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## 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.

2014

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

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	Hevenue Service	<u> </u>	ut Schedule A (Forr	n 990 or 990-EZ) and its	instructioi	is is at ww		Inspection
Name of the organization  Douglas County 4-H Association							Employer identification	
Part			rity Status (All	organizations must	comple	te this n	g3-08: art.) See instructio	
				s. (For lines 1 through				
	☐ 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.)							
	•	•		janization described ii				
	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:							
	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.)							
	✓ An organiza	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A communit	ty trust described	ın <b>section 170(b)</b>	(1)(A)(vi). (Complete f	Part II.)			
9	An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accurred by the organization after lune 30, 1975. See section 509(a)(2) (Complete Part III.)							
40	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).							
		=		· ·	-			out the nurnees of
"	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.							
а		· -		· · · · · ·	-			_
	☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	☐ Type III fu	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d	☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е	Check this	s box if the organia	zation received a		n from the IRS that it is a Type I, Type II, Type III			
f		nber of supported						
g			-	orted organization(s).				· · <u> </u>
	(i) Name of suppor	ted organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		_		(See instructions))	Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total					_	· .		

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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 (c) 2012 (a) 2010 (b) 2011 (d) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, contributions, membership fees received (Do not include any "unusual grants.") . . . 10999 10730 8716 4888 7155 42488 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3. . . . 10999 10730 8716 4888 7155 42488 The portion of total contributions by person (other than governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 42488 Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . . . 10730 7155 10999 8716 4888 42488 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 90 19 136 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 5631 10307 15938 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 1850 1212 8716 4893 7167 23838 Total support. Add lines 7 through 10 11 61624 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 12 37786 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 689 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\square$ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization		Employer identification number
Douglas County 4-H As	sociation	93 0878261
Douglas County		
Part VI Line 11b: Form 9	190 was reviewed by the signing officer.	
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Part VI line 19 All docu	iments are available to the public upon request.	
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