990-F7

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

G Do not enter social security numbers on this form as it may be made public

G Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01 , 2016, and ending 9/30 2017   A force of the position of the 2016 calendar year, or tax year beginning 10/01 , 2016, and ending 9/30 41-14.24605   A force of the position of the 2016 calendar year, or tax year beginning 10/01   A force of 10			venue service		
Revenue, Expenses, and Charges in Net Assets or Fund Balances (see the Instructions for Part   Contributions, grifs, grants, and smillar amounts received to any question in this Part	Α	For t	he 2016 calendar year, or tax year beginning 10/01 , 2016, and ending 9/30	, 2017	
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Total return   Total country	H		Dico County / H Fodoration MN	41-1424695	
Facinization pinding   Facinization	H		1900 Fai rgrounds Dr. #17	elephone number	<del></del>
Accounting Method	H		11 ari bard + MN FE()31 2143	507-332-610	<b>)</b> 9
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6 Accounting Method	H		( )~)	∍roup Exemption Jumber	G 5030
Website: G www.eXtensi on umn edu   State	6				
Tax-exempt status (check enly case)*	ĭ				
Add lines \$b. 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total gassets (Part II, Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990 FEZ (\$\$97, 924 Part II) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule 0 to respond to any question in this Part II 1 12, 277    1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 1 1 12, 277    2 Program service revenue including government fees and contracts 3 3    4 Investment income 4 295    5 a Gross amount from sale of assets other than inventory 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 5 b	J		<del> </del>		
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11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   15   842     16   Other expenses (describe in Schedule O)   16   84,873     17   Total expenses. Add lines 10 through 16   G   17   101,336     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -22,237.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   122,211     20   Other changes in net assets or fund balances (explain in Schedule O)   20     21   Net assets or fund balances at end of year Combine lines 18 through 20   G   21   99,974		<u> </u>			
Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  G 21 99, 974		l	Benefits paid to or for members		12, 320
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  34, 873  44, 873  5 17 101, 336  5 18 -22, 237.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  G 21 99, 974	E N		Occupancy rent utilities and maintenance	182	
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21 Net assets or fund balances at end of year Combine lines 18 through 20 G 21 99, 974	Α	'8		<del> </del>	<u>-22, 237.</u>
21 Net assets or fund balances at end of year Combine lines 18 through 20 G 21 99, 974	ΝS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year forces of the prior year's setup)	r	400 044
21 Net assets or fund balances at end of year Combine lines 18 through 20 G 21 99, 974	ŤΕ	20		<b>├─</b> ─	122, 211
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Form	990-EZ (2016) Rice County 4-H	Federation MN			41-	-1 <u>4</u> 2	4695 Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) edule O to respond to any qu	estion in this Part II				
		-		(A) Begii	nning of yea		(B) End of year
	Cash, savings, and investments Land and buildings				<u>122, 211</u>	22	99, 974
24	Other assets (describe in Schedule O)					24	
25	Total assets				122, 211.	25	99, 974.
	Total liabilities (describe in Schedule O)				0	26	0.
	Net assets or fund balances (line 27 of				<u>122, 211.</u>	27	99, 974. Expenses
Fer	Statement of Program Service Ac Check if the organization used Sc	hedule O to respond to any o	question in this Part	111	X	(Reg	uired for section 501
What i	s the organization's primary exempt purpose? See	Schedul e 0				(c)(3)	and 501(c)(4)
Desc meas	ribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of e manner, describe the servi	its three largest produces provided, the nu	gram servi Imber of p	ces, as ersons		ilzations, optional hers)
bene 28	nted, and other relevant information for e	each program title					
20	4-H Events: Provide oppor project knowledge and ski	lunities to demons	suate & reii	ect_up	5u		
	celebrate accomplishments			4_14			
		is amount includes foreign g			Ğ	28 a	60, 415.
29	4-H Ambassadors/Youth Lea						
	<u>skills they will use in t</u>	uert Communi rrez i	riii onduon r	ei	ves		
	(Grants \$ 5, 657 ) If th	is amount includes foreign g	rants, check here		G	29 a	19, 727
30	4-H Projects Provides in						
	appealing for young peopl					}	
	specific skills as well a (Grants \$ ) If th	is amount includes foreign g	_Zerisni p_&_i i rants, check here	re_ski i	G	30 a	5, 337.
31	Other program services (describe in Sch	edule 0) See Sched	ule 0				0,007.
		is amount includes foreign g	rants, check here		G 📗	31 a	9, 185
	Total program service expenses (add lin		Nove on Allet and an	avan if nat an	G	32	94, 664.
Pan	List of Officers, Directors, Check if the organization used Sci		•		mpensaled Se	ee the ii	istructions for Part IV)
	(a) Name and Iltle	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (if not paid, enter -0-)	tion (d) contrib	Health benefits outlons to emplo plans, and defe	yee	(e) Estimated amount of other compensation
Tud	d Saemrow	position	(ii Not pale) enter 6)		compensation		
	si dent	1		0		0.	0_
	ky_Erickson			_   _			
	e President Johnson	1		0		0	0_
	asurer	2		0		0	0.
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Page 2

