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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>January 1</b>	<b>, 2009, and ending</b>	<b>December 31</b>	<b>, 2009</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) <b>625 E County Rd Y</b> City or town, state or country, and ZIP + 4 <b>Oshkosh WI 54901</b>		<b>6101443</b> <b>E Telephone number</b> <b>( 920 ) 232-1974</b> <b>G Gross receipts \$</b> <b>111033</b>	
		<b>F Name and address of principal officer</b> <b>Scott Richter (Treasurer)</b> <b>7232 Country Club Rd Oshkosh WI 54902</b>		<b>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b> <b>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> If "No," attach a list (see instructions) <b>H(c) Group exemption number ►</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ►					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>L Year of formation</b>	<b>M State of legal domicile</b> <b>WI</b>

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **The mission of the Leaders Association is to support 4-H Youth Programming and Youth Development. This is done through sponsoring project activities engaging in County wide events, and encouraging community participation.**

<b>Activities &amp; Governance</b>	<b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>7303</b>	<b>13121</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>19363</b>	<b>15656</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>859</b>	<b>698</b>
<b>Revenue</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>49299</b>	<b>45664</b>
	<b>12</b> Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>76824</b>	<b>75139</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2630</b>	<b>2220</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ►		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>62951</b>	<b>57219</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>65581</b>	<b>59439</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>11243</b>	<b>15700</b>
<b>Expenses</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>61057</b>	<b>71099</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>0</b>	<b>0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>61057</b>	<b>71099</b>
<b>Net Assets or Fund Balances</b>			

**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

**Sign Here**► *Scott Richter*► *7/17/2009*

Signature of officer

Date

► *Treasurer*

Type or print name and title

**Paid  
Preparer's  
Use Only**Preparer's  
signature

Date

Check if  
self-  
employed ► Preparer's identifying number  
(see instructions)Firm's name (or yours  
if self-employed),  
address, and ZIP + 4EIN ► :  
Phone no ► ( )

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

Yes  No 

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009) *22*

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**The mission of the Leaders Association is to support 4-H Youth Programming and Youth Development. This is done through sponsoring project activities, engaging in County wide events, and encouraging community participation.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 10373 including grants of \$ ..... ) (Revenue \$ 4084 )**  
**Upham Camp: Provide a camp experience filled with leadership, learning, to work with others, appreciate nature and learning opportunity for 4-H Youth and non-members. Total Participation: 77**

**Leaders Assoc splits the cost of camp with 4-Hers while not providing any financial support to non-4-Hers**

**4b (Code: ..... ) (Expenses \$ 8105 including grants of \$ ..... ) (Revenue \$ 1320 )**  
**Member National Trips: Helps youth who are selected participate in various state & national trips. Includes National Congress, American Spirit, Citizenship Washington Focus, & Space Camp. Youth meet leaders, other 4-H members from throughout WI & the US, attend workshops, explore historical sites & learn about 4-H. Total Participation: 5**

**Leaders Association typically pays half of a members trip, although certain exclusive trips are entirely paid for by Leaders Association.**

**4c (Code: ..... ) (Expenses \$ 6527 including grants of \$ ..... ) (Revenue \$ 17771 )**  
**Horse Project: A county wide group dedicated to supporting members with horses & those who want to learn about horses. Activities promote learning through horse bowl, judging, shows & various learning experiences.**  
**Total Participation: 1340**

**As Horses are expensive animals and they are primarily shown, most revenue is generated at these shows and is spent on expenses related to these shows. Program expenses are incurred between shows and use left over profit.**

**4d Other program services. (Describe in Schedule O.)**  
**(Expenses \$ 34434 including grants of \$ ..... ) (Revenue \$ 16656 )**

**4e Total program service expenses ► 59439**

**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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 ✓	
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 ✓	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 ✓	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ✓	
9 Did the organization report an amount in Part X, line 21; 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 ✓	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 ✓	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• 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 Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 ✓	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 ✓	
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 ✓	
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 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 ✓	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	✓
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	✓
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 25.	24a	✓
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c	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	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 Schedule L, Part I.	25b	✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	✓
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 Schedule N, Part II.	32	✓
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	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? 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 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 in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No	
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
<b>2a</b> 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	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
<b>4a</b> 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)?			
<b>b</b> 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 and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
<b>6a</b> 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?			
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body . . . . . **1a** **14**  
 b Enter the number of voting members that are independent . . . . . **1b** **0**

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** **✓**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . **3** **✓**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . **4** **✓**

5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . **5** **✓**

6 Does the organization have members or stockholders? . . . . . **6** **✓**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . **7a** **✓**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . **7b** **✓**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . . **8a** **✓**  
 a The governing body? . . . . . **8b** **✓**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . **9a** **✓**

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? . . . . . **10a** **✓**  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . **10b** **✓**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11** **✓**

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12a** **✓**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . **12c**

13 Does the organization have a written whistleblower policy? . . . . . **13** **✓**

14 Does the organization have a written document retention and destruction policy? . . . . . **14** **✓**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . . **15a** **✓**  
 a The organization's CEO, Executive Director, or top management official . . . . . **15b** **✓**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a** **✓**  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Scott Richter 7232 Country Club Rd Oshkosh WI 54902, 920-420-4955**

