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SCHOOL APP 2 B 2000

Form. **990**

Department of the Treasu Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under 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

Open to Public Inspection

<u>A</u>	For the	≥ 2009 c	alendar	ir, or tax year beginning		2009, and endi			20			
В	Check if a	pplicable	Please	Name of organization Douglas Cou	nty 4-H Leader	s Associatio	ņ	D Employer	identification	number		
$\overline{}$	Address		use IRS label or	Doing Business As	4-11-	<u> </u>		93	<u> </u>	1		
_	Name ch	•	print or	Number and street (or P O box if mail is not d	elivered to street addre	ess) Room/s	uite	E Telephone	number			
_	Initial reti		type. See	O Box 1165				(541)	672-446	51		
			Specific	City or town, state or country, and ZIP	+ 4							
	Terminate		Instruc- tions	oseburg, OR 97470				G Gross receip	nts S	83064		
_	Amended		F Nan		Hatley, 66526	Little River		·		F70		
ш	Application	n pending	ļ		i i latiey, 00020	Little Miver,		s a group return for				
_	_			R 97443	[] [07			all affiliates incl				
<u></u>		mpt statu		c) (3)◀ (insert no) ☐ 4947(a)(1) c	or 527			lo," attach a list				
<u>J</u>		te: ► N/						exemption number				
<u> </u>	Form of o	organization	✓ Corpo	on ☐ Trust ☐ Association ☐ Other ▶		L Year of forma	tion	M State of le	gal domicile C	OR		
P	art I	Summ	nary									
Briefly describe the organization's mission or most significant activities: 4-H Leaders Association serves 700+ youth through the volunteer services of 280+ leaders. The program provides informal youth development education. 2 Check this box ▶ ☐ 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). 5 Total number of employees (Part V, line 2a). 5 Total number of volunteers (estimate if necessary).												
Ş.	2	Check this	s hoy 🏲	if the organization discontinued its ope	rations or disposed	of more than 25	% of its net ass	ets.				
ၓ	2			members of the governing bod				3		15		
- ජ	3 1				•			· 		15		
iii	4 1			ndent voting members of the g	-	-		5		0		
. `.	5			nployees (Part V, line 2a).				. 6				
Ą	_			olunteers (estimate if necessary						300		
	7a 7	Total gro	oss unre	ed business revenue from Part	VIII, column (C), line 12			·	0		
	1 d	Net unre	lated b	ness taxable income from Forn	n 990-T, line 34		I	. 7b		0		
							Prior Y	ear	Current Ye	ar		
Revenue	8 1	Contribu	itions a	grants (Part VIII, line 1h)				17746		11308		
	9	Program	Service	Venue (Part VIII, line 2g)				43674		29225		
Š	10			e (Part VI) Column (A), lines 3,				623		374		
å		Officer ro	venues	the column (A) lines 5 6d s	ન, સાલ ≀લ, . રુદ 9c 10c and	 111e)		23612		24672		
	11 12	TOTAL TON		rt VIII, column (A), lines 5, 6d, 8 lines 8 through 11 (must equal F	Part VIII column	(A) line 12)		85655		65579		
								41928		43045		
								0				
,,	14	Benefuls paulifoldr, for members (Part IX, column (A), line 4)								0		
ď	15	Salaries,	other co	pensation, employee benefits (Pa	rt IX, column (A)	, lines 5–10)		0		0		
Expenses	16a l	Professi	onal fun	aising fees (Part IX, column (A), I	ine 11e)			0		0		
Ä	b	Total fun	draising	penses (Part IX, column (D), line	25) ▶			1.1		. 12		
				Part IX, column (A), lines 11a-1				16592		22046		
			-	dd lines 13–17 (must equal Par				58521		65091		
	19	Revenue	less ex	nses. Subtract line 18 from line 1	2			27135		488		
<u>_</u>	s is	110701140	1000 01		<u> </u>		Beginning of C		End of Ye			
Assets or	ğ			V (* 40)				80951		76838		
SSE	20		•	X, line 16)				00331		70000		
Net A	21	Total lia	bilities (rt X, line 26)						70000		
				balances Subtract line 21 fro	m line 20	· · · · · · · · · · · · · · · · · · ·	<u> </u>	80951		76838		
Ŀ	art II		nature									
		Under p and beli	enalties o	erjury, I declare that I have examined this conject, and complete Declaration of pro-	return, including ac reparer (other than c	ccompanying sche officer) is based o	edules and state n all information	ments, and to to of which prep	he best of my l arer has any kr	knowledge nowledge		
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	_		nature of	J. G. Perries								
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_		Тур	e or print	me and title		<u></u>	Thools of	T_				
		Prepare					Check if self	Preparer's idea (see instruction	ntifying number			
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Us	e Only		mployed),					no ▶ (
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IVI	ay me	ino aisa	Juss Ini	eturn with the preparer shown	above: (See ins	ասել	<u> </u>	<u>.</u>	Yes_	<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction

Cat No 11282Y

Form 990 (2009)

Par	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: To provide support for the 4-H clubs of Douglas County, OR	
		•••••
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?] 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?] 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 allocations to others, the total expenses, and revenue, if any, for each program service reported.	s. and
4a	(Code:) (Expenses \$ 64001 including grants of \$ 43045) (Revenue \$ 54271) 4-H Leaders Association serves 700+ youth through the volunteer services of 280+ leaders.	
	The program provides informal youth development education.	-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	•	
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 64001	

Par	t 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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	1	
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		1
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, VIII, 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.	11208 11-00-7 17-00-8		* * -
•	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.			3.
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	**************************************	150 %
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		L. L.L.	· ·*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
		14a		<u> </u>
	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		1
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		1
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		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Par	t 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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	✓_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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):	***	* -	- 2
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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? <i>If "Yes," complete Schedule M</i>	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		1
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Par	Statements Regarding Other IRS Filings and Tax Compliance		_	
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Talling Co.	200	
	U.S. Information Returns. Enter -0- if not applicable		5 K Kalib 2 Ka	57 X
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		###	1.54
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\$		Α,
za	Statements, filed for the calendar year ending with or within the year covered by this return		·	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	42 - (8)	3. X***	ن د
	instructions)	£.5		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	W. 3		
	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	3,	A27
b	If "Yes," enter the name of the foreign country: ▶	3	74	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-14 A	101.4 12.11	
	and Financial Accounts.	5a	SECT	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	00		<u> </u>
С	Prohibited Tax Shelter Transaction?	5c	,	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	35	3, 270, X,	, rank
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7.8.77	1 2
	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	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year		***	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	in Min	سننت	ننظ
	benefit contract?	7e		├—
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 -	├—
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?	- 54	 	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	3	- 4	1.00
	organization, have excess business holdings at any time during the year?	8		**************************************
9	Sponsoring organizations maintaining donor advised funds.	300	×.	
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	130		\$. *· \$
а	Initiation fees and capital contributions included on Part VIII, line 12		3, 3,	, , ~
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	, x 2		` ` ;
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		- L	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		J	
120	amounts due or received from them.)	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	120	58 0	4 .

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.

<u>Sec</u>	tion A. Governing Body and Management			
		, <u>s.</u> j.	Yes	No ×
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		1	. ^
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	£	Ø.	
	any other officer, director, trustee, or key employee?	2	ļ	✓
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:			- inh
а	The governing body?	<u>8a</u>	 √	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
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		✓
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ernal		
Hev	enue Code.)		Ι.,	г
		40-	Yes	No ✓
	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,	401		
	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	44		,
	form?	11	-	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		1
	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	405		
	rise to conflicts?	12b		├
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	İ	
40	describe in Schedule O how this is done	13	-	1
13	Does the organization have a written whistleblower policy?	14	+-	1
14	Does the organization have a written document retention and destruction policy?	*33**9	10.5%	<i>(,</i> -
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? The organization's CEO, Executive Director, or top management official	15a	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		15b	+	17
b	Other officers or key employees of the organization			٠,
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	_ mr ,	2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	1	J
_	with a taxable entity during the year?	75.27	<u>,</u>	1 7 -
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		المنتقدة ا
Sac	ction C. Disclosure	<u>, .05</u>	1	
17	List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an examination to make its Forms 1023 for 1024 if applicable), 990, and 990-T (501)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	၂(၁)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request	of in	toros*	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or in	terest	
	policy, and financial statements available to the public.	- ما ح	. 6 4 L	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Brenda Weber, 5773 Garden Valley, Roseburg, OR 97471	ras c	נחe וכ	