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Form 990-F7 (2016)	Rice	County	4 – H	Federation	MN

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33 bit the enganization measure in any significant executity no Schedule 0 (1 Mex.) and the enganization and execution of each activity in Schedule 2) (2 miles and supplied and solid description of each activity in Schedule 2) (2 miles and supplied and solid description of each activity in Schedule 2) (2 miles and supplied supplied and suppl	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule International Second	ule	0	X
If Yes's private a detailed describtion of each activity in Schedule O  Were any spirated shapes made to expressing or general documents of they reflect a change to the registration's name (thereise, original fee change on Schedule O) are interested to a change to the registration's name (thereise, original fee change on Schedule O)  By If Yes's 10 and Sa, has the organization from a form of 31 floor on ore during the year from business activities (such as those reported on hires 2, 6s, and 7s, among others)?  By If Yes's 10 and Sa, has the organization from 4 and from 90-10 for the year? If No,* provide an explanation in Schedule O  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or genization subject to section 603(e) notice, reporting, and proxy the requirements during the arrange of 10 floor (private organization) and proxy the requirements during the segret If Yes's, complete Schedule C, Part III  36 disposition of real assets outing the year? If Yes's, complete applicable parts of Schedule N  37b			Yes	
a dways to the organization's name Orbanese, replain the charge or Schedule (less enstructions)  3 a bill the organization have unrelated business grous cincome of \$1,000 more during the year from business activities (such as those reported on hines 2, 6a, and 7a, among others)?  bill "Yes," to larm 538, has the organization field as Form 990-ET for the year? If "No," provide an explanation in Schedule O c Was the organization as section \$010(2)(4), 501(c)(5), or \$501(c)(6) organization subject to section 6031(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  36. Did the organization as section \$01(c)(4), 501(c)(5), or \$501(c)(6) organization subject to section 6031(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete sphiciate parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions G [37a]  38 a Did the organization form from the year? If yes, complete sphiciate parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions G [37a]  38 a Did the organization form from the year? If yes, complete sphiciate parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of year and still outstanding all he end of the tax year covered by this return?  38 a Did the organization forms make any pixth organization distributions included on the parts of the political parts of year and still outstanding and he end of the tax year covered by this return?  38 by School (10) (10) (10) (10) (10) (10) (10) (10)	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
Such as those reported on lines 2, 6a, and 7a, among others)?  bit 1''es; it one 35a, has the organization field a form 990-for the year? If 'No.' provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Spatial C. Part III and an application of the sested surfage beyar? If 'Yes,' complete Spatial C. Part III and of reference of the year? If 'Yes,' complete Spatial C. Part III and surfage any such loans made in a prior year and still obstanding at the end of the tax year covered by this return?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or sey employee or were any such loans made in a prior year and still obstanding at the end of the tax year covered by this return?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or sey employee or were any such loans made in a prior year and still obstanding at the end of the tax year covered by this return?  38b I N/A  bit 'Yes,' complete Spatial Contributions included on line 9  section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 491 C  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization during the year under section 491 C  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization and yor its prior forms 900 or 996-27? If 'Yes, complete Schedule L, Part I  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization  and yord of sequence or any of its prior forms 900 or 996-27? If 'Yes, complete Schedule L, Part I  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization  and yord of sequence and yord tax and the development of the sequence and yord tax and the de	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
bit Mess, to line 35a, has the organization field a Form 990-T for the year? If No. provide an explanation in Schedule 0 c Was the organization socious 501(c)(4). 501(c)(5), or 501(c)(6), or 501(c)(	5	35 a	<u>-</u>	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes', complete Special (c), Part III and proxy tax requirements during the year? If Yes', complete special (c), Part III and proxy tax requirements during the year? If Yes', complete special of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of [37a] 0 strength of the program of the first organization of the form 1120-PoL for this year? 38 a 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 for year and still forms and the property of year and still for year and still forms any such loans made in a prior year and still forms any such loans made in a prior year and still forms any such loans made in a prior year and still forms any such loans and capital contributions included on line 9 so any officer, director, trustee, or key employee or were any such loans made in a prior year director. The property of the program of the section 501(c)(3) organizations Enter amount of the trust year covered by this return? 38 a X X bir Yes', complete Special Levi Register and Special	· · · · · · · · · · · · · · · · · · ·	35 b		
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition on fert assets during the year? If "Yes," complete spificable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of 37 a   38 a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still diosthanding of the end of the tax year covered by this return?  38 a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still diosthanding of the end of the tax year covered by this return?  38 a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding of the end of the tax year covered by this return?  38 a Did the organizations borrow from, or make any loans to, any officer, director, the prior of the prior year of the prior year and still outstanding of the end of the tax year covered by this return?  38 a Did the organizations included on line 9    5 Gotton 501(c)(3) organizations Included on line 9    5 Gotton 501(c)(3) organizations Included on line 9    5 Section 501(c)(3) organizations Inc		35 c		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions    37b Did the organization for form 1120-PLD. for this year?  38a Did the organization borrow from, or make any lears to, any officer, director, frustee, or key employee or were any such floars made in a prior year and Still obustanding at the end of the tax year covered by this return?  38b Did the organization borrow from, or make any lears to, any officer, director, frustee, or key employee or were any such floars made in a prior year and Still obustanding at the end of the tax year covered by this return?  38c Did the organizations Enter any officer of the tax year covered by this return?  38c Did the organizations Enter any officer of the tax year covered by this return?  38c Did the organizations Enter any officer of the tax year covered by this return?  38c Did the organizations for the tax of the tax year covered by this return?  38c Did the organizations for the tax year covered by this return?  38c Did the organizations for the tax year tax of the tax year, was the organizations for the tax of the tax of the tax year tax of the tax year, was the organizations for the tax of t	36 Did the organization undergo a liquidation, dissolution, termination, or significant	36		
38a bit the organization borrow from, or make any loans to, any officer, director, fursities, 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?  38b   N/A   39				
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bit l'Yes, complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(27) organizations Enter  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 G  b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 G  b Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations Did the organization engage in an 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 90-EZ7 if Yes, complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization any of support service in the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization and service of disqualitied persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization and service of disqualitied persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed  d Jordanizations and service of serv	· · · · · · · · · · · · · · · · · · ·	37 b		X_
amount involved  3 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39 a M.Y.A 30 a M.Y.A 31 a Section 4947(a)(1) nonexempt charitable trusts filing Form 900-EZ in lieu of Form 1041 a M.Y.A 31 a Section 4947(a)(1) nonexempt charitable trusts filing Form 500 a M.Y.A 31 a Section 49	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
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section 4911 G	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A	<u>.</u> ]		
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45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a X	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 d		
b 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)				X
	b 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)	45 b		X

Form 990-	EZ (2016) Rice County 4-H Fec	leration MN			41-14	<u>24695</u>	P	, age <b>4</b>
46 Did to	he organization engage, directly or indired idates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on	behalf of or	r in opposition to	46	Yes	No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51 Check if the organization used Schedul	only ons must answer q			2, and complet	e the table	÷S	
comp 48 Is the 49 a Did th b If 'Ye 50 Comp	ne organization engage in lobbying activities plete Schedule C, Part II e organization a school as described in set he organization make any transfers to an es,' was the related organization a section plete this table for the organization's five high poyees) who each received more than \$100,000.	ection 170(b)(1)(A)(ii)? exempt non-charitable 527 organization? nest compensated emplo	If 'Yes,' comple related organiz	te Schedule ation? officers, dire If there is i	e E ectors, trustees and k	47 48 49 a 49 b		X X X
	(a) Name and title of each employee	per week devoted to position	(Forms W-2/1099	-MISC) be	nefit plans, and deferred compensation	other com		
	number of other employees paid over \$1		endent contractor	s who each	received more than S	5100,000 of		
comp	pensation from the organization. If there is	s none, enter 'None '						
None	(a) Name and business address of each independent co	ontractor		(b) Type of se	s vice	(c) Comp	ier isdiioii	
52 Did th	number of other independent contractors he organization complete Schedule A? No bleted Schedule A	<del>-</del>		must attac	ch a	G X Yes	 ; [	 ]No
Under penaltle true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sched r) is based on all information of	dules and statements, of which preparer has	and to the bes any knowledge				
Sign Here	A Signature of afficer  A Naucy M Zimmer  Type or print name and title	Adult Treasu	re1		Date Aport	70		
Paid Preparer Use Only	Print/Type preparer's name  Firm's name G  Firm's address G	Preparer's signature Non-Pai d Prepa	Date		Check If self-employed  Firm's EIN G  Phone no	PTIN		
May the IR	S discuss this return with the preparer sh	nown above? See instri	uctions			G Yes		No 2016)

### 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

G Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service G Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 41-1424695 Rice County 4-H Federation MN 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 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 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 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 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 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 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 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (II) EIN (IV) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see Instructions) support (see instructions) your governing document? Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2016 Rice County 4-H Federation MN 41-1424695 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 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) G **(b)** 2013 (d) 2015 (e) 2016 (a) 2012 (c) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') 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 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 from line.4 Section B. Total Support Calendar year (or fiscal year (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) G Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents.

	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 VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	
13	First five years If the Form 990 is	for the organization	n's first, second, th	ırd, fourth, or fıfth t	tax year as a section	on 501(c)(3)	_

13 organization, check this box and stop here Section C. Computation of Public Support Percentage

	_	_
		_
	01	

royalties and income from

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	····
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	

16a 33-1/3% support test' 2016. 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

b 33-1/3% support test' 2015 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

17a 10%-facts-and-circumstances test' 2016 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 organization

b 10%-facts-and-circumstances test' 2015 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 supported organization

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

G	
G	П

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

(Complete only if you checked the box on line 10 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)

