Form 990-EZ Characterization of Cargenergy and the second states, and the se		~	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
Department Image and board states lines in 3200.000 kt line and the set of the se	For	m 9	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.		2011
B Cott depicture C Periodever develocities number 20-55071883 Provide the states of the state of the state of the state of the state of the states	Depa Interr	rtment nal Rev	of the Treasury and total assets less than \$500,000 at the end of the year may use this form.		Open to Public Inspection
B Check if the organization used assessments. Point and view	Α	For t	he 2011 calendar year, or tax year beginning $10/01$, 2011, and ending $9/30$, 2012
Image starge transform PO. Box 898 Investigation Environmental Annual Control (Section 1) Annual control (Section 1) Control (Section 1) Annual control (Section 1) Control (Section 1) Annual control (Section 1) Control (Section 1) Method: [X] Cash Accural (Other (specify) * If the organization is not required to a section 5076(0) Method: [X] If the organization is not a section 5076(0) granization organization and its gross receipts are section 500 or more, or if total accord (Section 1) Add lines 50, cand 7b, to Ima 9 to determine gross receipts are section 500 or more, or if total accord (Section 1) Check if the organization should assist or Found 900 instead of Form 990. Found 900 Found (Section 1) Check if the organization used Schedule O to respond to any question in this Part I. [X] Control (Section 1) [X] [X] Check if the organization should section 1000 or more, file Form 990 instead of Form 990. Found (Section 1) [X] Check if the organization should section 1000 or more, file Form 990. Found (Section 1) [X] Check if the organization should section 1000 or more, file Form 990. Found (Section 1) [X] Check if the organization should section 1000 or more, file Form 990. Found (Section 1) [X] Contributions, gifts, grants, and similar amounts received ator 1				nployer	identification number
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I Website: • www.extension.umn.edu equired to attach Schedule B (Form J Tax.exempt status (kt why ow) — X [5010(3) 501(0) () + (instruct) [990, 990-990 () (epostard) may be required (see instructions). But if the organization is not a section 597 organization and its gross receipts are normally not more than \$50,000. A Form \$90-EZ or Form \$90 return is not required though Form \$900 (Ne postard) may be required (see instructions). But if the organization chooses to file a return, be suite to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Farth II, line 25, could be 0 to respond to any question in this Part I. \$ 96,582. Parti Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check tift be organization used Schedule 0 to respond to any question in this Part I. X 1 Contributions, gifts, grants, and similar amounts received. 1 2 38,817. 3 Membership dues and assessments. 4 1,083. 5 a 6 Gaming and fundraising events (not including \$ or fortributions from fundraising events (not including \$ or fortributions for fortributions from fundraising events (n		Ameno	ied return	roup E umber.	xemption ► 2704
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J Takesenge status (kny/one) = 10/200(2) 10/2001 10/2001 10/2001 K Check + [] If the organization is not a section 509(30) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-Ez Yes 90 return is not required though Form 990-Ez or organization or a section 527 organization chooses to file a return, be sure to file a complete return. Yes 96,582. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) [X] Check if the organization used Schedule O to respond to any question in this Part I. [X] 1 Contributions, gifts, grants, and similar amounts received. 1 1 [X] A divesting dues and assets other than inventory. 5a 5a 5a J Contributions, gifts, grants, and similar amounts received. 5a 5c 6 G aming and fundraising events 5a 5b 5c 5c 6 G aming and fundraising events 5b 5c 6 6d 16,403. G toxis income from gaming and fundraising events 1 1 7c 7c G toxis income and contributions events and allowances. 7a 7a 7a 7a					
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	T S				102 062
	BV.			21	