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 co	(B)				C)	V		(D)	(E)	(F)
Name and Title	Average	Positi	on (c	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Brad Hatley, President 66526 Little River, Glide, OR 97443	.5			1				0	0	0
John Bradley, Vice President 2353 Azalea Dr, Elkton, OR 97436	.5			1				0	0	0
Marian Stratton, Secretary PO Box 214, Riddle, OR 97469	.5			1				0	0	0
Terri Strauss, Treasurer 673 Escondido Dr, Umpqua, OR 97486	.5			✓				0	0	0

Par	VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (c	ontinued)
	(A)	(B)	Danite	/-	•	C)	that an	hin	(D) Reportable	(E) Reportable	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated a employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
			<u> </u> 								
		!									
								!			
		·		_	<u> </u>						
					-	_		-			
				_	-	_	<u> </u>				
		<u></u>	ļ <u>-</u>			_					
			<u> </u>		-	ļ		-			
					<u> </u>	-					
				<u></u>							
1b	Total	<u> </u>	<u> </u>			<u></u>	:	<u> </u>	0	(0
2	Total number of individuals (including but in reportable compensation from the organization)		to the	ose	list	ed a	above	e) wh	no received me	ore than \$100,	000 in
		****									Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated	3
4	For any individual listed on line 1a, is the sthe organization and related organizations										
5	<i>Individual.</i>	or accrue	 comp olete :	pen Sch	satı edu	on : ue :	from <i>I for s</i>	any		anization for	5
Sec	etion B. Independent Contractors								. рогоот	 	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$	100,000 of
	(A) Name and business add	dress		-		-			(B) Description of s	ervices	(C) Compensation
NA											
				_				1			
2	Total number of independent contractors (imore than \$100,000 in compensation from	ncluding b	ut not	t lim	nited	i to	those	list	ed above) who	received	

Part	VIII	Statement of Revenue					
7				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
1.3				, orall volumes	exempt function	business	excluded from tax under sections
, .					revenue	revenue	512, 513, or 514
grants nounts	1a	Federated campaigns 1a	0				
gra	b	Membership dues 1b	0				· ·
gifts, Iar an	С	Fundraising events 1c	0				
ig ja	d	Related organizations 1d	0				
sim's	е	Government grants (contributions). 1e	0				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants,	44000			with the .	The state of
trip		and similar amounts not included above 11	11308				
Cont		Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f		11308		1	- 3
	n	Total. Add lines 1a-11	Business Code	-3-11 1 12 - 1 - 1	Company of the second		12 (2.00)
Program Service Revenue		Program Income	900099	29225	29225	* *	, and a constitution of the constitution of th
leve	2a		00000				
9	b						
Ž	G C		······································				
Š	a a						
gra	f	All other program service revenue .					
Pro	g	Total. Add lines 2a-2f	🕨	29225		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends	interest, and				
		other similar amounts)	_	374	374		
	4	Income from investment of tax-exempt bond	proceeds >				
	5	Royalties	<u> </u>		F- 7 24	3 3 2	* * *
		(ı) Real	(II) Personal				
	6a	Gross Rents					
		Less rental expenses					
		Rental income or (loss) Net rental income or (loss)		<u> </u>	\$1.00mm	Fried States and a second state of	attended to the property of the party of the
	Į.	(A) Convention	(ii) Other		-44. A A>	144 Q : 70/A.	** * **
	7a	Gross amount from sales of assets other than inventory					, i
		Less: cost or other basis					
	D	and sales expenses .		- " " " " " " " " " " " " " " " " " " "		, i.i.,	> 2
	c	Gain or (loss)		1		<u> </u>	<u></u>
	d	Net gain or (loss)	🕨				
<u>o</u>	8a	Gross income from fundraising		in Min			3
Puc	"	events (not including \$				10 m	(L. 1.25)
ě		of contributions reported on line 1c).					
Ē		See Part IV, line 18 a	23272	— L LL 1.00 €	1		
Other Reven	b	Less direct expenses b	17485	10			1
0	C	Net income or (loss) from fundraising e	vents ▶	4656		, , 2 , p2 , -	4656
	9a	Gross income from gaming activities.]. '	
		See Part IV, line 19 a					
	b	Less: direct expenses b Net income or (loss) from gaming activ	ities			1 A 1 2 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 (5. 7
		• • •		i a takan ta		7-4-877 8 78	17 30 17
	10a	Gross sales of inventory, less					
	_	returns and allowances a Less: cost of goods sold b				į į,	
	م ا	Less: cost of goods sold b Net income or (loss) from sales of inventor	ory •		Stand was	n distance are assessment of the control of the con	an and a second of the
		Miscellaneous Revenue	Business Code	(17) J. 18)		888 × 1 × 1	
	11a	club income	900099	20016	I' CA WARE A AND MAN AND THE THE PARTY OF TH	when the second second	
	h						
	6						
	d	All other revenue					
	_	Total. Add lines 11a–11d	. •	20016			
		Total revenue. See instructions	<u> </u>	65579	49615	<u> </u>	4656