Sec	Section A. Public Support							
	lar year (or fiscal year beginning in) G	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any 'unusual grants ')	21, 960	<u>18, 95</u> 1	7, 494	7, 005	12, 277.	67, 687	
2	Gross receipts from admissions,	21, 900	16, 931	/, 494	7,005	12,211.	07,007	
	merchandise sold or services performed, or facilities		Ì					
	furnished in any activity that is		ļ					
	related to the organization's tax-exempt purpose	E4 443	EE 10E	40 (11	40.044	40 214	204 721	
3	Gross receipts from activities	<u>54, 643.</u>	<u>55, 195</u>	48, 611	68, 066	60, 216	286, 731	
	that are not an unrelated trade or business under section 513	22 022	20.042	30, 004	25 750	25 124	141 043	
4	Tax revenues levied for the	32, 032	28, 942	30, 094	25, 759	25, 136	141, 963	
	organization's benefit and							
	either paid to or expended on its behalf						0	
5	The value of services or facilities furnished by a						=	
	governmental unit to the						_	
,	organization without charge	100 (07	100 005	07.155	100 005	07 (05	0	
	Total Add lines 1 through 5 Amounts included on lines 1.	108, 635	<u>103, 088</u>	86, 199	100, 830	97, 629	496, 381	
, u	2, and 3 received from					•		
<b>L</b>	disqualified persons  Amounts included on lines 2	0	0	0	0	0_	0	
ь	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 Add lines 7a and 7b	0	0	0	0	0.	0	
8	Public support (Subtract line	O.	0.	0	0	0_	<u> </u>	
	7c from line 6)						496, 381	
	tion B. Total Support					<del> </del>		
	dar year (or fiscal year beginnıng in) G	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
-	Amounts from line 6	108, 635	103, 088	86, 199	100, 830	97, 629.	496, 381	
ioa	Gross income from interest, dividends, payments received on securities loans,				i			
	rents, royalties and income from similar sources	382	336	243	243	295.	1, 499	
b	Unrelated business taxable	302	330	243	243	275.	1,477	
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975						0	
_	Add lines 10a and 10b	382	336.	243	243	295	1, 499.	
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is regularly carried on		İ				0	
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in		Ì					
	Part VI)						0	
13	Total support (Add lines 9, 10c, 11, and 12).	109, 017	103, 424	86, 442.	101, 073.	97, 924.	497, 880	
14	First five years. If the Form 990	is for the organiza					(3)	
500	organization, check this box and	<del></del>	orcontogo				G ∐	
15	tion C. Computation of Pul Public support percentage for 20		·	ne 13 column (f)	<u>_</u>	15	99 70 %	
16	Public support percentage from 2	•	.,	ie 13, column (i))		16	99 64 %	
	tion D. Computation of Inv				<del></del>		77 04 78	
17	Investment income percentage for				mn (f))	17	0. 30 %	
18	Investment income percentage fi	•		•		18	0.36 %	
19a	33-1/3% support tests' 2016 If t						nd line 17	
h	is not more than 33-1/3%, check 33-1/3% support tests' 2015 If t		-	•		•		
D	line 18 is not more than 33-1/3%	, check this box a	ind stop here The	e organization qu	alifies as a public	ly supported orga	inization G 🔲	
20	Private foundation If the organiz	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions	G 🗍	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <i>Part VI</i> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		<u> </u>
3 <i>a</i>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
,				
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <i>Part VI</i> what controls the organization put in place to ensure such use	3c		
<b>4</b> a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <i>Part VI</i> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	· · · · · · · · · · · · · · · · · · ·	75		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <i>Part VI</i> what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 <i>a</i>	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <i>Part VI</i> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)			
b	Type I or Type II only Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b	ļ <sup>_</sup>	
C	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (lii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
			$\vdash$	<del></del>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
C	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Sch		m 990 or 990-EZ) 2016 Rice County 4-H Federation MN	41-1424695		Page 5
Pa	rt IV Su	upporting Organizations (continued)		1,,	
11	Has the o	organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
	a A person	who directly or indirectly controls, either alone or together with persons described in (b) and (c) below	, the		ļ
	governing	g body of a supported organization?	112	1	ļ
	,	member of a person described in (a) above?	111	-	-
		ontrolled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in	Part VI. 110	<u>:                                    </u>	L
Se	ction B.	ype I Supporting Organizations		T., -	T
1	Did the di	rectors, trustees, or membership of one or more supported organizations have the power to regularly	appoint	Yes	No
	or elect a Part VI had the orgonic directors	least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' despond the supported organization(s) effectively operated, supervised, or controlled the organization anization had more than one supported organization, describe how the powers to appoint and, or trustees were allocated among the supported organizations and what conditions or restriction such powers during the tax year	scribe in on's activities /or remove		
2	• •		-	+	-
2	that oper benefit ca	rganization operate for the benefit of any supported organization other than the supported orgated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how properting out the purposes of the supported organization(s) that operated, supervised, or controlled organization	viding such		
Se	ction C. 7	Type II Supporting Organizations			
				Yes	No
1	of each o	ajority of the organization's directors or trustees during the tax year also a majority of the directors or if the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or mana ig organization was vested in the same persons that controlled or managed the supported orga	agement of the		
Sa		All Type III Supporting Organizations	11128(1011(3)		
36	CHOILD.	All Type III Supporting Organizations		Yes	No
				1.00	110
1	Did the o	rganization provide to each of its supported organizations, by the last day of the fifth month of non's tax year, (i) a written notice describing the type and amount of support provided during t	the he prior tax		
	year, (iı)	a copy of the Form 990 that was most recently filed as of the date of notification, and (ili) cop	ies of the		
	organizai	non's governing documents in effect on the date of notification, to the extent not previously pro-	ovided?		
2	Were any	of the organization's officers, directors, or trustees either (i) appointed or elected by the supp	orted		
	the organ	ເາດn(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <i>Pai</i> nization maintained a close and continuous working relationship with the supported organizatio	n(s) 2		
3	By reaso	n of the relationship described in (2), did the organization's supported organizations have a sig	ınıfıcant		
_	voice in t	he organization's investment policles and in directing the use of the organization's income or a during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organization.	assets at		
	in this re		3		
Se	ction E. 7	ype III Functionally Integrated Supporting Organizations			
1	Check the	box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions).		
	$\Box$	organization satisfied the Activities Test. Complete <i>line 2</i> below			
	$\vdash$	·			
	Η	organization is the parent of each of its supported organizations. Complete <i>line 3</i> below			
	c ∐ The o	organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a govern	ment entity (see instru	ctions	)
2	Activities	Test Answer (a) and (b) below.		Yes	No
	supported <b>organiza</b>	tantially all of the organization's activities during the tax year directly further the exempt purport organization(s) to which the organization was responsive? If 'Yes,' then in <i>Part VI identify those supptions and explain</i> how these activities directly furthered their exempt purposes, how the organize to those supported organizations, and how the organization determined that these activities	ported ization was		
		ally all of its activities	22	<u> </u>	<u> </u>
	the orgar the orgar	ctivities described in (a) constitute activities that, but for the organization's involvement, one chization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the hization's position that its supported organization(s) would have engaged in these activities but	reasons for the		
	J	lion's involvement	2t	1	
		Supported Organizations Answer (a) and (b) below.	Amustana		
	a Dld the o each of t	rganization have the power to regularly appoint or elect a majority of the officers, directors, or he supported organizations? Provide details in <b>Part VI.</b>	trustees of 3a	1	
		ganization exercise a substantial degree of direction over the policies, programs, and activities of eac d organizations? If 'Yes,' describe in <i>Part VI</i> the role played by the organization in this regard	h of its	)	

