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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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

Sponsoring organizations of donor advised funds, 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.

OMB No. 1545-1150

2012

Open to Public Inspection

			112 calendar <u>year, or tax year beginning</u>	, 2012, and ending	, 20
В	Chec	ck if cable	C Name of organization		D Employer identification number
Ш	Addr	ess ch	washington county 4-H LEADI	ERS ASSOCIATION	93-0229514
\Box	Name	e chang	Number & street (or P.O. box, if mail is not of	delivered to street addr.) Roo	E Telephone number
	Initia	l return			1
	Term	inated	155 N FIRST AVE., STE	200	(503)821-1119
	Amei	nded re	turn City or town, state or country, and ZIP + 4		F Group Exemption
П	Appi	ication	HILLSBORO OR 97124		Number ▶
			g Method. X Cash Accrual Other (specify) ▶	•	H Check ► X If the organization is not
ı	We	ebsite	EXTENSION.OREGONSTATE.EDU/	METRO4H	required to attach Schedule B
			npt status (check only one) X 501(c)(3) 501(c)() • (ii		(Form 990, 990–EZ, or 990–PF).
			if the organization is not a section 509(a)(3) supporting of		ganization and its gross receipts are normally
	not	more	than \$50,000. A Form 990-EZ or Form 990 return is not rec	quired 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 comp	ete return.	
L	Add	d lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gro	ss receipts are \$200,000 or mo	ore, or if total assets (Part II.
			olumn (B) below) are \$500,000 or more, file Form 990 inste	•	
F	art		Revenue, Expenses, and Changes in Net A		
			Check if the organization used Schedule O to respond to		
_		1	Contributions, gifts, grants, and similar amounts received ·		
	ļ	2	Program service revenue including government fees and o		
		3	Membership dues and assessments		
		4	Investment income · · · · · · · · · · · · · · · · · · ·		
		5a	Gross amount from sale of assets other than inventory	· · · · · · · 5a	
		b	Less: cost or other basis and sales expenses · · · · · · · · · · · · · · · · · ·	5b	, ,
ļ Į	R	c	Gain or (loss) from sale of assets other than inventory (Sul	otract line 5b from line 5a) · · ·	5c
	Ë	6	Garning and fundraising events		
ĺ	REVEND	а	Gross income from garning (attach Schedule G if greater t	han	o jetani
	N		\$15,000)	1 1	المجاهدة الم
	Ĕ	b	Gross income from fundraising events (not including \$	of con	tnbutions
			from fundraising events reported on line 1) (attach Schede	ule G if the	15 see
	- 1		sum of such gross income and contributions exceeds \$15	6b	
		С	Less: direct expenses from garning and fundraising events	6c	- b.
			Net income or (loss) from gaming and fundraising events		
			line 6c)		6d
		7a	Gross sales of inventory, less returns and allowances · · ·		3 - 3 - 3 - 3
	l	b	Less. cost of goods sold		
		C	Gross profit or (loss) from sales of inventory (Subtract line	7b from line 7a)	7c
		8	Other revenue (describe in Schedule O)		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 52,769
		10	Grants and similar amounts paid (list in Schedule O) · · · ·	RECEIVE	10 22,051
	E	11	Benefits paid to or for members · · · · · · · · · · · · · · · · · · ·		<u>၂၂</u> ၂၂
	Χ	12	Salaries, other compensation, and employee benefits		12 . 0 . 12
	E	13	Professional fees and other payments to independent con	tractors	
	N S	14	Occupancy, rent, utilities, and maintenance · · · · ·		<u>4,500</u>
	EXPENSES	15	Printing, publications, postage, and shipping · · · · ·	OGDEN.	15
	3	16	Other expenses (describe in Schedule O) \cdots		
		17	Total expenses. Add lines 10 through 16		
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 22,261
N	ŝ	19	Net assets or fund balances at beginning of year (from line		
N E T	ASSET		end-of-year figure reported on prior year's return) $\cdot \cdot$		19 16,209
•	Ī	20	Other changes in net assets or fund balances (explain in	Schedule O) · · · · · · · ·	
_	3	21	Net assets or fund balances at end of year. Combine lines	18 through 20 · · · · · · ·	

कारे ॥	Balance Sneets (see t		•				-
	Check if the organization us	ed Schedule	O to respond to any qu		- · · · · · · · · · · · · · · · · · · ·	· · ·	
0	names and law				nning of year	7	(B) End of year
	, savings, and investments .				16,209	-	38,470
	and buildings					23	
	r assets (describe in Schedul i assets					24	38,470
	l liabilities (describe in Sche					25	30,470
	issets or fund balances (lin	-				26	38,470
intalli)	Statement of Progra					27	Expenses
hat is the	Check if the organization L organization's primary exem e organization's program ser ed by expenses. In a clear ar nefited, and other relevant in	pt purpose?	SEE ATTACHM	ENT #1 three largest program se	ervices.	6	Required for section 501(c)(3) and 501(c)(4) organizations and section 1947(a)(1) trusts, optional or others.)
(Grants	s \$) If this amou	unt includes foreign gran	its, check here		<u>28a</u>	
(Grants	\$ \$) If this amoi	unt includes foreign gran	nts, check here		29a	
(Grants		<u> </u>		nts, check here	•	30a	
Other (orogram services (describe i		•				
(Grant	s \$ program service expenses			nts, check here		31a 32	
ParitiV	List of Officers, Director Check if the organization (a) Name and title		· ·		(d) Health benefits	<u></u>	(e) Estimated amount of
			devoted to position	(if not paid, enter -0-)	contributions to employee benefit pla deferred compensa:	ıns, & tıon	other compensation
EE A	TTACHMENT #2						
					}		
							_
							
			-				
			<u> </u>				
					 	_	
					 		
				<u> </u>			
VA 12	990EZ2 TWF 990 C	`onvright Form	is (Software Only) - 2012 TW				Form 990-EZ (2012)

WASHINGTON COUNTY 4-H LEAD 93-0229514

Page 2

Form	990-EZ (2012)		Pi	age 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
<u>`</u>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • • • • •		ــــــــــــــــــــــــــــــــــــــ
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			l
	detailed description of each activity in Schedule O	33		_X_
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		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		,	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	_35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		.	ĺ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		_X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	3,		
b	Did the organization file Form 1120-POL for this year?	37b	L	X
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		_X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		İ	
39	Section 501(c)(7) organizations. Enter.		5	
а	Initiation fees and capital contributions included on line 9	. ~	a C	
b	Gross receipts, included on line 9, for public use of club facilities	1.5	, ,]
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	ļ
	section 4911 ▶; section 4912 ▶; section 4955 ▶] ;	ĺ	,
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			L
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	-	-	
	reimbursed by the organization	. '		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>	L
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts.		<u> `</u>	_
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 Check here			. ▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · ▶ 43			-
			Yes	No
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	<u> </u>	X
b				<u></u>
	completed instead of Form 990-EZ	44b	—	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	Щ	X
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	 	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45b		45	' ¥	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	40g] ; = .	
	Form 990-EZ (see instructions)	45b		X

-0111	1990-62	(2012)							$\overline{}$	age 4
46	to candi	organization engage, directly or indire dates for public office? If "Yes," comp		_				46	Yes	No X
Ra	nt MI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51		ns 47-49	b and 52, and co	nplete the ta	ables for lines			
	Check if the organization used Schedule O to respond to any question in this Part VI									
<u>-</u>									Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II									v
48	•	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								X
49a				exempt non-charitable related organization?						X
þ		was the related organization a section	_							X
50		te this table for the organization's five						-		
		ees) who each received more than \$1 (a) Name and title of each employee	(b) Average		(c) Reportable		alth benefits, contruib-			
	`	paid more than \$100,000	hours per devoted to p		compensation (Form W-2/1099-MISC)		nployee benefit plans, rred compensation	(e) Estima		
ИО	NE									
						İ				
_					<u> </u>					
							ı			
	Total nu	umber of other employees paid over	\$100,000 · ·.▶						-	
51	Comple	te this table for the organization's five	highest compensate	d indep	endent contractor	 s who each	received more tha	ເກ		
		00 of compensation from the organiza								
(a) Name and	address of each independent contractor pa	ud more than \$100,000	!	(b) Type of servi	:e	(c) c	ompensatio	n	
NO	NE						 		-	
						 ·	 			
				_						
				ļ						
d	Total n	umber of other independent contract	ore each receiving ov	er \$100	000		<u> </u>			
52 52		organization complete Schedule A?	•			947(a)(1)				
	nonexe	mpt chantable trusts must attach a co	ompleted Schedule A		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	► \ Ye	s þ	No
		of perjury, I declare that I have examined th						dge and be	lief, it is	5
true,	correct, and	d complete. Deplaration of preparer (other t	han officer) is based on a	II informa	tion of which prepare	r has any knov	vieage. 	7 8	: /2	-13
Sig	ın	Signature of officer	CHICAC .					Date		
He	re	GERALD BEAMON			TREAS	SURER				
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	2 13	Check if	PTIN		
Pai		SVETLANA TASKAEVA	Taskace	p	8.1	3.13	self- employed	P0124		<u> </u>
	eparer e Only		ROUP INC / BEAVERTON H		DALE		Firm's EIN ▶ 43	<u>18718</u> 3-643-		 3
		discuss this return with the preparer s						► X Ye		No

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.

OMB No. 1545~0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number WASHINGTON COUNTY 4-H LEADERS ASSOCIATION 93-0229514 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. **b** Type II c | Type III-Functionally integrated d | Type III-Non-functionally integrated 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) 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 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) Yes No and (III) below, the governing body of the supported organization?..... 11g(i) 11g(ii) Provide the following information about the supported organization(s). (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (V) Did you notify the (vii) Amount of organization in col. (i) organization (described on lines 1-9 ın col. (i) lısted ın your organization in col. (i) monetary support organized in the above or IRC section governing document? of your support? U.S.? (see instructions)) Yes No Yes Yes No

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

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 un	ider the tests list	ted below, please	e complete Part	ll.)		
	tion A. Public Support	(a) 2008	(h) 0000	(a) 0010	(4) 0014	(=) 0040	(O Tabel
Car	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				<u>.</u>		
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	_					t
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.)	上等於清楚 的「是	也是一个	1批数4次有整理的	相外都被印象	1. 数数4. 数数	0
	tion B. Total Support	,					
	lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				ļ		
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, check this box and stop here.	_		•	•	n 501(c)(3)	▶ 🛭
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8, co	olumn (f) dıvıde	d by line 13, colu	mn (f))		15	%
<u> 16</u>	Public support percentage from 2011 Schedu					16	%
<u>Sec</u>	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2012 (line	10c, column (f)	divided by line	13, column (f)) .		17	%
18	Investment income percentage from 2011 Sc					18	%
19a	33 1/3% support tests 2012. If the organ						-
	not more than 33 1/3%, check this box and	=	-	-			_
b	33 1/3% support tests 2011. If the organ						
	line 18 is not more than 331/3%, check this b		-			_	
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a, c	r 19b. check this	s box and see in	structions	

JVA

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WASHINGTON COUNTY 4-H LEADERS ASSOCIATION

Employer identification number

93-0229514

STATE OF OREGON CORPORATE DIVISION FEE......198

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III	
OPEN TO PUBLIC	
INSPECTION For calendar year 2012 or tax period beginning , and ending	
lame of Organization	Employer Identification Number
VASHINGTON COUNTY 4-H LEADERS ASSOCIATION	93-0229514
Primary Purpose	_
PROVIDE EDUCATIONAL OPPORTUNITIES FOR YOUTH. HELP THEM I-H PROGRAMS HOW TO: BELONG, MASTER SKILLS, BE INDEPEND SENEROUS.	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 99	90-EZ PAGE 2,	PART IV		
INSPECTION For calendar year 2012 or ta	x period beginning	, and e	ending	·
Name of Organization				fication Number
WASHINGTON COUNTY 4-H LEA	ADERS ASSOCIAT	ION	93-02295	
(A) Name and Title	(B) Average hours per	(C) Compensation	(D) Cont. to employee	(E) Expense account
	week devoted to postion	(Form W-2/1099-MISC) (if not paid, enter -0-)	ben plans & def. comp.	& other compensation
ASHLEY MCDONALD				
CHAIR	1.00	0	0	0
STEPHEN ROSENSTOCK				
CO-CHAIR	0.10	0	0	0
GERALD BEAMON				
TREASURER	1.00	0	0	0
JOANNE HUNTLEY				
ACTING SECRETARY	1.50	ĺ	0	0
TICTING BEGINETIME	1.00	Ĭ	Ĭ	
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	}		1	
		1	<u> </u>	10 5057514

990 BOOKS ARE IN CARE OF

ATTAC	CHMENT	<u> 3 – 9</u>	90-EZ	PAGE 3,	PART	V, LI	NE 42	2A		_		
OPEN	TO PUBLIC	}								•		
INSPE	CTION	For calend	lar year 2012	or tax period b	eginning			, and e	ending			
Name of	Organizatio	in	_							Employer	dentificatio	on Number
WASH]	<u>INGTON</u>	COUNT	'Y 4-H	LEADERS	ASSOC	CIATIO	N			93-022	9514	
Part V -	Line 42a					·		·				
Individua	l Name		• • • • • • • • •			• • • • •	<u>GERAI</u>	LD BEAM	<u>ON</u>			
or												
Business	Name:											
												
												
C+ 4 - 4 - 1	14						166)	N DTDCM	, 70 T Z T	CITTUI		
Street Ad	aaress	• • • • • • • • •					155 [N FIRST	AVE	SUITE	200	
U.S Add	lress:											
0.0 7.00	000											
7	7in code	97124		съ НТ	LLSBOF	20			State	∍ OR		
	or or	<u> </u>		City III	<u> </u>	<u></u>			State	<u> </u>		
Foreign A												
r oroigir z	iaa ooo											
(City											
	•											
F	Province or	State		· · · · · · <u> </u>								
(Country											<u> </u>
ş	Postal code											
ſ	Phone Num	nber									(503)	<u>821-111</u> 9
F	Fax Numbe	r				• • • • • • • •						

2012 DETAIL STATEMENTS

WASHINGTON COUNTY 4-H LEADERS 93-0229514		PAGE 1
STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)		
ACCOUNTING AND TAX PREP	404 3,355	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	• • •	3,759

Form .8868

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extension, comple	ete only Par	t I and check this box		.	X
	e filing for an Additional (Not Automatic) 3-Month E					_
Do not con	nplete Part II unless you have already been granted a	an automatic	3-month extension on a pre	eviously file	ed Form 8868	
corporation request an o Associated	filing (e-file). You can electronically file Form 8868 if y required to file Form 990-T), or an additional (not auto extension of time to file any of the forms listed in Part I With Certain Personal Benefit Contracts, which must b ling of this form, visit www.irs gov/efile and click on e-f	omatic) 3-mo or Part II wit e sent to the	onth extension of time. You on the the exception of Form 8870 IRS in paper format (see ins	an electro 0, Informa	nically file Form 8868 to tion Return for Transfers	
Parti	Automatic 3-Month Extension of Time.	Only submit	original (no copies needed).			_
A corporation	on required to file Form 990-T and requesting an autor			ox and co	mplete ▶	
All other cortax returns.	rporations (including 1120-C filers), partnerships, REM	IICs, and tru				
	Name of exempt exemption or ather flex are instru		Enter fi		tifying number, see instruc	
Type or print	Name of exempt organization or other filer, see instru WASHINGTON COUNTY 4-H LEAD				iployer identification number (EIN 93–0229514) or
File by the	Number, street, and room or suite no. If a P.O. box,		nne		ocial security number (SSN)	
due date for	155 N FIRST AVE SUITE 200	Sec modele	Jila.	15]	
filing your return. See	City, town or post office, state, and ZIP code. For a f	oreign addre	ess see instructions			
instructions.	Hillsboro OR 97124-	oroigii ada it	, 500 mondono			
	eturn code for the return that this application is for (file	a separate	application for each return) .		[6	01
Application	1	Return	Application		Retu	ırn
Is For		Code	Is For		Coc	
	f Form 990-EZ	01	Form 990-T (corporation)	07		
Form 990-I		02	Form 1041-A		08	
	(individual)	03	Form 4720		09	
Form 990-I		04	Form 5227	10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
FOITH 990-	T (trust other than above)	06	Form 8870		12	<u>:</u>
	oks are in the care of ▶ <u>See attachment</u>	#1		· · · · · · · · · · · · · · · · · · ·		
•	one No •		FAX No. ▶			
	rganization does not have an office or place of busines		·			⊔
	s for a Group Return, enter the organization's four digit	n -	· · · · · 			his ıs
	le group, check this box	-	part of the group, check this	box	▶ ∐ and a	πacn
	ne names and EINs of all members the extension is for		la Farm 000 T) automian of	tuna a	 	
until	st an automatic 3-month (6 months for a corporation r AUGUST 15, 20, 13, to file the exempt organi				o ovtonojo o jo	
-	organization's return for:	Zauon return	nor the organization named	above. III	e extension is	
_	calendar year 20 12 or					
		n and	l ending		20	
' ⊔	tax year oognining, z	, and	- ending			
2 If the ta	ax year entered in line 1 is for less than 12 months, che	eck reason:	☐ Initial return ☐ Fir	nal return	Change in accounting p	enod
	application is for Form 990-BL, 990-PF, 990-T, 4720, o			1		
	y nonrefundable credits. See instructions		· · · · · · · · · · · · · · · · · · ·	За	s	0
	application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any refi	undable credits and			
	ted tax payments made Include any prior year overpa	-		3b	\$	0
	e due. Subtract line 3b from line 3a. Include your pays					
EFTPS	(Electronic Federal Tax Payment System). See instruc	tions		3c	\$	0
Caution. If	you are going to make an electronic fund withdrawal	with this Fon	m 8868, see Form 8453-EO	and Form	8879-EO	
for paymer	nt instructions.			<u> </u>		