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

**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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Glen Erickson									
President	1			✓					
Mary Oleson									
Vice President	.5			✓					
Mark Kunde									
Secretary	1			✓					
Mary Ann Luedtke	.5		✓						
Scott McFarland	.5		✓						
Mike Behm	.5		✓						
Louise Wright	.5		✓						
Nancy Pieper	.5		✓						
Kevin LaMarche	.5		✓						
Joe Kuehn1	.5		✓						
Gerry Marks	.5		✓						
Linda Koorn	.5		✓						
Nicole Rogstad	.5		✓						
Youth Board Member									
Jackie McFarland									
Youth Board Member	.5		✓						

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3		✓
4		✓
5		✓

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>						
1a Federated campaigns . . . . .	1a					
1b Membership dues . . . . .	1b					
1c Fundraising events . . . . .	1c					
1d Related organizations . . . . .	1d					
1e Government grants (contributions) .	1e					
1f All other contributions, gifts, grants, and similar amounts not included above .	1f	13121				
<b>g Noncash contributions included in lines 1a-1f: \$</b>						
<b>h Total. Add lines 1a-1f</b>			13121			
<b>Program Service Revenue</b>		<b>Business Code</b>				
2a Membership and Dues	900099	904	904			
2b Participation Fees	900099	14752	14752			
2c						
2d						
2e						
2f All other program service revenue .						
<b>g Total. Add lines 2a-2f</b>			15656			
<b>3 Investment income (including dividends, interest, and other similar amounts)</b>			698			698
<b>4 Income from investment of tax-exempt bond proceeds</b>						
<b>5 Royalties</b>						
	(i) Real	(ii) Personal				
6a Gross Rents . . . . .						
6b Less: rental expenses . . . . .						
6c Rental income or (loss) . . . . .						
<b>6d Net rental income or (loss)</b>						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory . . . . .						
7b Less: cost or other basis and sales expenses . . . . .						
7c Gain or (loss) . . . . .						
<b>7d Net gain or (loss)</b>						
<b>8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18</b>	a	79640				
<b>b Less: direct expenses</b>	b	35827				
<b>c Net income or (loss) from fundraising events</b>			43813	43813		
<b>9a Gross income from gaming activities. See Part IV, line 19</b>	a	1590				
<b>b Less: direct expenses</b>	b	67				
<b>c Net income or (loss) from gaming activities</b>			1523	1523		
<b>10a Gross sales of inventory, less returns and allowances . . . . .</b>	a					
<b>b Less: cost of goods sold</b>	b					
<b>c Net income or (loss) from sales of inventory</b>						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d All other revenue</b>	900099	328	328			
<b>e Total. Add lines 11a-11d</b>			328			
<b>12 Total revenue. See instructions.</b>			75139	74441		698

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	<b>2220</b>	<b>2220</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	<b>1345</b>	<b>1345</b>		
13 Office expenses	<b>627</b>		<b>627</b>	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>10121</b>	<b>10121</b>		
20 Interest				
21 Payments to affiliates	<b>1651</b>		<b>1651</b>	
22 Depreciation, depletion, and amortization				
23 Insurance	<b>1119</b>		<b>1119</b>	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Program Support-Major Programs	<b>30117</b>	<b>30117</b>		
b Program Support-Minor Programs	<b>12240</b>	<b>12240</b>		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	<b>59439</b>	<b>56042</b>	<b>3397</b>	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	61057	1	71099
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	61057	16	71099
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	0	33	0
	34 Total liabilities and net assets/fund balances	61057	34	71099

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 2b Were the organization's financial statements audited by an independent accountant? . . . . .  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

► Attach to Form 990 or Form 990-EZ. ► See separate

► Attach to Form 990 or Form 990-EZ. ► See separate

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**Name of the organization**

**Employer identification number**

39 | 6101443

Winnebago County 4-H Leaders Association Inc

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33½ % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33½ % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

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 . . . . .

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 through 5 . . . . .

**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 \$5,000 or 1% of the amount on line 13 for the year . . . . .

**c** Add lines 7a and 7b . . . . .

**8 Public support** (Subtract line 7c from line 6) . . . . .

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
<b>6 Total.</b>						
<b>7a</b>						
<b>b</b>						
<b>8 Public support</b>						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

**9** Amounts from line 6 . . . . .

**10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .

**b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .

**c** Add lines 10a and 10b . . . . .

**11** Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .

**13 Total support.** (Add lines 9, 10c, 11, and 12.) . . . . .

**14 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) organization, check this box and **stop here** . . . . . ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
<b>b</b>						
<b>11</b>						
<b>12</b>						
<b>13 Total support.</b>						
<b>14 First five years.</b>						

**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . **15** %

**16** Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . **16** %

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . **17** %

**18** Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . **18** %

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Employer identification number**

Winnebago County 4-H Leaders Association Inc

6101443

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

## Wisconsin

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Fair Food Stand</b> (event type)	(b) Event #2 <b>Horse Project</b> (event type)	(c) Other events <b>3</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	17924	1771	38495
	2 Less: Charitable contributions . . . . .			
	3 Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4 Cash prizes . . . . .			
	5 Noncash prizes . . . . .			
	6 Rent/facility costs . . . . .	270	485	755
	7 Food and beverages . . . . .			
	8 Entertainment . . . . .			
	9 Other direct expenses . . . . .	4523	11305	17446
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► ( 34029 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 40162

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Noncash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," explain:  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," explain:  
\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility . . . . .
- b An outside facility . . . . .