Part II Dalance Sneets. (See the	-H Federation instructions for Part II.)		20-	5071883	Page
Check if the organization used S		estion in this Part II			[
	· · ·	(A) Beginning of year	(B)	End of year
22 Cash, savings, and investments			91,977.	22	103,962
23 Land and buildings				23	ŕ
24 Other assets (describe in Schedule (24	
25 Total assets				25	103,962
26 Total liabilities (describe in Schedul				26	105,502
				-	
27 Net assets or fund balances (line 27				27	103,962
Part III Statement of Program S					penses
	Schedule O to respond to any			Required for	or section nd 501(c)(4)
'hat is the organization's primary exempt purpose? lescribe the organization's program servion neasured by expenses. In a clear and cor enefited, and other relevant information to	See Schedule O		0		is and section
escribe the organization's program service	ce accomplishments for each of	its three largest program	n services, as	9ॅ47(a)(1) t	rusts; optiona
enefited, and other relevant information f	or each program title.	ces provided, the humb	fc fc	or others.)	
28 4-H Project Expenses: H					
appealing for young per					
appearing for young per	<u>pre co support cne c</u>	reveropment of			
specific skills as wel					10.00
(Grants \$ 1,792.)	f this amount includes foreign g	rants, check here	2	8a	13,864
29 Auction: Proceeds from	the Auction go to the	ne winning 4-H y	youth with		
a portion of the funds	designated to furthe	er Minnesota 4-	H		
programs.					
	If this amount includes foreign g	rants check here	<u>-</u> □ 2	9a	13,61
				.9 d	15,01
0 4-H Exhibitions:Provide	<u>opportunities to de</u>				
new project knowledge a		<u>interview skill</u>	s, and		
celebrate accomplishmen	nts.				
(Grants \$)	If this amount includes foreign g	rants, check here		60 a	10,42
1 Other program services (describe in					/
	If this amount includes foreign g			1a	4,79
2 Total program service expenses (ac				2	42,68
art IV List of Officers, Director					
Check if the organization used	Schedule O to respond to any				
	(b) Title and average hours per week	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits,		timated amount of er compensation
(a) Name and address	devoted to position	(If not paid, enter -0-)	contributions to employ benefit plans, and	ee our	er compensation
			deferred compensatio	n	
ary Christian	President				
D BOX 898		0.		0.	
verne, MN 56156-0898		0.		0.	
atthew Raak	Vice President				
D BOX 898	1	0.		0.	
uverne, MN 56156-0898	-1				
elly Sandager	Secretary	r			
D BOX 898	Decretary	0.		0.	
		0.		0.	
iverne, MN 56156-0898					
oanna_Westphal	Reporter				
D BOX 898	1	0.		0.	
verne, MN 56156-0898	-7				
ndrea Severtson	Treasurer				
				0	
BOX 898		0.		0.	
iverne, MN 56156-0898					
	Adult Treasurer				
	Adult Treasurer	0.		ο.	
D_BOX_898	Adult Treasurer 2			0.	
BOX 898 verne, MN 56156-0898	2	0.		0.	
) BOX 898 iverne, MN 56156-0898 ndrew Raak	Adult Treasurer 2 N Youth Leader	0.			
D BOX 898 iverne, MN 56156-0898 ndrew Raak D BOX 898	2	0.		0.	
D BOX 898 iverne, MN 56156-0898 ndrew Raak D BOX 898 iverne, MN 56156-0898		0.			
D BOX 898 uverne, MN 56156-0898 ndrew Raak D BOX 898 uverne, MN 56156-0898 rica Lysne	2	0.		0.	
D BOX 898 verne, MN 56156-0898 ndrew Raak D BOX 898 verne, MN 56156-0898 rica Lysne		0.			
D BOX 898 verne, MN 56156-0898 ndrew Raak D BOX 898 verne, MN 56156-0898 rica Lysne D BOX 898		0.		0.	
D BOX 898 verne, MN 56156-0898 ndrew Raak D BOX 898 verne, MN 56156-0898 rica Lysne D BOX 898 verne, MN 56156-0898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
andy Reese D BOX 898 uverne, MN 56156-0898 ndrew Raak D BOX 898 uverne, MN 56156-0898 rica Lysne D BOX 898 uverne, MN 56156-0898 than Marshall		0.		0.	
D BOX 898 uverne, MN 56156-0898 ndrew Raak D BOX 898 uverne, MN 56156-0898 rica Lysne D BOX 898 uverne, MN 56156-0898 than Marshall D BOX 898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
D BOX 898 uverne, MN 56156-0898 ndrew Raak D BOX 898 uverne, MN 56156-0898 rica Lysne D BOX 898 uverne, MN 56156-0898 than Marshall	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
D BOX 898 iverne, MN 56156-0898 ndrew Raak D BOX 898 iverne, MN 56156-0898 rica Lysne D BOX 898 iverne, MN 56156-0898 iverne, MN 56156-0898 chan Marshall D BOX 898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
) BOX 898 iverne, MN 56156-0898 idrew Raak) BOX 898 iverne, MN 56156-0898 fica Lysne) BOX 898 iverne, MN 56156-0898 than Marshall) BOX 898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
D BOX 898 iverne, MN 56156-0898 ndrew Raak D BOX 898 iverne, MN 56156-0898 rica Lysne D BOX 898 iverne, MN 56156-0898 iverne, MN 56156-0898 chan Marshall D BOX 898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	
D BOX 898 iverne, MN 56156-0898 ndrew Raak D BOX 898 iverne, MN 56156-0898 rica Lysne D BOX 898 iverne, MN 56156-0898 iverne, MN 56156-0898 chan Marshall D BOX 898	2 N Youth Leader 1 S Youth Leader 1	0.		0.	000 E7 (2)

