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Form **990**

ORIGINAL

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	nter	nal Rever	nue Service		► The	organizati	on may have to i	use a co	py of this return	to satisty	state repor			Ор		, iic iii 5		
_		For the	2009 calen	dar year,	or tax y	ear begi	nning Oct	1		, 2009, a	and endir	ng Sep	30		,2010			
_		Check if applicable C Name of organization D E												yer Iden	tification Nu	ımber		
	_		ress change	Please use IRS label	4 – H	CLURS	TETON C	типс	Y				83-	0228	968			
		H	-	or print			reet (or PO box			street add	Ir) Room/s	suite	E Teleph					
		⊨ Nan	ne change	or type. See			•		not delivered to	Sirect add	1, 1,00118.	30110						
		Initi	al return	specific Instruc-		BOX							(30	1) /	33-308	3 /		
		Terr	mination	tions	City	, town or co	ountry			State	ZIP code +	4						
		Ame	ended return		JACK	SON				WY	83001		G Gross	receipts	s 581	,821		
		_	lication pending	F Name a			nal officer			-		H(a) Is this	a group retu	oup return for affiliates? Yes X No				
		☐ _\	incation pending	1			•	מיד ר	CKCON	F.73.7	83001	1	affiliates inc			Yes	No	
-							BOX 1708	<u> </u>	CKSON		_	If 'No,'	attach a list	(see in	structions) ^I		ш	
_			exempt statu	ıs X 501	(c) (.	3	(insert no		4947(a)(1)	or	527	4						
	<u>J</u>	Web	site: ► N/	'A		_						H(c) Group	exemption n	umber I	<u> </u>			
	K	Form o	of organization	X Corpora	ation	Trust	Association	Ott	ner►	L Ye	ear of Forma	ation 197	0 M :	State of	legal domic	le WY		
	Pa	rt I	Summ	arv														
L	Ť		· ·		anızatı	on's mis	sion or most	sınnıfı	cant activities	TR	ATNING	OF YO	UTH	_				
		• •	orieny acous	ibe the oil	jai nzati	011 3 11113	31011 01 111030	3igi iiii	carri activities	, _1	1111110		<u></u>				-	
	če	-																
	la l	-							-									
	ē	_	- -														· — — —	
	2 Check this box if the organization discontinued its operations or disposed of 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) 6 Total number of volunteers (estimate if necessary) 7 Total gross unrelated business revenue from Part VIII Icolumn (C) une 12												5% of⊨tsa					
	8														20			
	S			•	_		rs of the gove	erning	body (Part V	'i, line 1	b)			4_	20			
	ŧ	5 Total number of employees (Part V, line 2a)												5				
	슞	6	Total numbei	r of volunt	eers (e:	stımate ı	f necessary)							6	80			
	ĕ۱	7a 7	Γotal gross u	inrelated b	usines	s revenu	e from Part V	III, Ico	olumn (C), inc	e 12				7 a			0.	
		b١	Net unrelated	d business	taxable	e income	e from Form 9	990-T,	line 34					7b				
		b Net unrelated business taxable income from Form 990-T, line 34										rior Year		Cur	rent Ye	221		
2011		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2o)											12,		- Jui		,830.	
7	e le													403.	-		,710.	
OD.	Revenue		9 Program service revenue (Part VIII, line 2g)															
88	ev.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										62,				,312.		
	ш.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)											738.			,067.		
FEB.		12	Total revenue	e — add Iı	nes 8 th	rough 1	1 (must equa	I Part	VIII, column	(A), line	2 12)		145,0	<u> </u>			,919.	
ī		13 (Grants and s	ımılar am	ounts p	aid (Parl	t IX, column ((A), lir	es 1-3)				47,	800.		64,	,328.	
\cap		14 E																
ш		15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																
Z	es	16a Professional fundraising fees (Part IX, column (A), line 11e)																
Z,	SE	Iba i	rotessional	tunaraisir	ig rees	(Рап іх,	column (A),	iine i	ie)						<u> </u>			
SCANNED	Expenses	b ¯	Total fundrai	sing expe	nses (P	art IX, c	olumn (D), lır	ne <u>25)</u>	<u> </u>		<u> </u>	nL						
	Ш	17 Other expenses (Part IX, column (A), lines 11a-11d, 1f-24f0 [CFIVF]									131,	079.		353	,770.			
			•	•			t equal Part I		$ \mathbf{n}$	25)	<u>. U</u>	\	178,				,098.	
			-						TITITE CENTER	-29)	مر ال	ó∯——						
		19 F	Revenue less	s expense	s Subt	ract line	18 from line		- FI 6				-33,	844.		- /9,	<u>,179.</u>	
	b 8							16	FEB 0	8 2	ه ۱۱۰	ກ Begi	nning of \	'ear	En	d of Ye	ar	
	\$ 6	20	Total assets	(Part X. II	ne 16)			٦	1	-1-1-	<u></u>	~	4,317,		4	,238,	,280.	
	ξĕ.		Fotal liabilitie	-		5)		1	200	- 61	LIT		, ,					
	Net Assets or Fund Balancos			•		•	01 6	.] ,	OGD	ĽN,	UI		4 217	4.00	1	220	200	
- 1						Subtract	line 21 from	iine Zi					4,317,	460.	4	,238,	<u>,280.</u>	
- [ra	rt II	Signat	ure Blo	CK				_									
			Under penalti	es of perjury,	I declare	that I have	examined this re arer (other than o	turn, inc	luding accompan	ying sched	jules and sta	atements, and	to the best	of my ki	nowledge an	id belief, i	ıt ıs	
			true, correct	and complete	Deciara	lion overep	arer (other than t	onicer) is	s based on all mic	ormation o	i writer prep	barer has any	Knowledge					
	Sig	ın	 ► { <i>f</i>		1 A)	14) <i>(</i>	2DDO	٠) ٔ	THOMA	_			2-1	4-	//			
	He	re	Signature	of officer	<u> </u>			_	Carrie			Di	ate		· · · · · · · ·			
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	Pre	}-	Preparer's signature		$\overline{}$	/ la .	$\mathcal{L}_{\mathcal{A}}$	رک	7-	lo	2/02/1				P0053	048	5	
		rer's	102/02/11						-									
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	On	ly	employed), address, and	▶ <u>P.O</u>		<u>(1830</u>)		- -			E	:IN ► 8	5 − 0	25777	' /		
			ZIP + 4	JAC	KSON				WY	83001	L	F	hone no	(30	7)_733	3-56 <u>5</u>	6	
	Mav	the IF	RS discuss th	nis return	with the	prepare	er shown abo	ve [?] (s	ee instruction	ns)					X Ye	es 「	No	
							n Act Notice,				ons.		TEEA0101	07/20	0/09 Fo	orm 99 0	0 (2009	
																	,	

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	990 (2009) 4-H CLUBS TETON COUNTY	83-0	22896	8	F	⊃age 2
Par						
1	Briefly describe the organization's mission					
	TRAINING OF YOUTH					
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	X	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	vices?		Yes	Χ	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expens d allocation	es Sec s to oth	tion 50 ers, th)1(c)(3 e tota	3) I
Δa	(Code) (Expenses \$ 17,953. including grants of \$ 0.)	(Revenue	ŝ		6.7	10)
74	TRAINING YOUTH IN HOME ECONOMICS, LIVESTOCK, PERFORMING ARTS,	(110101100	Ť		<u> </u>	<u></u> /
	LEADERSHIP, HEALTH & RECREATION TO BE GOOD CITIZENS OF THEIR					
	COMMUNITIES, COUNTRIES AND WORLD.				- - -	
				- - -		
		_				
				- - -		
				- - -		
46	(Code) (Expenses \$ 62,800. including grants of \$ 0.) (SCHOLARSHIPS TO HELP COLLEGE STUDENTS (PG 10 PART IX LINE 2)	(Revenue 	\$ 		2,80	<u>)0.</u>)
		 	 	 	·	
		-		. .		
4c	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
					- -	
				- - -		
						-
				·		
			-			
Δ <i>t</i> l	Other program services (Describe in Schedule O)					
u	(Expenses \$ including grants of \$) (Revenue \$	\$)	
4e	Total program service expenses ► 80,753.				/	

Par	TTIV Checklist of Required Schedules			
L.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		X
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	_
•	• 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 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	2	13		X
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	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		Х
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		Х
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? <i>If 'Yes,' complete Schedule F, Part III</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
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		Х
	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

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Part IV Checklist of Required Schedules (continued) Yes No 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 17 If 'Yes,' complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Χ 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 23 Schedule J Χ 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, and 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 Χ b 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 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 25a Χ 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 Х 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 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Χ 28 Was the organization a party to a business transation 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 Χ b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Χ 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Χ 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 Χ 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Χ line 1 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 35 Х 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 Χ

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treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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

<u> ar</u>	t V	Statements Regarding Other IRS Filings and Tax Compliance				
			,		Yes	No
1 a	Enter the Informat	e number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S ion Returns Enter -0- if not applicable	1a 0			
		e number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			ĺ
C	: Did the o (gamblin	organization comply with backup withholding rules for reportable payments to vendors ig) winnings to prize winners?	s and reportable gaming	1 c	-	 X
2a	Enter the n	number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the ear ending with or within the year covered by this return	2a			
2b	If at leas	st one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b		
		the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this retu	, ,			
3 a	Did the o this retui	organization have unrelated business gross income of \$1,000 or more during the year rn?	covered by	3a		Χ
b	If 'Yes' h	nas it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a	At any ti financial	me during the calendar year, did the organization have an interest in, or a signature account in a foreign country (such as a bank account, securities account, or other fil	or other authority over, a nancial account)?	4a		Х
b	-	enter the name of the foreign country 🕒				
	See the Financia	instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of R Accounts	Foreign Bank and			
		organization a party to a prohibited tax shelter transaction at any time during the tax	· -	5a		X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	5b		Х
c	: If 'Yes,' Tax She	to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Iter Transaction?	tity Regarding Prohibited	5с		
6a	Does the	e organization have annual gross receipts that are normally greater than \$100,000, and contributions that were not tax deductible?	nd did the organization	6a		Х
b	If 'Yes,' deductib	did the organization include with every solicitation an express statement that such co le?	ntributions or gifts were not	6b		
7	Organiza	ations that may receive deductible contributions under section 170(c).				
а	Did the o	organization receive a payment in excess of \$75 made partly as a contribution and part to the payor?	artly for goods and services	7a		X
b	•	did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the o	organization sell, exchange, or otherwise dispose of tangible personal property for wh	nich it was required to file	7с		Х
		indicate the number of Forms 8282 filed during the year	7d			
е	Did the o	organization, during the year, receive any funds, directly or indirectly, to pay premium contract?	ns on a personal	7e		Х
f	Did the d	organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	7f		Х
		ontributions of qualified intellectual property, did the organization file Form 8899 as re	F	7g		
h	For cont	ributions of cars, boats, airplanes, and other vehicles, did the organization file a Forn	n 1098-C as required?	7h		
8	supportu	ring organizations maintaining donor advised funds and section 509(a)(3) supportir ng organization, or a donor advised fund maintained by a sponsoring organization, ha at any time during the year?	ng organizations. Did the ave excess business			
9	-		-	8		Х
-	-	ring organizations maintaining donor advised funds. organization make any taxable distributions under section 4966?	•	9a	~	 X
		organization make any taxable distributions under section 4900: organization make any distribution to a donor, donor advisor, or related person?	-	9b		X
		501(c)(7) organizations. Enter	-	30		
		rees and capital contributions included on Part VIII, line 12	10a	1		1
		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			İ
		501(c)(12) organizations. Enter.		1		w/
		come from other members or shareholders	11a	*		Mass ~
	Gross in	come from other sources (Do not net amounts due or paid to other sources against due or received from them)	11b			
12a	Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
		enter the amount of tax-exempt interest received or accrued during the year	12b			

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Form 990 (2009)

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

sec	tion A. Governing Body and Management			Yes	No
1:	Enter the number of voting members of the governing body	1a 20		162	NO
	Enter the number of voting members that are independent	1 b 20	1		
	Did any officer, director, trustee, or key employee have a family relationship or a business re		1		
2	officer, director, trustee or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	inder the direct supervision on?	3	_	Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6	Does the organization have members or stockholders?		6		Х
7	Does the organization have members, stockholders, or other persons who may elect one or r governing body?	more members of the	7a		Х
1	Are any decisions of the governing body subject to approval by members, stockholders, or ot	ther persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	rtaken during the year by			
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?		8b	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can	nnot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		X
	tion B. Policies (This Section B requests information about policies not	required by the internal	1		
Tev	enue Code)			Yes	No
10.	Does the organization have local chapters, branches, or affiliates?		10a	162	No X
	, , ,	f	104		^
	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?		10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body to	•	11	Χ	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990)	<u> </u>		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	ļ
ı	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	licy? If 'Yes,' describe in	12c	Х	
13	Does the organization have a written whistleblower policy?		13	Χ	L
14	Does the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?			
	The organization's CEO, Executive Director, or top management official		15a		X
ı	Other officers of key employees of the organization		15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		, X
ı	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation			
	status with respect to such arrangements?		16b		Ĺ
_	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for p	ublic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	nents, conflict of interest police	cy, and	l finan	ıcıal
	State the name, physical address, and telephone number of the person who possesses the b	-			
	GWEN HANSEN 2145 SOUTH PARK RANCH ROAD, JACKSON, V	AX 8300T (3	<u>07)</u>	33-2	<u> 2308</u>

Form 990 (2009)

BAA

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)	
Name and Title	Average hours per week	Do "divid of the seems	institutional frustee		al Kej emplojee	a High est commensated employee	S) FORTH	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
GALE ROOSEVELT DIRECTOR	10.00	Х						0.	0.		
AMY TAYLOR SECRETARY	10.00			Х				0.	0.		
GWEN HANSEN TREASURER	10.00			х				0.	0.		
PAM ROMSA PRESIDENT	10.00			х				0.	0.		
KELLY LOCKHART DIRECTOR	10.00	Х						0.	0.		
SHELLEY JENKINS VICE PRESIDENT	10.00			Х				0.	0.		
MARY MARTIN DIRECTOR	10.00	Х						0.	0.		
	-										
	-										
	-										
	-										
	 										
	1										
	 										
	1										
	1					1					

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)											
(A)	(B)			(0	•			(D)	(E)		(F)	
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	E:	stimated unt of other	
	hours per week	Indiv or di	Institutional trustee	Officer	Key employee	Highest compensate	Former	the organization (W 2/1099 MISC)	related organization (W 2/1099 MISC)	s con	pensation rom the	
	ļ	recto	utior	er	emp	est c	Эer	(,	(org	anization id related	
	İ	trus	nal tr	'	oyee	omp				org	anizations	
		tee	uste		"	ensa						
			(0)			<u>e</u>						
	 	-				\vdash						
										1		
												
	,	İ										
<u> </u>												
								-				
									-			
			-	-								
							_					
1b Total							•	0.	(100.000	1	0.	
2 Total number of individuals (including but not limited	to thos	e lis	sted	abo	ve)	who	rec	eived more than t	100,000 in repor	table com	pensation	
from the organization										<u></u>	Yes No	
											103 110	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste Idividua	ее, к I	еу е	emp	loye	e, o	r nig	gnest compensate	a employee	3	X	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the												
the organization and related organizations greater the individual	nan \$15	0,00	07 /	f 'Ye	es' c	omp	olete	Schedule J for s	uch	4	X	
5 Did any person listed on line 1a receive or accrue or	omnone	ation	fra	 .	m	ınrol	latar	d organization for	conucos			
rendered to the organization? If 'Yes,' complete Sch	edule J	for :	such	ı pei	rson)	ialet	u organization ioi	services	5	Х	
Section B. Independent Contractors									, ,			
Complete this table for your five highest compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of			
								(B			C)	
(A) Name and business addres	S							(B Description of	of Services	Compe	C) ensation	
				-								
									-			
2 Total number of independent contractors (including	hut mat	lune : 1	٠ ،	0 AL-		liete	اء ام	hovo) who receive	d mare than			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but 110t		eu l	o are	J3C	11316	u al	Jove, who receive	a more than			

Pal	rt VIII Statement of Revenue				
1	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
v.	1a Federated campaigns 1a				
FIN	b Membership dues 1b 582.				
용일	c Fundraising events				
₹,					
ㅎ					
NS,	e Government grants (contributions)				
5 E	f All other contributions, gifts, grants, and				
뙲	similar amounts not included above 1f 21,248.				
ξě	g Noncash contribns included in Ins 1a-1f \$				
8∢	h Total. Add lines 1a-1f	21,830.			
불	Business Code				
Ē	2a PROGRAM REVENUE 110000	6,710.	6,710.	0.	0.
2	b				
걸	c				
SER	d				
ΑÄ	e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other program service revenue				
P. P.	g Total. Add lines 2a-2f	6,710.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	110,700.	0.	0.	110,700.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents 6, 380.				
	b Less rental expenses 1,458.				
	c Rental Income or (loss) 4, 922.	1			
	d Net rental income or (loss)	4,922.	0.	0.	4,922.
	(i) Convention (ii) Other	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ŭ.		1,525.
	7a Gross amount from sales of assets other than inventory 215, 056.				•
		•			
	b Less. cost or other basis and sales expenses 241,444.				
	c Gain or (loss) -26,388.				
	d Net gain or (loss)	-26,388.	0.	0.	-26,388.
	u Net gain or (loss)	-20,300.	0.	0.	-20,300.
REVENUE	8a Gross income from fundraising events (not including \$				
Ě	of contributions reported on line 1c)				
	See Part IV, line 18 a 367.				
OTHER	b Less direct expenses b				
•	c Net income or (loss) from fundraising events	367.	367.	0.	0.
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a				
	b Less. cost of goods sold b				- 10.04
	c Net income or (loss) from sales of inventory				l
	Miscellaneous Revenue Business Code				
	11a LIVESTOCK SALES 110000	218,373.	218,373.	0.	0.
	b OTHER INCOME 110000	2,405.	2,405.	0.	0.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	220,778.			
	12 Total revenue. See instructions		227,855.	0.	89,234.

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	A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 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	1,528.	1,528.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	62,800.	62,800.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	02,0001	02,000.		
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				
	Fees for services (non-employees)				
	Management	0.0	0		0
	Legal	98.	0.	98.	0.
	: Accounting	5,500.	0.	5,500.	<u> </u>
	Lobbying Prof fundraiging area. See Bort IV. In 17	<u>-</u>			
	Prof fundraising svcs. See Part IV, In 17	18,204.	0.	18,204.	0.
	Investment management fees Other	10,204.	0.		0.
_	Advertising and promotion	1,631.	1,631.	0.	0.
13	Office expenses	1,001.	1,051.		•
14	Information technology				
15	Royalties			-	
16	Occupancy				
17	Travel	418.	418.	0.	0.
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	30,578.	22,933.	7,645.	0.
	Insurance 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)	8,174.	8,174.	0.	0.
2	AWARDS & GIFTS	3,101.	3,101.	0.	0.
	BANK/FINANCE CHARGES	96.	0.	96.	0.
	DONATIONS	2,500.	2,500.	0.	0.
	DUES & SUBSCRIPTIONS	333.	333.	0.	0.
	MEALS & ENTERTAINMENT	2,034.	2,034.	0.	0.
f	All other expenses	281,103.	281,103.	0.	0.
25	Total functional expenses. Add lines 1 through 24f	418,098.	386,555.	31,543.	0.
26	Joint costs. Check here ☐ 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				
BAA				·	Form 990 (2009)

83-0228968 Form 990 (2009) 4-H CLUBS TETON COUNTY Part X Balance Sheet (**B)** End of year (A) Beginning of year 47,593. 1 23,454. 1 Cash — non-interest-bearing 2 611,932 539,345. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10 a 10a Land, buildings, and equipment cost or other basis 1,239,488 Complete Part VI of Schedule D 10b 10c 822,927. **b** Less accumulated depreciation 416,561 844,602 2,813,333 2,852,554. 11 11 Investments - publicly-traded securities

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)	4,317,460.	16	4,238,280
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	

Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25

12 Investments - other securities See Part IV, line 11

13 Investments - program-related See Part IV, line 11

LIABI

BAA

Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34.

Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets

Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances Total liabilities and net assets/fund balances X and complete 4,317,460. 30 4,238,280. 31

> 32 4,317,460 33 4,238,280. 4,317,460. 34 4,238,280.

12 13

22 23

24

25

27

28 29

0 26

Form 990 (2009)

0.

Part XI Financial Statements and Reporting					
		Yes	No		
1 Accounting method used to prepare the Form 990 X Cash Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?	2b		Χ		
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?	2c				
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?	3a		Х		
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)

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.

Open to Public Inspection

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 83-0228968

4 – H	CI	LUBS TETON CO	UNTY						83-02	228968			
Parl	t I	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ii	nstructi	ions		
The c	rga	nization is not a priv	ate foundation becaus	se it is (For lines 1 throu	ıgh 11, c	heck on	ily one b	ox´)					
1		A church, convention	on of churches or asso	ciation of churches desc	ribed in	section	170(b)(°	I)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)								
3		A hospital or coope	rative hospital service	organization described i	ın sectic	n 170(b)(1)(A)(i	ii).					
4		A medical research	organization operate	d in conjunction with a ho	ospital d	escribed	l in sect	ion 170	(b)(1)(A)	(iii) Ent	er the hosp	oital's	
		name, city, and sta											
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in se	ction	
6 7	Χ	An organization that		jovernmental unit describ substantial part of its suj art II)					or from	the gene	eral public	descrit	bed
8				70(b)(1)(A)(vi). (Complet	e Part II)							
9		from activities relat investment income	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III)	exception	ons, and	d (2) no	more th	an 33-1.	/3 % of ı	ts support	from a	ross
10		An organization org	ganized and operated	exclusively to test for pul	blic safe	ty See	section	509(a)(4	4).				
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	i)(1) or s	ection 5	609(a)(2)	tions of See s	, or carr ection 5	y out the 509(a)(3)	purposes Check th	of one e box	or that
a Type I b Type II c Type III — Functionally integrated d Type III — Other													
е	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			received a written dete	ermination from the IRS t	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon		
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribi	ution fro	m any o	f the fo	llowing p	ersons?	1		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>		Provide the following	ng information about t	ne supported organization	ns		1						
	(1	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	(v) Did y the organ col your su	ization in	(vi) I organizati (i) organiz U S	on in col	(vII) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
													·
		•											
Total													

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

Schedule A (Form 990 or 990-EZ) 2009

83-0228968 Schedule A (Form 990 or 990-EZ) 2009 4-H CLUBS TETON COUNTY Page 2 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 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 beginning in) 🟲 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 33,424 15,621. 29,450. 12,998. 21,830. 113,323. 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 113,323. 15,621. 12,998 21,830 33,424. 29,450 4 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) Public support. Subtract line 5 113,323. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 33,424 29,450 15,621 12,998 21,830 113,323. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 143,887 203,611 270,950 120,762 117,080. 856,290. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) **Total support.** Add lines 7 through 10 969,613. 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 11.69% 15 16

15	Public support percentage from 2008 Schedule A, Part II, line 14	15	11.	78 %
16a	33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or moderate and stop here. The organization qualifies as a publicly supported organization	ore, ch	eck this bo	[×] ► □
b	33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or m and stop here. The organization qualifies as a publicly supported organization.	ore, cl	neck this bo	ox ►
17 a	10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization organization organization organization.	Part	IV how	► X
b	o 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	Part		► □
18	Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and s	ee ins	structions	>
BAA	Schedule A (F	orm 9	90 or 990-E	Z) 2009
	TEEA0402 10/08/09			

83-0228968 Schedule A (Form 990 or 990-EZ) 2009 4-H CLUBS TETON COUNTY Part'III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support (f) Total (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified nersons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 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

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	%
Sec	ction 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	%
10-	22.1/2		

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 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

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

Schedule A	4 (Förm 990 or	990-EZ) 20	009 4-H	CLUBS	TETON	COUNTY		83-02	28968	Page 4
Part IV	Suppleme	ntal Infor	mation. (Complete Part III	this pa	rt to provi Provide a	de the explanati ny other addition	ons required by	Part II, lii See instri	ne 10; uctions.
-			,, b, a,,a				,			
Pt_II_	<u>Line 17a:</u>	THE ORG	GANZIAT	ION REC	<u>EIVES</u>	PUBLIC 9	CONTRIBUTIONS	THAT SERVE		
TO ASS	IST_IN_TRA	AINING_	IL HTUOY	N BECOM	ING GO	OD CITI	ZENS OF THEIR	<u></u>		
COMMUN:	ITIES AND	TO PROV	/IDE_SC	HOLARSH	IPS TO	COLLEG	E_STUDENTS			
								=		
					-					
										
									- 	
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							-			
										
				•	- 	- -		·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection Employer Identification number

4 - F	H CLUBS TETON COUNTY		83-	-0228968	
Pa	t Organizations Maintaining Dono	Advised Funds or Other Similar Fun	ds or Accoun	ts Complete	ıf
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds	s and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)		<u>_</u>		
4	Aggregate value at end of year		"		
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for a	ls may be any other	Yes	☐ No
Pa	rt II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, I	Part IV, line	7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	- ·		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically i	mportant land	area
	Protection of natural habitat	Preservation	of certified historic	c structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a cons	servation easer	ment on the
			He	ld at the End o	f the Year
	Total number of conservation easements		2a		
1	Total acreage restricted by conservation easer	nents	2b		
(Number of conservation easements on a certif	ied historic structure included in (a)	2c		
(Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ed by the organiza	ation during the	e tax
	year ►				
4	Number of states where property subject to co	nservation easement is located 🟲	_		
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring, inspection, har t holds?	ndling of violations	S, Yes	☐ No
6	during the year ►	g, inspecting, and enforcing conservation ease			
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easemen	ts \$		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in its revenue and of the organization's financial statements that d	d expense stateme escribes the organ	ent, and baland nization's accol	ce sheet, and unting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Simila 8.	r Assets	
1 :	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera			
ı	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a cexhibition, education, or research in furthera	and balance sheet nce of public serv	t works of art, hice, provide the	nistorical e following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS		or financial gain, p	provide the follo	owing
	Revenues included in Form 990, Part VIII, line	1		► \$	
1	Assets included in Form 990, Part X			► \$	

Fart III Organizations mainta	unning Conections	5 01 A11, 1115101	ilcai ilcasules, oi	Other Jillinai A33	CLS (COIN	mucuj
3 Using the organization's acquisit items (check all that apply)	on accession and oth	ner records, check	any of the following th	at are a significant use	of its colle	ction
a Public exhibition		d 🗌 Loan o	r exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener	ations					
4 Provide a description of the orgal Part XIV	nization's collections	and explain how	they further the organiz	ation's exempt purpose	· in	
5 During the year, did the organiza assets to be sold to raise funds in					Yes	No
Part IV Escrow and Custodia 9, or reported an amo	al Arrangements ount on Form 990	Complete if or , Part X, line 2	rganization answere 21.	ed 'Yes' to Form 99	}0, Part I	V, line
1a Is the organization an agent, true included on Form 990, Part X?				assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	g table [.]			
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1e 1f		
f Ending balance	amount on Form 000	Dort V June 212		[]1]	Yes	No
2a Did the organization include an a		Part X, line 217			res	☐ 14O
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		ation answere	d 'Yes' to Form 990) Part IV line 10		
Ture V Endowment I unus oc	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance	(a) current year	(b) Thor year	(c) The years back	(u) Times years buck	(6)1041	Jours Buck
b Contributions						
						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs					ļ	<u> </u>
f Administrative expenses						
g End of year balance		<u> </u>				
2 Provide the estimated percentag	-	ance held as				
a Board designated or quasi-endov	vment •	⁸				
b Permanent endowment ►						
c Term endowment ►	- *					
3a Are there endowment funds not	in the possession of t	he organızatıon th	nat are held and admini	stered for the		es No
organization by (i) unrelated organizations					3a(i)	53 110
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related	organizations listed as	required on Sch	redule R?		3b	
4 Describe in Part XIV the intende					55	
Part VI Investments—Land, E				line 10		
Description of investmen		t or other basis	(b) Cost or other	(c) Accumulated	(d) Bool	k Value
		nvestment)	basis (other)	Depreciation	(4) 500	
1 a Land						
b Buildings			1,124,907.	306,844.	8	18,063.
c Leasehold improvements						
d Equipment			94,462.	89,598.		4,864.
e Other			20,119.	20,119.		0.
Total. Add lines 1a through 1e (Colum	n (d) must equal Forr	n 990, Part X, co	lumn (B), line 10(c))	<u> </u>		22,927.
BAA				Sched	lule D (Forn	n 990) 2009

Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Financial derivatives

Schedule D (Form 990) 2009 4-H CLUBS	TETON COUNTY	:	83-0228968	Page 4
	Net Assets from Form 990 to	Financial Statements		
1 Total revenue (Form 990, Part VIII,colum				
2 Total expenses (Form 990, Part IX, colun	nn (A), line 25)			
3 Excess or (deficit) for the year Subtract	line 2 from line 1			
4 Net unrealized gains (losses) on investme				
5 Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 throu	ıgh 8			
10 Excess or (deficit) for the year per audite	d financial statements. Combine lines	3 and 9		
Part XII Reconciliation of Revenue			Return	
1 Total revenue, gains, and other support p			1	
2 Amounts included on line 1 but not on Fo	rm 990, Part VIII, line 12.			
a Net unrealized gains on investments		2a		
b Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII	. line 12, but not on line 1:	1 1		
a Investments expenses not included on Fo		4a		
b Other (Describe in Part XIV)	330, 1 art 7111, 11110 75	4b	-	
c Add lines 4a and 4b		70		
5 Total revenue Add lines 3 and 4c. (This	must equal Form 990 Part I line 12.)		5	
Part XIII Reconciliation of Expenses				
Total expenses and losses per audited fire		iones with Exponsos p	1	
2 Amounts included on line 1 but not on Fo				
a Donated services and use of facilities	777 350, 1 dr. 177, mile 23	2a		
		2b	_	
b Prior year adjustments		2c	-	
c Other losses		2d	-	
d Other (Describe in Part XIV)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1		1 1	3	
4 Amounts included on Form 990, Part IX,				
a Investments expenses not included on Fo	orm 990, Part VIII, line 7b	4a	_	
b Other (Describe in Part XIV)		4 b		
c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4c (This	must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information				
Complete this part to provide the descriptions line 4, Part X, line 2, Part XI, line 8, Part XII, I information	required for Part II, lines 3, 5, and 9, F ines 2d and 4b, and Part XIII, lines 2d	Part III, lines 1a and 4, Part I and 4b Also complete this	V, lines 1b and 2b, F part to provide any a	Part V, dditional
				-
- -	:	– – – – – – – – – – – – – – – – – –	 	
	- 	·- 		
				

Schedule D (Form 990) 2009 4-H CLUBS TETON COUNTY	83-0228968	Page 5
Schedule D (Form 990) 2009 4-H CLUBS TETON COUNTY Part XIV Supplemental Information (continued)		
		 _
		. – – – –
	- 	
		-
		
		
	- 	

SCHEDULE I (Form 990)

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

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

Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection Employer identification number 83-0228968 CLUBS TETON COUNTY Department of the Treasury Internal Revenue Service Name of the organization 4-H

≗ □ Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form ⊠ Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I | General Information on Grants and Assistance

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 Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient that r Form 990) if add	eceived more the	ian \$5,000. Check needed	his box if no one r	ecipient received	more than \$5,000). Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							į
						,	
					-		
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	rganizations				A	

3 Enter total number of other organizations
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Part III

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. 83-0228968

Page 2

(f) Description of non-cash assistance	NONE				and any other additional information.			ALSO QUALIFY BY HAVING MEMBERSHIP IN 4-H DURING THE 5 SENIOR YEARS	<u></u>	STATEMENT 1)				.
(e) Method of valuation (book, FMV, appraisal, other)	N/A				7	L_TRANSCRIPTS	TED_FOR_FULL-TIME_STATUS_AND_MINIMUM_GPA_OF_2.3	P IN 4-H DURING T	ON, THEY MUST COMPLETE AN APPLICATION AND ESSAY. LASTLY.	DATIONS FROM TWO 4-H MEMBERS AND ONE TEACHER. (SEE STATEMENT 1)		 		
(d) Amount of non cash assistance	0.				ion required in Par	ER THEIR SCHOO	TATUS AND MINI	VING MEMBERSHI	ETE AN APPLICA	H_MEMBERS_AND_	1	 		
(c) Amount of cash grant	62,800.				rt to provide the information required in Part I, line	D_TO_RECIPIENTS_AFTER_THEIR_SCHOOL_TRANSCRIPTS	OR FULL-TIME S	QUALIFY BY HA	HEY MUST COMPL	NS_EROM_TWO_4-		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Number of recipients	38				lete this part to pr	RE AWARDED TO	ND EVALUATED E	ECIPIENTS ALSO	IN_ADDITION,_T	<u>. RECOMMENDATIC</u>	 			
(a) Type of grant or assistance	SCHOLARSHIPS ASSISTANCE				Part IV Supplemental Information. Complete this pa	Pt_I_Line_2SCHOLARSHIPS_ARE_AWARDE	Pt_I_Line_2ARE_RECEIVED_AND_EVALUA	Pt_I_Line_2IS_ACHIEVEDRECIPIENTS	<u>Pt_I_bine_2(AGE_14-18)IN_ADDITI</u>	Pt_L_Line_2THEY MUST_HAVE_RECOMMEN				

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
4-H CLUBS TETON COUNTY	83-0228968
Pt_VI-A, Line_8a MINUTES_WERE_TAKEN_TO_DOCUMENT_THE_BOARD_MEETING	S
Pt VI-B, Line 11A FORM 990 IS REVIEWED BY BOARD MEMBERS PRIOR TO F	ILING
Pt VI-B, Line 12c THE WRITTEN CONFLICT OF INTEREST POLICY IS EVALU	ATED ANNUALLY
Pt_VI-C, Line 19 GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAI	LABLE TO THE PUBLIC UPON REQUEST
Pt XI, Line 1 THE CASH METHOD IS USED TO PREPARE THE FORM 990	
<u></u>	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attachment Sequence No 67

2009

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return Identifying number 83-0228968 4-H CLUBS TETON COUNTY Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 \$250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1, if zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 27,173. MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 3,108. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (a) (b) Month and (d) (e) Convention (q) Depreciation Classification of property (business/investment use Recovery period year placed in service only - see instructions) 19a 3-year property **b** 5-year property ٠ c 7-year property d 10-year property e 15-year property 8,920. 15.0 yrs S/L 297 f 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L property 27.5 yrs MMS/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 the appropriate lines of your return Partnerships and S corporations — see instructions 30,578. For assets shown above and placed in service during the current year, enter 23 the portion of the basis attributable to section 263A costs

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

	Note: Fo columns	r any vehicle fo (a) through (c)	or which you a of Section A,	are using a all of Se	the stand ction B,	dard mil and Sec	eage rai	te or f app	deduc olicable	tıng le -	ase exp	oense, co	mplet	e only 2	4a, 24b	
	Section	1 A — Deprecia	tion and Othe	r Informa	ition (Ca	ution: ្ទ	ee the i	nstru	ıctıons	for lin	nıts for	passeng	er auto	mobiles	:)	
248	Do you have eviden	e to support the bu	isiness/investme	nt use claim	ed?		Yes		No 24	b If Ye	es,' is the	evidence v	vritten?		Yes	No
Ту	(a) rpe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other t	or	(busine	(e) or deprecia ess/investn ise only)	ation nent	Rec	overy	Me	g) thod/ rention	Depr	(h) eciation luction	El- sect	(i) ected ion 179 cost
25	Special deprectused more than						service	durır	g the	tax yea	ar and	25				
26	Property used i					,						· · ·				
27	Property used 5	in% or less in a	aualified bus	iness lise								J				
	Troperty used S	0 70 01 1633 111 0	quanned bus	illess use	-						T					
]	
	Add amounts in		_				ne 21, p	age	1			28				
_29	Add amounts in	column (i), line	e 26 Enter he											29	<u> </u>	
	nplete this section our employees, fi				r, partne	r, or oth	er 'more	e tha	n 5% (owner,						hicles
	T.1.1.1.			((a)	(1	b)		(c)		(d)	(≘)	(f)
30	Total business/ during the year commuting mile	(do not include		Vehicle 1		Vehicle 2		١	Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
31	Total commuting m	iles dri <mark>ven dur</mark> ing tl	he year								_					
32	Total other pers miles driven	sonal (noncomn	nuting)													
33	Total miles driv lines 30 through		ear Add		_		,		Z. N.		 v v					
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?													
36 	Is another vehic personal use?	cle available for	ſ 				<u> </u>									
			C — Question	-	-					-						
Ansv	wer these question owners or related	ons to determine I persons (see i	e if you meet instructions)	ап ехсер	tion to c	ompletir	ng Secti	on B	for ve	hicles	used by	y employ	ees wi	no are n	ot more	than
37	Do you maintain by your employ	n a written polic ees?	cy statement t	hat prohil	bits all p	ersonal	use of v	/ehic	les, in	cluding	g comm	uting,	•		Yes	No
38	Do you maintain employees? Se	n a written polic	cy statement i	hat prohil	bits pers	onal use	e of veh	icles	, excep	ot com	muting.	by your				
39	Do you treat all			,	•		is, uite	,1015	, 01 17	5 OI 1110	OIE OWI	1012				
_	Do you provide vehicles, and re	more than five	vehicles to yo	our emplo			ormation	fror	n your	emplo	yees al	bout the	use of	the		
41	Do you meet th	e requirements	concerning q	ualified ai					•			•				
Da	Note: If your ar		39, 40, or 41	is Yes,	ao not c	ompiete	Section	181	or the	covere	ea venic	ries				
Pa	rt VI Amorti			1	(b)	1	(c)			(4	`	1 (0			(f)	
	Des	(a) cription of costs		Date ar	mortization egins		(c) Amortizab amount	le		(di Cod secti	le	Amorti perio percei	zation d or	A f	(י) mortizatio or this yea	n ır
42	Amortization of	costs that begi	ins during you	ır 2009 ta	x year (s	ee instr	uctions))								
			-													
				<u> </u>									T ==			
43		f costs that beg	_		-	noro to =	onort						43			
44	rotai. Add ame	ounts in column	i (i) see the	เบริเทินติเปิดเ	IS FOR WE	iere to f	ehorr						44			

Election Statement

Election out of Qualified Economic Stimulus Property

Election Out of Qualified Economic Stimulus Property

Attach to your return

Taxpayer hereby elects under IRC Section 168(k)(2)(D)(iii) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending

September 30, 2010

15 Year Property

4-H Clubs - Teton County Form 990 Year End 9/30/10 EIN #83-0228968

SCHOLARSHIPS

	Name of Recipient	Amount	
1	Kelley Anderson	\$	1,800.00
2	Rebekah Atkins	\$	1,600.00
3	Andrew Bergeron	\$	1,900.00
4	Gordon Chapdelaine	\$	1,500.00
5	Jeremy Gaitan	\$	3,000.00
6	Roslyn Gwilliam	\$	1,700.00
7	Erin Heffron	\$	1,700.00
8	Nicholette Kaliebe	\$	1,700.00
9	Anders Linn	\$	1,400.00
10	Leigh McKissick	\$	1,800.00
11	Chance Marshall	\$	1,900.00
12	Katie Meagher	\$	1,500.00
13	Martel Memmer	\$	1,400.00
14	Riley Millward	\$	1,500.00
15	Amy Putnam	\$	1,600.00
16	Amanda Robinson	\$	1,700.00
17	Breanna Martin	\$	1,900.00
18	Dana Rogers	\$	1,800.00
19	Kaitlyn Romsa	\$	1,900.00
20	Chelsie Taylor	\$	1,900.00
21	Justin Taylor	\$	1,800.00
22	Harrison Tome'	\$	1,900.00
23	Amber VonKrosigk	\$	1,700.00
24	Jake Vosika	\$	1,500.00
25	Luke Walker	\$	1,600.00
26	Schyler Widman	\$	1,400.00
27	Desiree' Bridges	\$	1,200.00
28	Jaimie Henry	\$	1,400.00
29	Nathan Holcomb	\$	1,200.00
30	Taylor Holmes	\$	1,800.00
31	Matthew Loose	\$	1,700.00
32	Tanner Melsaether	\$	1,500.00
33	Katie Moyer	\$	1,600.00
34	Charles Putnam	\$	1,600.00
35	Brett Rioto	\$	1,300.00
36	Elyse Thulin	\$	1,600.00
37	Pierce Tome'	\$	1,500.00
38	Ben Walker	\$	1,300.00

TOTAL SCHOLARSHIPS \$ 62,800.00 Cash Grants Paid