Yes	No
13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

- c If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

16 Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

15a

17a

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**Winnebago County 4-H Leaders Association**

Employer identification number

39

**6101443**

**Part I Line 19:** The Leaders Association continues to make a "profit" from operations. The Leaders Association relies on basically three types of fund raising: Pizza Sale, Food Stand at Fair, and Participation Fees. For the last 4-5 years and in particular the last 2, the Pizza Sale continues to do poorly. The result has been continued budget stress causing our members to not spend requested money, either by not submitting bills or not undertaking planned activities. The rate at which money is not spent has to this point exceeded the decline in our revenues. It has become apparent that we must transition to another fund raising source beside our Pizza Sale, but it is not easy to find a replacement for a fundraising raiser done semi-annually bringing in a combined \$15,000. As just one measure of our budget stress, several years ago the annual Assoc budget was \$52,000. The Budget for 2010 was only \$47,000.

**Part III Line 4d:** The Leaders Association is dedicated to supporting 4-H programs. These range from large projects like Horse to smaller projects like Food. Each project area within 4-H is entitled to use Association funds to provide for project activities. Examples of expenses include sewing patterns, speakers, demonstrations, test kits, craft supplies, facility fees, archery targets, ammo, travel, conference fee reimbursement, and awards. Nearly all projects are asked to offset expenses with revenue, but not all projects have necessary membership or ability.

**Part VI Line 6:** The Association consists of two types of members, adult leaders and youth members. Adult Leaders are those who have signed up to lead a project at either a club or county level. Youth members are all youth who are enrolled in 4-H during the calendar year. Youth members have a voice in programming and in individual project areas. Adult leaders vote on changes to organizational documents and for leadership on the Board of Directors.

**Part VI Line 7a:** All current adult leaders are determined by records held at the UW Extension Office are allowed to vote either in person or by absentee, for members of the Board of Directors.

**Part VI Line 7b:** Any changes to governing documents, new policies, and changes to policies are voted on by members at large at quarterly All-County Meetings.

Name of the organization

Winnebago County 4-H Leaders Association Inc.

Employer identification number

39 | 6101443

**Part VI Line 11a:** Their is no review process for filling the 990. Treasurer is assigned the responsibility of filling the 990 on time. A copy is submitted to the UW Extension Office for Open Records purposes and is available for inspection on request. The Board has never requested viewing the 990 and are satisfied that it is the Treasurers responsibility. If the 990 were to be reviewed, it would be by the Finance Committee.

**Part VI Line 15:** The Association is entirely volunteer based, so their are no compensation decisions.

**Part VI Line 19:** Documents & Policies that affect the whole of membership are printed in teh bi-monthly newsletter. All informatio is available per request to the UW Extension Office.

**Part IX Line 19:** Many youth and adults travel to various conferences throughout any given year. These conferences teach leadership skills, programing, allow the sharing of ideas, and bring back a wealth of information that is shared with those who did not go. This is done with county wide activities, posters, displays, demonstrations, and programing at the club level. To encourage participation, the Association agrees to pay for part of the cost of the trip that our members go on. This is done after the fact, with receipts as proof of expenses.

**Part IX Line 24a:** Major 4-H programs consist of projects that are very active with their members. These include Horse, Shooting Sports, Dog, and Interstate. Because of how large the projects are, all funding and expenses are directed through the Association account. Expenses consist of items that are used by and/or support project activites.

**Part IX Line 24b:** Minor 4-H programs consist of projects that are typically small in membership or only do a limited number of activites per year. Examples include Clothing, Rabbits, Foods, and Cloverbuds. As a result, these projects are mostly if not entirely supported by the Association. Expenses consist of items that are used by and/or support project activites.

**SCHEDULE O**  
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**Part X Line 26: The Association maintains no outstanding liabilities, as everything is done on a cash basis and are paid upon submission of a request. The Association does maintain at the request of some projects, their associated funds, which totaled \$31,418 and \$35,475 for years 2008 and 2009 respectfully. In the unlikely situation the Association were to fold, the Association would need to payback these amounts to the specific projects with the remainder going to the State 4-H fund as required by State Guidelines and our by-laws.**

**Part X Net Assets Lines 27-33: The Association is not audited by any outside 3rd party and does not follow SFAS 117.**

**We maintain no stock accounts, retained earnings, or physical assets.**

Name of the organization

**Winnebago County 4-H Leaders Association Inc.**

Employer identification number

**39****6101443**