Form	990-EZ (2011) Rock County 4-H Federation 20-507188	3	P	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sch	edul	.e 0	
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. Х
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	Yes	No 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		Х
35 a	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		Х
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.	35 b		
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 Schedule C, Part III	35 c		Х
	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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
	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?	38 a		Х
Ł	amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
Ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	401		v
c	on any of its prior Forms 990 or 990-EŽ? If 'Yes,' complete Schedule L, Part I	40b		X
c	managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization O.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of ► <u>Nancy Sandager</u> Telephone no. ► 507-24 Located at ► <u>PO Box 898 Luverne MN</u> ZIP + 4 ► 56156			
Ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No 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 and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country: ►			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	I	► 🗌	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ.	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	instead of Form 990-EZ	44 b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in			
	Schedule Q	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		Х
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.'			
	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		Х
	TEEA0812L 02/14/12 FC	orm 990	-EZ ((2011)

Form 990-E	EZ (2011) Ro	ck County 4-H Fe	ederation			20-	5071883	3		age 4
46 Did th candi	ne organizatior idates for publi	n engage, directly or indi ic office? If 'Yes,' comple	rectly, in political campai ete Schedule C, Part I…	ign activities	on behalf c	of or in opposition to	D	46	Yes	No X
Part VI	Section 50 501(c)(3) 47-49b an	D1(c)(3) organization organizations and so d 52, and complete	ns and section 4947 ection 4947(a)(1) no the tables for lines 5	(a)(1) non nexempt o 50 and 51.	exempt c charitable	haritable trusts trusts must ans	s only. A swer que	stion	5	
	Check if the	organization used Scheo	dule O to respond to any	question in t	his Part VI.	<u></u>				·
47 Did th comp	ne organizatior llete Schedule	n engage in lobbying acti C, Part II	ivities or have a section 5	501(h) electio	on in effect	during the tax year	? If 'Yes,'	47	Yes	No X
49 a Did th	ne organizatior	n make any transfers to a	section 170(b)(1)(A)(ii)? an exempt non-charitable	e related orga	anization?			48 49 a		X X
		-	on 527 organization? /e highest compensated (100,000 of compensatior				L	49b d key		
		ess of each employee han \$100,000	(b) Title and average hours per week devoted to position		compensation	(d) Health benefits, contributions to emplo benefit plans, and deferred compensation	yee (e) E	stimated ner comp		
None			-+							
			-+							
51 Comp comp	plete this table ensation from	the organization. If there	ve highest compensated i e is none, enter 'None.'	independent	contractors	who each received				
(a) None	lame and address o	of each independent contractor p	aid more than \$100,000		(b) Туре	of service	(4	c) Compe	nsatior	1
• Total				100.000						
52 Did th charit	ne organizatior table trusts mu	n complete Schedule A? Ist attach a completed S	Note: All section 501(c)(chedule A	3) organizati	ons and 49	47(a)(1) nonexemp	► >	Yes		No
Under penaltie true, correct, a	s of perjury, I decla ind complete. Decla	re that I have examined this retu aration of preparer (other than off	rn, including accompanying scher icer) is based on all information o	dules and statem of which preparer	ents, and to the has any knowl	e best of my knowledge ar edge.	nd belief, it is			
Sign Here	Signature of o	officer				Date				
	51 1	name and title.								
D. 14	Print/Type prepar	er's name	Preparer's signature	ror	Date	Check if	PTIN			
Paid Preparer	Firm's name ►		Non-Paid Prepa	irer		self-employed				
Use Only	Firm's name					Firm's EIN Phone no.	•			
May the IR	S discuss this	return with the preparer	shown above? See instru	uctions			► For	Yes m 990-		No (2011)