Par	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	Section 501(c)(3) and 50 All other organizations must complete col	/1(c)(4) organization lumn (A) but are no	ns must complete ot required to comp	all columns. plete columns (B),	(C), and (D).				
	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 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	43045	43045						
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			4 4 3					
5	Compensation of current officers, directors, trustees, and key employees				<u>.</u>				
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				<u> </u>				
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):								
а	Management								
b	Legal								
С	Accounting	600		600					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17			<u> </u>					
f	Investment management fees		·						
g	Other								
12	Advertising and promotion								
13	Office expenses								
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								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization,								
23	Insurance								
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.)		***	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·				
а	recognition events	608	608						
b	equipment	138	137						
C	edministration costs	293 197	<u> </u>	293					
d	4-H Leaders Dues		20240	197					
е	club expenses	20210	20210		· · · -				
of of	All other expenses	05004	64004	4000					
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	65091	64001	1090					
۷.	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation	ł	1						

Pa	rt X	Balance Sheet			,
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28228	1	25102
	2	Savings and temporary cash investments	40498	2	40872
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D		ِ ئارىت	
	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	10864
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80951	16	76838
i	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		26	0
Fund Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	77992	27	74993
Ba	28	Temporarily restricted net assets	0	28	
P	29	Permanently restricted net assets , , , ,	2959	29	1845
	į	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.		Ya	
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	80951	33	76838
_	34	Total liabilities and net assets/fund balances		34	76838

Pa	t XI Financial Statements and Reporting					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other organization changed its method of accounting from a prior year or checked "Other," explain in	, 4, 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,	, , ,	****		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		<u>,</u>		
b	Were the organization's financial statements audited by an independent accountant?	2b		✓		
С	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?	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.), i	٠.	,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	. À		Ļ~		
	issued on a consolidated basis, separate basis, or both:		k yg v	~,3		
	☐ 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?	3a		√		
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.	3b				

