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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service /08 For the 2008 calendar year, or tax year beginning and ending Employer identification number Check if applicable Please C Name of organization use IRS Address change label or MCLEOD CO 4-H FEDERATION 51-0211176 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Room/suite Initial return type. See 320-<u>587-0770</u> 840 CENTURY AVE Termination Specific City or town, state or country, and ZIP + 4 **Group Exemption** Amended return Instruc-MN 55350 2704 HUTCHINSON Number Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) X if the organization is not Website: Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Organization type (check only one)— X 501(c) (3) **◀** (insert no) 4947(a)(1) or 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return 55,033 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 498 Contributions, gifts, grants, and similar amounts received 929 2 2 Program service revenue including government fees and contracts SEE STATEMENT 1 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a 5h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions Gross revenue (not including \$ reported on line 1) Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less, cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 55. 03: q Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping Other expenses (describe ► SEE STATEMENT 2 307 16 16 57,832 17 17 Total expenses. Add lines 10 through 16 -2,799 Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 093 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 ž 21 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 49,294 22 Cash, savings, and investments 52,093 22 23 Land and buildings 23 Other assets (describe 24 $49,29\overline{4}$ 093 **Total assets** 25 26 Total liabilities (describe 26 49,294 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 093

Form 990-EZ (2008) MCLEOD CO 4-H FI			<u>1-0211176</u>			Page 2
Part III Statement of Program Service	Accomplishments (S	See the instruc	tions for Part I	l.)	E	kpenses
What is the organization's primary exempt purpose?					(Require	ed for 501(c)(3)
SEE STATEMENT 3					and (4) (organizations
Describe what was achieved in carrying out the organization	on's exempt purposes. In a c	lear and concise n	nanner,		and 494	7(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title		optional	for others)
28 SEE STATEMENT 4						
				ļ		
					[
(Grants \$ 525) If this amount	t includes foreign grants, chei	ck here	>	2	Ba	32,036
29 SEE STATEMENT 5						
				_		
(Grants \$) If this amount	t includes foreign grants, chei	ck here	>	2	9a	<u> 25,796</u>
30				j		
				l	İ	
				_		
(Grants \$) If this amount	includes foreign grants, chec	ck here	<u> </u>	3)a	
31 Other program services (attach schedule)				ا ہے		
	includes foreign grants, chec	ck here	<u> </u>	1 3°		
32 Total program service expenses (add lines 28a thro			.	<u>▶</u> 3		57,832
Part IV List of Officers, Directors, Trustees, ar	nd Key Employees. List each	one even if not co (b) Title and average	ompensated (See to Compensation		ctions for F	Part IV) (e) Expense
(a) Name and address		hours per week	(If not paid,	employee	benefit plans &	account and
		devoted to position	enter -0)	deferred	compensation	other allowances
	TCHINSON	PRESIDENT		ł	_	
	55350	1 VICE PRESIDE	c	1	0	0
	SSEL 55325	1			0	0
	TCHINSON	TREASURER				0
	55350	1			0	0
	EWART	SECRETARY	,	1		
	55385	1			0	0
	TCHINSON	TREAS. ADV			<u>-</u>	
21632 TAGUS AVE MN	55350	1	1 0		0:	0
KATIE EGGERT HU	TCHINSON	PUB REL OFFI				
19785 229TH MN	55350	1	0	<u>L</u>	0	0
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DAA					For	m 990-EZ (2008)

45.	Other information (Note the Statement requirements in the instructions for Part VI.)			
	Dath and the IDOC Control of the Indian		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			v
24	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	34		
33	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T SEE STATEMENT 6			,
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,		1	
a	and proxy tax requirements?	35a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	1000		
	complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	Ī	Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved [385]			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		I	
	section 4911 ▶			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction		ĺ	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule		-	
	L, Part I	40b		<u>X</u>
С	Enter amount of tax imposed on organization managers or disqualified persons during		I	
	the year under sections 4912, 4955, and 4958		I	
d	Enter amount of tax on line 40c reimbursed by the organization		I	
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	10-		X
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	40e	1	
41 420		-58	7-0	770
42a	840 CENTURY AVE	, 50	7 – 0	, , ,
	Located at ► HUTCHINSON, MN ZIP+4 ► 553	350		
h	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	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		I	
	and Financial Accounts.		I	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		I	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		_		
			Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		ŧ	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>X</u>
	Fo	rm 99 (J-EZ ((2008)

