	trustee, key employee, creator or founder, substantial contributor, or 3	35%			
					5	
	6	Loans and other receivables from other disqualified persons (as define				
	2000	under section 4958(f)(1)), and persons described in section 4958(c)(3)	1000		6	
40	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		2,092.	9	2,020.
	200	Land, buildings, and equipment: cost or other				
	1	basis. Complete Part VI of Schedule D 10a 55	9,530.			
	Ь	Less: accumulated depreciation 10b 55	9,530.	0.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	356.	12	356.	
	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)		807,334.	16	727,149.
	17	Accounts payable and accrued expenses		33.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Loans and other payables to any current or former officer, director,	1			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	35%			
lige		controlled entity or family member of any of these persons			22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Pa	t X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		33.	26	0.
5700		Organizations that follow FASB ASC 958, check here				
98		and complete lines 27, 28, 32, and 33.	- 1			
auc	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions			28	
P		Organizations that do not follow FASB ASC 958, check here	X			
Ę		and complete lines 29 through 33.	1		And the	^
SO	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		0.	30	727 140
As	31	Retained earnings, endowment, accumulated income, or other funds		807,301.	31	727,149.
Net	32	Total net assets or fund balances		807,301.	32	727,149.
_	33	Total liabilities and net assets/fund balances		807,334.	33	727,149. Form 990 (2024

-	1990 (2024) BUREAU	31-1080	0870	Par	ne 12
_	n 990 (2024) BUREAU rt XI Reconciliation of Net Assets	51 150		· uç	
No.					
	Check if Schedule O contains a response or note to any line in this Part XI				
	Table 100 (control Dath VIII polymer (A) Fine 10)	1	556	. 40	04.
1	Total revenue (must equal Part VIII, column (A), line 12)	2	636		
2	Total expenses (must equal Part IX, column (A), line 25)	3	-80		
3	Revenue less expenses. Subtract line 2 from line 1	4	807		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	007	, , ,	<u> </u>
5	Net unrealized gains (losses) on investments				_
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	727	,14	<u> 19.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0		Yes	No
	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	DESCRIPTION OF THE PERSON OF T	Х
2a				1053	BASE
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	orra			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	-	X
b	Were the organization's financial statements audited by an independent accountant?		20	1000	200000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			Talanta-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	NO.	amian
	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			- 1	v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	-	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2024)

SCHEDULE D

(Form 990)

(Rev. December 2024) 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.

Open to Public

OMB No. 1545-0047

Name of the organization

ROSS-CHILLICOTHE CONVENTION AND VISITORS

Inspection Employer identification number

Hain	BUREAU		31-1080870					
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the					
Property of the Parket	organization answered "Yes" on Form 990, Part IV, line							
_	T	(a) Donor advised funds	(b) Funds and other accounts					
	Total number at end of year							
1	Aggregate value of contributions to (during year)							
2	Aggregate value of grants from (during year)							
3			-					
4	Aggregate value at end of year	riting that the assets held in donor advised	funds					
5	are the organization's property, subject to the organization's e							
•								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermissible private benefit? Yes No							
Par		anization answered "Yes" on Form 990 Par						
1000000	Purpose(s) of conservation easements held by the organization							
1			historically important land area					
	Preservation of land for public use (for example, recreati		certified historic structure					
	Protection of natural habitat	Preservation of a	Certified historic structure					
2020	Preservation of open space		- apparation agreement on the last					
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	Held at the End of the Tax Year					
	day of the tax year.							
	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic structure	2c						
d	Number of conservation easements included on line 2c acquir							
	on a historic structure listed in the National Register	2d						
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the or	ganization during the tax					
	year							
4	Number of states where property subject to conservation ease							
5	Does the organization have a written policy regarding the period							
	violations, and enforcement of the conservation easements it	holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conser	vation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	n easements during the year					
		4700 V4	V(D)(2)					
8	Does each conservation easement reported on line 2d above		(B)(I) Yes No					
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement and					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statement	s that describes the					
	organization's accounting for conservation easements.	Art Historical Transuras or Othe	or Similar Assets					
Par	t III Organizations Maintaining Collections of		of Official Assets.					
	Complete if the organization answered "Yes" on Form		Latera de la companya					
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance sneet works					
	of art, historical treasures, or other similar assets held for publ		nerance of public					
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	and the same to					
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bal	ance sheet works of					
	art, historical treasures, or other similar assets held for public	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 trea	sures, or other similar assets for financial ga	ain, provide					
	the following amounts required to be reported under FASB AS							
а	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X		\$					
For P	aperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Schedule D (Form 990) (Rev. 12-2024)					