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Nam	of t	he organizatıon							Employe	r identifica	tion number
			Leaders Asso						93		878261
_	t l			arity Status (All or							ctions.
The 1 2 3 4		A church, co A school de A hospital of A medical re	onvention of chu scribed in sectio r a cooperative l	dation because it is riches, or association on 170(b)(1)(A)(ii). (Attacspital service organition operated in conjuste:	of church tach Sche ization d	hes desci edule E.) escribed	ribed in s in sectio	ection 1 n 170(b)	70(b)(1)(/ (1)(A)(iii).	A)(i).)(A)(iii). Enter the
5		An organizat	. •	the benefit of a colle	ge or uni	versity ov	vned or d	perated	by a gov	ernmenta	l unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(t	o)(1)(A)(v)	١.	
7	✓	•		receives a substantia (1)(A)(vi). (Complete P	•	ıts suppo	rt from a	governm	ental uni	t or from	the general public
8 9		A community An organizate receipts from support from	y trust described non that normally n activities relate n gross investm	d in section 170(b)(1) receives: (1) more that ed to its exempt function and unread after June 30, 1975.	(A)(vi). (Can 33½ % tions—su lated bus	of its sup bject to d siness tax	pport froi certain ex kable inc	ceptions ome (les	, and (2) s section	no more	than 33% % of its
10 11		An organizar purposes of 509(a)(3). Ci	tion organized a one or more pul neck the box tha	nd operated exclusive and operated exclusive blicly supported organated describes the type	vely for the nizations of suppo	ne benefi described rting orga	t of, to p d in secti anization	perform to on 509(a) and com	he function (1) or secuplete line	ons of, o otion 509(es 11e thr	a)(2). See section ough 11h.
е		persons other	this box, I cert	tify that the organizat	tion is no		led direc	tly or inc	lirectly by	y one or	
f g		organization	, check this box at 17, 2006, has	a written determinati the organization acce							III supporting
			-	r indirectly controls, e		_		h person	is describ	oed in (ii)	Yes No
h		(iii) A 35% d	ontrolled entity	erson described in (i) a of a person described ation about the suppo	d in (ı) or						11g(ii) 11g(iii)
(1)	i) Name of supported organization		(ii) EIN	(iii) Type of organization			nization in of your	(vi) is the organization in col (i) organized in the US?		(vii) Amount of support	
					Yes	No	Yes	No	Yes	No	
					,						
				<u> </u>	ļ						
Tota	al										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received. (Do not 11308 13672 16416 17746 88385 29243 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 organization without charge 29243 13672 16416 17746 11308 88385 Total. Add lines 1 through 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) 88385 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2007 (f) Total (b) 2006 (d) 2008 (e) 2009 (a) 2005 Calendar year (or fiscal year beginning in) 16416 29243 13672 17746 11308 88385 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1239 623 540 1136 374 3912 sources . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 707 2936 253 3896 Ω (Explain in Part IV.) MARKET PARTY OF THE STATE OF TH 96193 Total support, Add lines 7 through 10 . 11 222352 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 91.9 % 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 16a 33\% % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 -2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

-	t III Support Schedule for Orga	nizations Do	escribed in S	ection 509(a	1)(2)		ugo
	(Complete only if you checke	ed the box o	n line 9 of Pa	rt I.)			
	tion A. Public Support	,					
Ca	lendar 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.")						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u></u>			
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						
С	Add lines 7a and 7b	27 2 W W W . 7 . 1	TO A STATE OF THE PARTY OF THE	to 0.25400Math.Tries	2 c 2 rectification attach.	MODE To a de produ	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	1 1 2005	71.0000	() 0007	4 13 0000		
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part IV.)						
14	First five years. If the Form 990 is for organization, check this box and stop					year as a section	
Sec	tion C. Computation of Public Su						
 15 16	Public support percentage for 2009 (lin Public support percentage from 2008					15 16	%
	tion D. Computation of Investme						
17	Investment income percentage for 200	9 (line 10c, co	olumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 2	008 Schedule	A, Part III, line	17		18	%
19a	331/3 % support tests - 2009. If the org						
b	17 is not more than 33%%, check this b 33%% support tests – 2008. If the organ	-			-		