	990-EZ (2008) MCLEOD CO 4-H FEDERATION	5:	L-0211176				Page 4
Pa	rt VI Section 501(c)(3) organizations only. All section 50	1(c)(3) organiza	tions must an	swer questions	46-4	9	
	and complete the tables for lines 50 and 51.						
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	<u> </u>	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule				47	<u> </u>	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? I	· · · · · ·	hedule E		48		X
49a	Did the organization make any transfers to an exempt non-chantable related organization	ganization?			49a		X
b	If "Yes," was the related organization(s) a section 527 organization?				49b	<u></u>	<u> </u>
50	Complete this table for the five highest compensated employees (other than off		• •	yees) who			
	each received more than \$100,000 of compensation from the organization. If the	ere is none, enter "N	one "				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount an allowa	nd
NONE							
	· · · · · · · · · · · · · · · · · · ·	-					
		+					
	·						
		1	-				
	• • •						
Total r	number of other employees paid over \$100,000			<u> </u>			
	Complete this table for the five highest compensated independent contractors w	no each received m	ore than \$100,000	of			
	compensation from the organization. If there is none, enter "None."		. ,				
		· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) Co	ompens	ation	
NON	E						
							
		·					
	•						
		· · · · · · · · · · · · · · · · · · ·					
Total r	number of other independent contractors each receiving over \$100,000	•		<u> </u>			
	Under penalties of perjury, I declare that I have examined this return, including a	ccompanying schedules	and statements, and	to the best of my know	ledge		
C:	and belief, it is true, correct and complete Declaration of preparer (other than of	ficer) is based on all inf	ormation of which pre	parer has any knowleds	је		
Sign	Ju samo		<u> </u>	- 10			
Here	Signaffire of officer Jill Grams Grogram (vordinati	Date				
	Type or print name and title	<u> </u>	74				
		Date	Check if	Preparer's Identif	ving Nun	her (Se	e inetr 1
Paid	Preparer's		setf-	_ `		•	C #13U)
	signature SCOTT ZIEGLER Firm's name (or vours PIEHL, HANSON, BECKMA)	4/14	/10 emptoyed ▶	P00933			
Use (This time (or your Labelle) In the Colly Belonding		0	<u>EIN</u> ▶ 41	<u>l – 1 7</u>	63.	<u> 115</u>
J36 (To both display,	FO ROX 39	9	Phone	00		420
March	address, and ZIP + 4 HUTCHINSON, MN 55350					$\neg \neg \neg$	
iviay (f	ne IRS discuss this return with the preparer shown above? See instructions			▶	Yes	ا ا د	No

Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

MCLEOD CO 4-H FEDERATION

Employer Identification number 51-0211176

The	orgai	nization is not	a private foundation because	e it is. (Please check only one or	ganızatıor	١)							
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or	a cooperative hospital service	ce organization described in sect	ion 170(t)(1)(A)(iii	i). (Attac	h Sched	ule H)				
4				d in conjunction with a hospital de						he hos	pital's name,		
		city, and stat	e							•			
5		An organizat	on operated for the benefit o	of a college or university owned or	r operated	by a gov	ernment	al unit de	escribe	d in			
			(b)(1)(A)(iv). (Complete Part			, ,							
6	П	A federal, sta	ate, or local government or go	overnmental unit described in see	ction 170	(b)(1)(A)(v).						
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section 170(b)(1)(A)(vi). (Complete Part II)											
8			, ,, ,, ,, ,	70(b)(1)(A)(vi). (Complete Part II	1)								
9	X) more than 33 1/3 % of its suppo		ontabution	s mem	hership f	ees an	d aross			
	ري		·	pt functions—subject to certain e				-		-	•		
		•		d unrelated business taxable inc	•								
			=), 1975 See section 509(a)(2). (•		· · · · · · · · · · · · · · · · · · ·			,			
10	\Box	•	-	exclusively to test for public safety	•	•	(a)(4) (s	ee instri	ictions)				
11	П	_	•	exclusively for the benefit of, to pe					•				
	_	-	•	ed organizations described in sec				•		ction			
				ne type of supporting organization	•	, , ,		. ,. ,					
		a Type		c Type III–Functiona		•	d	一ř	 e III–Ot	her			
е	П		L	anization is not controlled directly									
•		_		and other than one or more public				•		ction			
			section 509(a)(2)										
f				mination from the IRS that it is a	Type I. Ty	vpe II. or ⁻	Type III s	upportin	10				
•		-	check this box	_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , ,		.9				П
g		=	•	on accepted any gift or contributi	on from a	nv of the							J
•		following per		, 3		,							
				ntrols, either alone or together wi	th person	s describe	ed in (ii)				ı	Yes	No
			below, the governing body of		p 0 0		(,				11g(i)		
			member of a person describe	• • • •							11g(ii)		
			ontrolled entity of a person de						•		11g(iii)		
h			• •	e organizations the organization	supports						(***)		
	Mama	of supported					64 0-4	.a matric	(4)		(4) 4		
(1)		inization	(ii) EiN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		rou notify nization in	organizat	is the tion in col	(vii) Amo suppo		
	-			above or IRC section		document?	T	of your	(i) organi	zed in the			
				(see instructions))	14.			port?	 	S?			
					Yes	No	Yes	No	Yes	No			
					l]							
					-	 							
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-4-1													
<u>otal</u>					Ī	li			L	L	l		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support						
	llendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			11,972	9,348	7,068	28,388
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			24,018	28,746	47,929	100,693
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1-5			35,990	38,094	54,997	129,081
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from			35,990	38,094	54,997	
	line 6)						129,081
	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			35,990	38,094	54,997	129,081
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,310	1,444	36	3,790
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			2,310	1,444	36	3,790
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			38,300	39,538	55,033	
	and 12)	Ĺ			<u> </u>		132,871
4	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourth	ı, or fifth tax year as a	a section 501(c)(3)		
Sac	organization, check this box and stop here tion C. Computation of Public Su	nnort Parcen	tage		-	-	
5	Public support percentage for 2008 (line 8,			<u> </u>		15	97.1476 %
6	Public support percentage for 2007 Sched		•	'''		16	93.9687 %
	tion D. Computation of Investmen						
7	Investment income percentage for 2008 (lin			olumn (fl)		17	2.8524 %
8	Investment income percentage from 2007 S					18	6.0313 %
9a	33 1/3 % support tests—2008. If the organ 17 is not more than 33 1/3 %, check this box						▶ X
b	33 1/3 % support tests—2007. If the organ	nization did not che	eck a box on line 14	or line 19a, and line 1	16 is more than 33	1/3%, and	· 🖃
0	line 18 is not more than 33 1/3 %, check this	•		•		nization	

Schedule A (Form 990 or 990-EZ) 2008 MCLEOD CO 4-H FEDERATION

51-0211176

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

15545 MCLEOD CO 4-H FEDERATION 51-0211176 Federal Statements

51-0211176

FYE: 9/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
DUES	\$ 1,570
TOTAL	\$ 1,570

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
EXPENSES	\$
CAFE EXPENSES	17,401
ADMINISTRATIVE EXPENSES	2,185
OTHER PROGRAM EXPENSES	25,796
OTHER INVESTMENT EXPENSE	2,733
SUPPLIES	2,495
REGISTRATION FEES	 6,697
TOTAL	\$ 57,307

15545 MCLEOD CO 4-H FEDERATION

51-0211176

Federal Statements

FYE: 9/30/2009

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROMOTE POSITIVE YOUTH DEVELOPMENT THROUGH SUPPORT FOR COMMUNITY, ORGANIZATION AND FAMILIES IN EDUCATION YOUTH.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE MCLEOD COUNTY 4-H FEDERATION HAS 323 MEMBERS. THE MEMBERS OF THE FEDERATION RUN A CAFE DURING THE MCLEOD COUNTY FAIR TO RAISE MONEY TO HELP COVER EXPENSES OF OTHER 4-H SUPPORTED ACTIVITIES THAT THEIR MEMBERS PARTICIPATE IN DURING THE YEAR.

Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

THE MCLEOD COUNTY 4-H FEDERATION HELPS COVER THE COSTS FOR COUNTY, STATE AND NATIONAL EVENTS RELATED TO 4-H THAT THEIR MEMBERS PARTICIPATE IN. SOME EVENTS DURING THE CURRENT YEAR INCLUDE DAIRY JUDGING CONTEST, SHOOTING PROJECTS AND A RECOGNITION BANQUET.

15545 MCLEOD CO 4-H FEDERATION
51-0211176 Federal Statements

51-0211176

FYE: 9/30/2009

Statement 6 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description

ALL INCOME GENERATED BY REPORTING ORGANIZATION IS USED TO FURTHER THE EXEMPT PURPOSES AS DESCRIBED IN PART III, PAGE 2 OF FORM 990EZ.

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.							
•	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
_	•	~	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				▶ X
Do r	not compl	lete Part II unie	ss you have already been granted an automatic 3-month extension on a previously filed Form 8	3868			
	art I		3-Month Extension of Time. Only submit original (no copies needed).				
	rporation i	required to file f	Form 990-T and requesting an automatic 6-month extension—check this box and complete				▶ □
All o	ther corpo	rations (includir	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	n of			
			nearly way an electromeath file Form 9969 if you want a 2 marth automate a stancial of the same	El-			
		•	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to nie			
			(6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868				
		-	e additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gro	-			
	•	•	solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II)	or Fo	rm		
8868	For more		electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits				
Туре		Name of Exe	mpt Organization Ei	mploy	er ide	ntification num	ber
print File b		MCLEOD	CO 4-H FEDERATION 5	1-0	211	176	
due d	ate for		et, and room or suite no. If a P.O. box, see instructions				
filing y return	your See		NTURY AVE				
instru	ctions	City, town or p	post office, state, and ZIP code. For a foreign address, see instructions NSON MN 55350				
Chec	k type of	return to be fi	ed (file a separate application for each return)				
\Box	Form 99		Form 990-T (corporation)		Γ	Form 4720	
П	Form 99	0-BL	Form 990-T (sec. 401(a) or 408(a) trust)			Form 5227	
X	Form 99	0-EZ	Form 990-T (trust other than above)			Form 6069	
П	Form 99		Form 1041-A			Form 8870	
• т	he books	are in the care	of ▶ JILL GRAMS	-			<u> </u>
Т	elephone	No ▶ 320)-587-0770 FAX No. ▶				
	-		t have an office or place of business in the United States, check this box				▶ □
			n, enter the organization's four digit Group Exemption Number (GEN) 2704 If the	nis is			_
		oup, check this		:h			
	_	• •	of all members the extension will cover				
1			month (6 months for a corporation required to file Form 990-T) extension of time		***		
•	•		, to file the exempt organization return for the organization named above. The extension is				
		ganization's retu					
		alendar year					
		aleliuar yeal	or $10/01/08$, and ending $9/30/09$.				
		ax year beginnii	ig 10/01/00 , and ending . 9/30/09 .				
2	If this tax	year is for less	than 12 months, check reason.	count	ing pen	od	
3a	If this app	lication is for Fo	orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
	less any r	nonrefundable c	redits See instructions	3a	\$		
	• •		orm 990-PF or 990-T, enter any refundable credits and estimated tax	_			
	payments made Include any prior year overpayment allowed as a credit 3b \$						
			ne 3b from line 3a Include your payment with this form, or, if required,	1			
	•	· ·	or, if required, by using EFTPS (Electronic Federal Tax Payment		_		
		See instructions		3c_	\$		
	on. If you		ke an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO				

mailed 10

Form 8868 (Rev 4-2009)