41-1424695 Schedule A (Form 990 or 990-EZ) 2016 Page 6 Rice County 4-H Federation MN Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A ' Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C ' Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount Subtract line 5 from line 4, unless subject to emergency 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions)

BAA

temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

1 are 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-ppo:g 0: ga:=c		
Section D ' Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	os,	
3 Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organizati in Part VI) See instructions	ion is responsive (provide	e details	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E ' Distribution Allocations (see instructions)	(ı) Excess Dıstributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required 'explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
C From 2013			
d From 2014	<u></u>		
e From 2015			·····
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
J Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			<del></del>
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			<del></del>
e Excess from 2016			
BAA	<del></del>	Schedule A (Fo	rm 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

G Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

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

2016 Open to Public Inspection

OMB No 1545-0047

lame of the organization						Employer Identifica	
Rice County 4-H Federation						41-142469	5
Part I Fundraising Activities Completer Form 990-EZ filers are not re	equired to comp	lete this p	art				
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that	apply	
a Mail solicitations			е	Solicitation of non-	governn	nent grants	
<b>b</b> Internet and email solicitations	S		f	Solicitation of gove	rnment	grants	
c Phone solicitations			g	Special fundraising	events		
d  In-person solicitations			3		,		
-		4	maludation (	unaludung afficara director	ro functi	an las	
2 a Did the organization have a written of employees listed in Form 990, Pai	n oral agreemen rt VII) or entity	in connect	naividuai (i ion with p	rofessional fundraising	service:	es, or key s?	Yes No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or ent	ities (fund					ser is to be
<u>·</u>	<u> </u>				(v) Ar	nount paid to	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	have custo	fundralser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization	
		Yes	No			olumn (i)	
1			111				
2							
2							
3			:				
4		j					
5							
J							
						·	
6							
7			:		<u> </u>		
8							
						<u></u>	
9							
		1					
10			1				
		<u> </u>	<u> </u>				
<b>Total</b>			G				
3 List all states in which the organizati or licensing	on is registered	or licensed	to solicit c	contributions or has been	notified	it is exempt from	registration
				- <b></b>		<del>-</del>	
		<b></b> _					