LHA 432051 01-02-25

	dule D (Form 990) (Rev. 12-2024) BUREAU		4 Illatavia	I Tuescaures	or Otho	r Cimila		80870	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	•	_	or exchange pro					
b	Scholarly research	•	e Other						
C	Preservation for future generations						12 (122 100		
4	Provide a description of the organization's c						se in Part	XIII.	
5	During the year, did the organization solicit of				her simila	r assets		٦	П.,
	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organ	ization answered	I "Yes" on	Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							٦.,	
	on Form 990, Part X?							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					Amount	
								Amount	
С	Beginning balance					200 900			
	Additions during the year								
е	Distributions during the year								
f	Ending balance							7	
	Did the organization include an amount on F							Yes	∐ No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds Complete		_		nt IV, line	(d) Three	vaare hack	(a) Four v	ears hack
		(a) Current year	(b) Prior y	ear (c) IWO y	ears back	(a) Three	years back	(e) roury	cars back
1a	Beginning of year balance				_				
b	Contributions								
	Net investment earnings, gains, and losses				-				
	Grants or scholarships								
е	Other expenditures for facilities		1						
	and programs				_				
f	Administrative expenses						-		
g	End of year balance		<u> </u>	(-)) hald as:					
2	Provide the estimated percentage of the cur		e (line 1g, colu	mn (a)) neid as:					
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho			. 1		ha			
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are r	iela ana adminisi	terea for t	ne		[v	es No
	organization by:							3a(i)	-
	(i) Unrelated organizations?							3a(ii)	
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.		rad an Cabadi						
ь				le n r				00	
Dar.	Describe in Part XIII the intended uses of the		willent lunus.						
rai	Complete if the organization answere	d "Yes" on Form 99	0 Part IV. line	11a. See Form 9	90. Part X	, line 10.			
		(a) Cost or o) Cost or other		Accumulate	ed	(d) Book	value
	Description of property	basis (investi	2.5%	basis (other)	1-7	preciation		(4) 500	
	T	ANN THE RESERVE TO THE PARTY OF			16889				
	Land	2100							
	Buildings			15,720		15,7	20.		0.
	Leasehold improvements			43,810		43,8			0.
	Equipment								
	Other	1000499 00 1	X line 10c co	olumn (R))					0.
		Jugar i Jilli 33V. Fäll	Charles I.V.						

Schedule D (Form 990) (Rev. 12-2024)

Column (b) must equal Form 990, Part X. line 25, col. (B)
 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

Schedule D (Form 990) (Rev. 12-2024)

(8) (9)

Sche	dule D (Form 990) (Rev. 12-2024) BUREAU		31-1080870 Page 4
	t XI Reconciliation of Revenue per Audited Financial States	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	(C)
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	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 VIII, line 12, but not on line 1:	3 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	land a
С	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial State		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		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		10,000
е	Add lines 2a through 2d		
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		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information		Daty Factor Daty Factor Daty
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
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			Sahadula D (Form 990) (Boy 12-2024)

SCHEDULE 0 (Form 990)

(Rev. December 2024) 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 Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROSS-CHILLICOTHE CONVENTION AND VISITORS

Employer identification number

31-1080870 BUREAU SECTION B, LINE 11B: PART VI, FORM 990, A COPY OF THE COMPLETED RETURN IS PROVIDED AT THE REGULAR BOARD MEETING. LINE 12C: FORM 990, PART VI, SECTION B, ALL BOARD MEMBERS AND OFFICERS WILL BE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT LISTING ALL AREAS THAT POTENTIAL CONFLICTS MAY EXIST. THESE STATEMENTS WILL BE REVIEWED ANNUALLY. SECTION B, FORM 990, PART VI, LINE 15: THE BOARD OF TRUSTEES REVIEWS THE SALARY STRUCTURE OF THE EXECUTIVE DIRECTOR. THE BOARD TAKES INTO ACCOUNT AREA SALARIES FOR RELATED JOBS FOR SIMILAR SERVICES. THE BOARD DISCUSSES AND APPROVES THE SALARY ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE REQUIRED DOCUMENTS AVAILABLE AT ITS OFFICE DURING NORMAL BUSINESS HOURS. FORM 990 PART XII LINE 2C: THE ORGANIZATION HAS A COMMITTEE CHAIRED BY THE TREASURERS DESIGNATED WITH OVERSIGHT OF THE COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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

Schedule O (Form 990) (Rev. 12-2024)