line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Dou	glas County 4-H Leaders Association			93	878261
Par	Organizations Maintaining De the organization answered "Ye	onor Advised Funds or Other Simils" to Form 990, Part IV, line 6.	ar Funds	or Accou	nts. Complete if
	the organization and to the	(a) Donor advised funds		(b) Funds and	other accounts
4	Total number at end of year	2			
1	Aggregate contributions to (during year)	0			
2	A	650			<u> </u>
3 4	Aggregate grants from (during year) . Aggregate value at end of year	1959			
5	Did the organization inform all donors an funds are the organization's property, sul	d donor advisors in writing that the asse	ts held in a	donor advise	ed Yes No
6	Did the organization inform all grantees, used only for charitable purposes and no purpose conferring impermissible private	donors, and donor advisors in writing that it for the benefit of the donor or donor a	at grant fui dvisor, or t	nds can be for any other	
Pai	t II Conservation Easements. Con	nplete if the organization answered "Yo			
1	Purpose(s) of conservation easements he Preservation of land for public use (e Protection of natural habitat	eld by the organization (check all that appg., recreation or pleasure)	ply). vation of an	historically ii	mportant land area toric structure
2	Preservation of open space Complete lines 2a through 2d if the organ easement on the last day of the tax year		ribution in	the form of a	a conservation
	•			* Held at	the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation			2b	
c	Number of conservation easements on a			2c	
d	Number of conservation easements inclu			2d	
3	Number of conservation easements mod the tax year ►			ated by the	organization during
4	Number of states where property subject	to conservation easement is located >			
5	Does the organization have a written poliviolations, and enforcement of the conse	cy regarding the periodic monitoring, ins	spection, h		. Yes No
6	Staff and volunteer hours devoted to mo	nitoring, inspecting, and enforcing conse	ervation ea	sements dur	ing the year
7	Amount of expenses incurred in monitori ▶\$	ng, inspecting, and enforcing conservation	on easeme	ents during ti	he year
8	Does each conservation easement repor 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	• •			. Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable the organization's accounting for conservations.	the text of the footnote to the organizat vation easements.	tion's finan	icial stateme	nts that describes
Pa	t III Organizations Maintaining Co Complete if the organization an	llections of Art, Historical Treasures swered "Yes" to Form 990, Part IV, line	s, or Othe e 8.	r Similar A	ssets.
1 a	If the organization elected, as permitted art, historical treasures, or other similar as provide, in Part XIV, the text of the footn	sets held for public exhibition, education,	or researc	:h in furtherai	ance sheet works once of public service
b	If the organization elected, as permitted historical treasures, or other similar asse provide the following amounts relating to (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X	ts held for public exhibition, education, on these items: VIII, line 1	or research	n in furtheran	ice of public service
2	If the organization received or held work following amounts required to be reported	ks of art, historical treasures, or other si	imilar asse		al gain, provide the
а	Revenues included in Form 990, Part VII			▶ \$	
	Assets included in Form 990, Part X .				

SCHEDULE G (Form 990 or 990-EZ)

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public

Employer identification number Name of the organization 93 **Douglas County 4-H Leaders Association** 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations d In-person solicitations 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? L 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraiser listed in (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) from activity organization col (i) Yes No 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

	_	G (Form 990 or 990-EZ) 2009		1 101 0	- F 000 B 1841	Page 2			
, Pá	ırt (l	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza Form 990-EZ, line 6a. L	tion answered "Yes" to ist events with gross r	o Form 990, Part IV, II eceipts greater than \$	ne 18, or reported 55,000.			
			(a) Event #1 Fair Kitchen	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))			
Revenue			(event type)	(event type)	(total number)	(-1)			
	1 2	Gross receipts Less: Charitable	23272			23272			
	3	contributions Gross income (line 1	0			0			
	-	minus line 2)	23272			23272			
	4	Cash prizes				 			
	5	Noncash prizes							
ses	6	Rent/facility costs							
Exper	7	Food and beverages				<u> </u>			
Direct Expenses	8	Entertainment							
L	9	Other direct expenses	17485			17485			
	10 11	Direct expense summary. Ac Net income summary. Comb	dd lines 4 through 9 in co	olumn (d)	•	(17485)			
Pa	art II		the organization ansv			, or reported more			
		(Hari \$13,000 Off FOR	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
Revenue				bingo/progressive bingo		cor (a) through cor (c)			
_	1	Gross revenue							
Expenses	2	Cash prizes							
	3	Noncash prizes							
Direct	4	Rent/facility costs				-			
_	5	Other direct expenses .	ļ. <u></u>						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		()			
	8	8 Net gaming income summary. Combine line 1, column d, and line 7							
9	E-	nter the state(s) in which the o	organization operatos as	amina activities:		Yes No			
3		the organization licensed to	_	-	es?	9a			
k	b If "No," explain:								
10	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
t	b If "Yes," explain.								
						11			
11 12	ls	oes the organization operate the organization a grantor, b rmed to administer charitable	eneficiary or trustee of	a trust or a member of	a partnership or other	• •			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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Š (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number Yes 878261 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 93 . (f) Method of valuation (book, FMV, appraisal, other (d) Amount of cash grant assistance . Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN Enter total number of other organizations Douglas County 4-H Leaders Association 1 (a) Name and address of organization or government Name of the organization Part II Part 1

Schedule I (Form 990) 2009

Cat. No 50055P

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

Page 2

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Financial assistance is decided by the board and recorded in the minutes. (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE 0 .(Form. 990)

Supplemental Information to Form 990

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

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Employer identification number Name of the organization 93 0878261 **Douglas County 4-H Leaders Association**

Part VI Line 6: Members elect members of the governing body.