		G (Form 990 or 990-EZ) 2016 Rice Co			41-142	
Pai	<u>t II</u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contribution	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b
R		J 1 1	(a) Event #1 Foodstand (event type)	(b) Event #2 Maltstand (event type)	(c) Other events  None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	11, 444.	9, 561		21, 005
Ě	2	Less Contributions	250			250
	3	Gross income (line 1 minus line 2)	11, 194	9, 561		20, 755.
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs	2, 551.	265		2, 816.
	7	Food and beverages	6, 771	1, 932.		8, 703.
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	2, 393.	3, 565		5, 958
Š	10	Direct expense summary Add lines 4 thr Net income summary Subtract line 10 fr	3 ,,		G	17, 477.
Par	+ 111	3, 278				
	( 111	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	re.	3 OH FOHH 770, Fal	11 1V, IIIIe 13, 01 1e	
R E V E N U E	!		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes				
D P E N C T	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		G	
	8	Net gaming income summary Subtract li	ne 7 from line 1, colum	ın (d)	G	
	a Is th	er the state(s) in which the organization connected organization licensed to conduct gaming to, 'explain		nese states?		Yes No
		re any of the organization's gaming license 'es,' explain		or terminated during the	•	Yes No
BAA			TEEA3702L 0	9/23/16	Schedule G (Form	m 990 or 990-EZ) 2016

Sche	edule G (Form 990 or 990-EZ) 2016 Rice County 4-H Federation MN	41-142	24695	Page 3
11	Does the organization conduct 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?	0	Yes	No
13	Indicate the percentage of gaming activity conducted in		ľ	
á	a The organization's facility	13 a		%
ŀ	o An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds		
	Name G			
	Address G			
	a Does the organization have a contract with a third party from whom the organization receives gaming reve		Yes	No
ŀ	o If 'Yes,' enter the amount of gaming revenue received by the organizationG \$ and	the amo	ount	
_	of gaming revenue retained by the third party G \$			
(	c If 'Yes,' enter name and address of the third party			
	Name G	- <b></b> -		1
	Address G			
16	Gaming manager Information			
	Name G			~
	Gaming manager compensation G \$			
	Description of services provided G			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
á	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	;	г.,	
	state gaming license?	n the	Yes	∐No
	organization's own exempt activities during the tax year G \$	11 1110		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information See instructions	olumns ny add	(iii) and ( itional	(v);
BAA	TEEA3703L 09/23/16 Schedu	le G (For	rm 990 or 99	0-EZ) 2016

### 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

G Attach to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service G Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Rice County 4-H Federation MN

Employer identification number
41-1424695

Form 990-EZ, Part I, Line 16
Other Expenses

Activities County Fair Ear Tag Expense Fair Premium Expense Food & Meals Insurance Judging Expense Other Program Expenses Promotion/Marketing Registration Fees State Dues State Fair Supplies Travel and Meetings Trophies and Plaques	\$ Total \$	3, 699. 1, 255 885. 20, 407 4, 707. 531 21. 3, 623 1, 337. 25, 419 155 4, 500. 6, 363 7, 514 4, 457 84, 873
	Total <u>\$</u>	84, 873

## Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To engage youth, in partnership with adults, in quality learning opportunities that enable them to shape and reach their full potential as active citizens in a global community

# Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Description	Grants	Program Servi ce Expenses
4-H Camps and Adventures. Exposes youth to new short-term learning opportunities and promotes on-going engagement in positive endeavors outside of school Includes Foreign Grants: No	756	5, 080
4-H Auctions: Proceeds from the Auction go to the winning 4-H youth with a portion of the funds designated to further Minnesota 4-H programs Includes Foreign Grants No		4, 105.
Total	\$ 756. \$	9, 185
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit	Contracts	
(a) Did the organization, during the year, receive any fund	s, directly or	
indirectly, to pay premiums on a personal benefit contract?		No
(b) Did the organization, during the year, pay premiums, di	rectly or	
indirectly, on a personal benefit contract?		No