SCHE	DUL	EA
(Form	99 0 oı	r 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2011

Open to Public Inspection

Departmer	it of the	Treasury			4947(a)(1) nonexemp							Open to	o Pub ection	lic
Internal Re	evenue	Service		► Attach to F	Form 990 or Form 990-E	Z. ► Se	e separ	ate instr	uctions			•	scuon	1
Name of th	-		II Ded									tion number		
Part I				leration	s (All organizations	must	comple	to this	nart)		071883	-		
					se it is: (For lines 1 thro					366 II	IStruct	10115.		
1 1	-				ciation of churches des	5 /		,	,					
2		,			(ii). (Attach Schedule				(•,,,•,,,,•,	-				
3					ce organization describe		ction 17	0(b)(1)(A	A)(iii).					
4					d in conjunction with a h					0(b)(1)(A	A)(iii) . Er	nter the hos	spital'	S
L	nan	ne, city, a	nd state	:	·									
5	An 170	organizati (b)(1)(A)(i	on oper v). (Co	ated for the benefit on the benefit of the material states and the material st	of a college or universit	y owned	or oper	ated by	a gover	nmental	l unit de	scribed in s	sectio	n
6 7	An	organizati	on that	0	overnmental unit descri substantial part of its so art II.)					t or from	n the ger	neral public	c desc	ribed
8					70(b)(1)(A)(vi). (Comple	ete Part	II.)							
9 X	An fror	organizati n activitie estment in	on that s related come a	normally receives: (d to its exempt funct	1) more than 33-1/3% o ions – subject to certai iss taxable income (less	of its sup n except	port from	nd (2) no	o more t	han 33-	1/3% of	its support	from	gross
10	An	organizati	on orga	nized and operated	exclusively to test for pr	ublic saf	ety. See	sectior	n 509(a)	(4).				
11	mor	re publicly	suppor	ted organizations de	exclusively for the bene scribed in section 509(a tion and complete lines	a)(1) or s	section 5	509(a)(2	ictions o). See s	of, or car section 5	rry out tl 509(a)(3)	he purpose . Check th	s of o e box	ne or that
	а	Type I		b Type II	c Type II	II — Fun	ctionally	integra	ted		d	Type III -	- Othe	ər
e	d othe	checking f er than foi tion 509(a	undatior	, I certify that the orgonization of the orgon	ganization is not control er than one or more pub	lled dired blicly sup	otly or in oported of	idirectly organiza	by one tions de	or more escribed	disqual in section	ified perso on 509(a)(1	ns I) or	
f	lf th	ne organiz	ation re		ermination from the IRS				or Typ	e III sup	porting	organizatio	n,	
					· · · · · · · · · · · · · · · · · · ·							•••••		🖵
g	Sin	ce August	17,200	b, has the organizat	ion accepted any gift o	or contri	bution tr	om any	of the to	bliowing	persons	5?	Yes	No
	(i)	A perso below, f	n who c the gove	lirectly or indirectly o erning body of the su	controls, either alone or ported organization?.	togethe	r with pe	ersons d	escribe	d in (ii) i	and (iii)	11g (i)	Tes	No
	(ii)	A family	/ memb	er of a person descr	ibed in (i) above?									
	(iii)	A 35%	controlle	ed entity of a person	described in (i) or (ii) a	above?						11 g (iii)		
h	Pro	vide the fo	ollowing	information about the	ne supported organization	on(s).		r		1				
	(i) N	ame of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in (i) listed in overning iment?	the organ	ou notify nization in n (i) of upport?	(vi) I organiz colun organize U.S	ation in nn (i) ed in the	(vii) Amou	nt of sup	pport
						Yes	No	Yes	No	Yes	No			
(A)														
<u>(A)</u>						1	1							
<u>(B)</u>														
(C)														
<u>(D)</u>														
<u>(E)</u>														
Total														
BAA Fo	or Pap	perwork R	eductio	n Act Notice, see th	e Instructions for Form	990 or 9	99 0-EZ .		5	Schedule	e A (Forr	m 990 or 99	90-EZ	.) 2011

Schedule A (Form 990 or 990-EZ) 2011 Rock County 4-H Federation

20-5071883

	· ·	,				
Part II	Support Sch	edule for Ora	anizations Desc	ribed 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.)

Sec	tion A. Public Support		ſ	1	T	1	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	T		1	1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, a	or fifth tax year as	a section 501(c)(3) ►
-	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	-					<u>%</u>
						·	
16 a	33-1/3% support test – 2011. If and stop here. The organization	qualifies as a pul	lid not check the blicly supported o	box on line 13, ai rganization	nd the line 14 is 3	3-1/3% or more, o	check this box
Ł	33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pul	lid not check a bo blicly supported o	ox on line 13 or 10 rganization	6a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	IV how
Ł	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain in Part	t IV how the
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			structions… ► 🔤 90 or 990-EZ) 2011
					00		

Page 2

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

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

	to qualify under the tests li						
Sec	tion A. Public Support					·	
Caler	ıdar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	4,173.	5,778.	25.	9,964.		19,940.
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's					00.015	
3	tax-exempt purpose Gross receipts from activities	76,080.			4,100.	38,817.	118,997.
	that are not an unrelated trade or business under section 513. Tax revenues levied for the		88,583.	76,071.	75,757.	56,682.	297,093.
-	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						0.
	Total. Add lines 1 through 5	80,253.	94,361.	76,096.	89,821.	95,499.	436,030.
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
I	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	0	0	0	0	0	0
	for the year	0.	0. 0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	436,030.
Sec	tion B. Total Support						430,030.
_	dar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Laler	iuar vear (or fiscal vr beulillilli ill)	(a) 200/					
	Amounts from line 6	80,253.	94,361.	76,096.	89,821.	95,499.	436,030.
9 10:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						436,030. 1,704.
9 10;	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	80,253.	94,361. 98.	76,096.	89,821. 278.	95,499. 1,083.	436,030. 1,704. 0.
9 10;	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253.	94,361.	76,096.	89,821.	95,499.	436,030. 1,704. 0. 1,704.
9 10; 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	80,253.	94,361. 98.	76,096.	89,821. 278.	95,499. 1,083.	436,030. 1,704. 0.
9 10; 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253.	94,361. 98.	76,096.	89,821. 278.	95,499. 1,083.	436,030. 1,704. 0. 1,704. 0.
9 10; 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.)	80,253. 125. 125. 80,378.	94,361. 98. 98. 98. 98.	76,096. 120. 120. 76,216.	89,821. 278. 278. 278. 90,099.	95,499. 1,083. 1,083. 96,582.	436,030. 1,704. 0. 1,704. 0. 0. 437,734.
9 10: 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	80,253. 125. 125. 80,378. is for the organizz stop here	94, 361. 98. 98. 98. 98.	76,096. 120. 120. 76,216.	89,821. 278. 278. 278. 90,099.	95,499. 1,083. 1,083. 96,582.	436,030. 1,704. 0. 1,704. 0. 0. 437,734.
9 10 11 12 13 14 <u>Sec</u>	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125. 125. 80,378. is for the organiza stop here blic Support P	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 98.	76,096. 120. 120. 120. 0, 120. 120.	89,821. 278. 278. 90,099. r fifth tax year as	95,499. 1,083. 1,083. 96,582. a section 501(c)(3	436,030. 1,704. 0. 1,704. 0. 0. 437,734.
9 10 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	80,253. 125. 125. 80,378. is for the organiza stop here blic Support Po 011 (line 8, column 2010 Schedule A,	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 0 (f) divided by line Part III, line 15	76,096. 120. 120. 76,216. d, third, fourth, o e 13, column (f))	89,821. 278. 278. 90,099. r fifth tax year as	95,499. 1,083. 1,083. 96,582. a section 501(c)(3 	436,030. 1,704. 0. 1,704. 0. 0. 437,734.
9 10 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125. 125. 80,378. is for the organiza stop here blic Support Po 011 (line 8, column 2010 Schedule A,	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 0 (f) divided by line Part III, line 15	76,096. 120. 120. 76,216. d, third, fourth, o e 13, column (f))	89,821. 278. 278. 90,099. r fifth tax year as	95,499. 1,083. 1,083. 96,582. a section 501(c)(3 	436,030. 1,704. 0. 1,704. 0. 0. 437,734. 0. 99.61 % 99.81 %
9 10 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125. 125. 80,378. is for the organiza stop here blic Support Po 11 (line 8, column 2010 Schedule A, restment Incon or 2011 (line 10c,	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 01. 98. 98. 01. 98. 98. 98. 98. 98. 98. 98. 98. 98. 98	76,096. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120. 120.	89,821. 278. 278. 278. 90,099. r fifth tax year as	95,499. 1,083. 1,083. 96,582. a section 501(c)(3 	436,030. 1,704. 0. 1,704. 0. 0. 437,734. 0. 99.61 % 99.81 % 0.39 %
9 10: 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>5</u> 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 98. 98	76,096. 120	89,821. 278. 278. 90,099. r fifth tax year as	95,499. 1,083. 1,083. 96,582. a section 501(c)(3 	436,030. 1,704. 0. 1,704. 0. 0. 437,734. 0. 99.61 % 99.81 % 0.39 % 0.18 %
9 10: 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19:	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 98. 098. 98. 098. 0	76,096. 120	89,821. 278. 278. 278. 90,099. r fifth tax year as mn (f)) nd line 15 is more s a publicly support	95, 499. 1, 083. 1, 083. 1, 083. 96, 582. a section 501(c)(3 15 16 17 18 e than 33-1/3%, an orted organization	436,030. 1,704. 0. 1,704. 0. 0. 437,734. 0. 99.61 % 99.81 % 0.39 % 0.39 % 0.18 % 1d line 17 ► X
9 10: 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,253. 125	94, 361. 98. 98. 98. 98. 98. 98. 98. 98. 98. 98	76,096. 120	89,821. 278. 278. 278. 278. 90,099. r fifth tax year as mn (f)) nd line 15 is more is a publicly support ne 19a, and line 1 alifies as a public	95, 499. 1, 083. 1, 083. 1, 083. 96, 582. a section 501(c)(3 15 16 17 18 e than 33-1/3%, an orted organization 16 is more than 33 y supported organ	436,030. 1,704. 0. 1,704. 0. 0. 437,734. 0. 99.61 % 99.81 % 0.39 % 0.39 % 0.18 % 0.18 % 1/3%, and ization ► []

Schedule A (Form 990 or 990-EZ) 2011

20-5071883

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

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No. 1545-0047

2011

Internal Revenue Service	Attach to Form	1 990 OF FO	orm 990-E2	. • See separate ins	truction	5.	mspeeden
Name of the organization						Employer identifica	ation number
Rock County 4-H Federa						20-507188	3
Part I Fundraising Activities. C Form 990-EZ filers are no	complete if the organ ot required to compl	nization ai lete this p	nswered 'Y art.	es' to Form 990, Part I	IV, line 1	7.	
1 Indicate whether the organiza	tion raised funds th	rough any	of the follo	wing activities. Check	all that	apply.	
a Mail solicitations			е	Solicitation of non-	-governn	nent grants	
b Internet and email solicita	ations		f	Solicitation of gove	ernment	grants	
c Phone solicitations			g	Special fundraising	g events		
d In-person solicitations							
2a Did the organization have a w employees listed in Form 990	, Part VII) or entity	in connec	tion with pr	rofessional fundraising	services	5?	Yes No
b If 'Yes,' list the ten highest pa compensated at least \$5,000	hid individuals or en by the organization	tities (fund	draisers) pi	ursuant to agreements	under w	hich the fundra	iiser is to be
(i) Name and address of individu	al (ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Ar	mount paid to	(vi) Amount paid to
or entity (fundraiser)		nave custo of contr	dy or control ibutions?	from activity	fundra	retaine'd by) aiser listed in olumn (i)	(or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the orgon licensing.	anization is register	red or lice	nsed to so	licit contributions or ha	as been i	notified it is exe	empt from registration

20-5071883 Page 2

Schedule G (Form 990 or 990-EZ) 2011 Rock County 4-H Federation	20-5071883	Page
Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 18, or	reported
more than \$15,000 of fundraising event contributions and gross income on F	orm 990-EZ, lines 1 a	nd 6b.
List events with gross receipts greater than \$5,000.		

Ľ		o,' explain:				
	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming o,' explain:	activities in each of th	ese states?		
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	•	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	6	Volunteer labor	No No	No No	No	
	5	Other direct expenses	िYes १	∏Yes %	∏Yes %	
T E S	4	Rent/facility costs				
EXPENSES	3	Non-cash prizes				
E	2	Cash prizes				
Ë	1	Gross revenue				
R E V E N D E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Par	C III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.		s to Form 990, Pari		ported more than
Der	10 11	Direct expense summary. Add lines 4 thr Net income summary. Combine line 3, co	olumn (d), and line 10.			16,403.
S E S	9	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		7,814.
EXPENSES	8	Entertainment		4 296		7 014
	7	Food and beverages	27,302.	5,163.		32,465.
DIRECT	6	Rent/facility costs				
	5	Voncash prizes				
		Cash prizes.		10, 943.		30,002.
	2	Less: Charitable contributions Gross income (line 1 minus line 2)	39,737.	16,945.		56,682.
L N U E		Gross receipts	39,737.	16,945.		56,682.
R ⊟ > ⊟ Z ⊃ E			(event type)	(event type)	(total number)	
			(a) Event #1 Fruit Sale	(b) Event #2 Food Stand	(c) Other events	(d) Total events (add column (a) through column (c))

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 Roc	k County 4-H Federat:	ion	20-5071883	Page 3
11 Does the organization operate gaming a	ctivities with nonmembers?		····· Yes	No
12 Is the organization a grantor, beneficiary administer charitable gaming?	or trustee of a trust or a member	er of a partnership or other entity t	formed to	No
13 Indicate the percentage of gaming activi	ty operated in:			
a The organization's facility.			. 13a	olo
b An outside facility			. 13b	olo
14 Enter the name and address of the pers	on who prepares the organization	n's gaming/special events books a	nd records:	
Name ►				
Address ►				
15a Does the organization have a contact wi	th a third party from whom the o	rganization receives gaming reven	ue? Yes	No
b If 'Yes,' enter the amount of gaming rev	enue received by the organizatio	n ► \$ and	the amount	_
of gaming revenue retained by the third				
c If 'