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Change of Fiscal Year

Form 990-EZ

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning		January 1	, 2010, and ending	June 30	, 2010																																																																																							
B Check if applicable		C Name of organization		D Employer identification number																																																																																								
<input type="checkbox"/> Address change		Winnebago County 4-H Leaders Association Inc		39 6101443																																																																																								
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number																																																																																							
<input type="checkbox"/> Initial return		625 E County Rd Y		600	920 232 1974																																																																																							
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►																																																																																								
<input type="checkbox"/> Amended return		Oshkosh WI 54901																																																																																										
<input type="checkbox"/> Application pending																																																																																												
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►																																																																																												
I Website: ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																																								
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																												
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return																																																																																												
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58345 97																																																																																												
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Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td> <td>9</td> <td>38486.99</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10</td> <td>2780</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> <td></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> <td></td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td></td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> <td></td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>21639.86</td> </tr> <tr> <td>17 Total expenses. 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Combine lines 18 through 20 ►</td> <td>21</td> <td>88916.45</td> </tr> </table>						1 Contributions, gifts, grants, and similar amounts received	1	4372 62	2 Program service revenue including government fees and contracts	2	18725 37	3 Membership dues and assessments	3	920 20	4 Investment income	4	240 80	5a Gross amount from sale of assets other than inventory	5a		b Less: cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events			a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	34086.98	c Less: direct expenses from gaming and fundraising events	6c	19858.98	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14228.00	7a Gross sales of inventory, less returns and allowances	7a		b Less: cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O)	8		9 Total revenue. 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SCANNED FEB 22 2012 Revenue Expenses Net Assets																																																																																												

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77519.74	22 88916.45
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	77519.74	25 88916.45
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	77519.74	27 88916.45

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Support 4H Youth Programming and Development**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Member National Trips: Helps youth who are selected to participate in various state & national trips. Includes National Congress, American Spirit, Citizenship Washington Focus, & Space Camp. Youth meet many people, attend workshops, and develop leadership skills. Youth Participation: (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	3235.00
29	Project Literature: Assists youth in project activities Books, pamphlets, and worksheets help youth identify projects, establish checklists, budgets, histories, and learning outcomes for projects the youth enroll in. Youth Participation: (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	2444.47
30	Shooting Sports: Helps youth understand archery, rifle, shotgun, pellet, and natural science. Activities include target practice, safe handling, animal tracking, and outdoor projects. Youth Participation: (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	2978.80
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	15761.59
32	Total program service expenses (add lines 28a through 31a)	32	24419.86

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Glenn Erickson 6050 Old Dixie Rd. Neenah WI 54956	President -1	0	0	0
Mark Kunde 4736 County Rd GG Oshkosh WI 54904	Vice President -1	0	0	0
Gerry Marks 4784 County Rd G Oshkosh WI 54904	Secretary -1	0	0	0
Steve Eichman 554 Eastgate Dr Oshkosh WI 54904	Director .5	0	0	0
Joe Kuhnl 6410 County Rd T Oshkosh WI 54904	Director .5	0	0	0
Kelvin La Marche 3795 County Rd II Lauen WI 54947	Director .5	0	0	0
Kevin La Marche 7161 County Trk D Omro WI 54963	Director .5	0	0	0
Linda Koop 6428 County Rd M Winneconne WI 54986	Director .5	0	0	0
Khonda Kunkel 4736 County Rd GG Oshkosh WI 54904	Director .5	0	0	0
Jennifer Berg 4612 Kolb Rd Oshkosh WI 54904	Director .5	0	0	0
Nancy Dieper 9198 N Oakwood Rd Neenah WI 54956	Director .5	0	0	0
Mary Gleeson 3482 J Bradley Rd Omro WI 54963	Director .5	0	0	0
Nicole Rognstad 6352 County Rd E Omro WI 54963	Director .5	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 0

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f

41 List the states with which a copy of this return is filed ► Wisconsin

42a The organization's books are in care of ► Scott M Richter Telephone no. ► 920 420 4955
 Located at ► 7232 Country Club Road Oshkosh WI ZIP + 4 ► 54902

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
40f		

	Yes	No
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	

	Yes	No
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

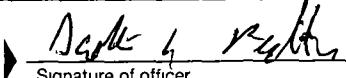
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► _____
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► _____
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		
	Signature of officer Scott M. Richter, Treasurer	Date 26 Aug 2012
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

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

► Yes No

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

2010

Open to Public
Inspection

Name of the organization

Winnebago County 4-H Leaders Association Inc

Employer identification number

39 6101443

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33^{1/3}% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 ^{1/3} % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33^{1/3}% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ^{1/3} % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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		► <input type="checkbox"/>
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Spring Pizza Sale (event type)	(b) Event #2 Horse Tack Sale (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts . . .	16106.00	8264.25	6393.5	30763.75
2 Less: Charitable contributions . . .				
3 Gross income (line 1 minus line 2)	16106.00	8264.25	6393.5	30763.75
Direct Expenses				
4 Cash prizes . . .				
5 Noncash prizes . . .				
6 Rent/facility costs . . .				
7 Food and beverages . . .				
8 Entertainment . . .				
9 Other direct expenses	10577.49	5388.23	2620.63	18586.35
10 Direct expense summary. Add lines 4 through 9 in column (d)				(18586.35)
11 Net income summary. Combine line 3, column (d), and line 10				12177.40

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility
 b An outside facility

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part II Column A - Pizza Sale is done in both Fall and Spring. The sale consists of selling pizzas to 4H members, family, neighbors, co-workers, etc. Sales are totaled and then the 4-H as a county makes all the pizzas. They are delivered by 4-H members and are then frozen. As we essentially "manufacture" the pizzas, all the costs were listed as Other

Part II Column B - Horse Tack sale consists of a once a year sale of horse project members and the community. Individuals rent a space to sell unwanted horse goods. The 4-H Horse project coordinates the sale, running advertisements, setting up the Expo center, and assigning spaces. The project makes some money from the rental fee, but mostly the income comes from commission charged on all sales. This is the Horse Project's major fund raiser of the year and its proceeds fund many of the project workshops and project activities.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization

Winnebago County 4-H Leaders Association, Inc.

Employer identification number

39 6101443

Part I Line 10: None of the scholarships/grants offered by the Leaders Association exceeded \$5,000.

Part I Line 16: The Leaders Association is dedicated to supporting 4-H programs. These range from large projects like Horse to smaller

projects like Food. Each project area within 4-H is entitled to use Association funds to provide for project activities. Examples of

expenses include sewing patterns, speakers, demonstrations, judges, test kits, craft supplies, facility fees, archery targets, ammo,

travel, conference fee reimbursement, and awards. Nearly all projects are asked to offset expenses with revenue, but not all projects have

the necessary membership or ability

Part I Line 18: Due to the change in fiscal year, revenue and expenses no longer cleanly match. For example, Camp is held in July, but

the Leaders Association receives all camp participation fees prior to July. This revenue will show up in this partial year return

while the expenses won't show up until the next return. In the past, using a calendar year, the revenue and expenses all fell in the same

tax year. Additionally most expenses for the 4-H program are not generated until the later half of the calendar year. These are incurred over

the summer and reimbursed, creating a timing delay in getting the money spent

Part I Line 20: As a cash basis organization, the actual cash/savings on hand was \$88,916.45. To achieve this balance required a negative

adjustment of \$2,670.42. As Treasurer, I have yet to find a "good" reason for the discrepancy. As of this time, the only culprit I have is

the software we use for record keeping. It would appear over time that the way adjustments have been recorded in Quicken when

transferring fund balances to different project areas has created discrepancies in various accounts. While on an individual account

basis these are small, over time they have aggregated to become this \$2,670.42 error. Quicken software is not appropriate for

a business entities record keeping and with the change in fiscal years, revision to 4-H Financial Guidelines, our normal audit, and

the discovery of this error, the Leaders Association will be moved to Quickbooks Non-Profit

Part II Line 26: The Association maintains no outstanding liabilities, as everything is done on a cash basis and are paid upon

submission of a request. The Association does maintain at the request of some projects, their associated funds, which totaled

\$31,390 for 2010 and \$33,642.62 for this partial year tax return. In the unlikely situation the Association were to fold, the Association would

need to payback these amounts to the specific projects with the remainder going to the State 4-H fund as required by State Guidelines

and our by-laws.

Name of the organization

Winnebago County 4-H Leaders Association, Inc.

Employer identification number

39 6101443

Part III Line 31: See description for Part I Line 16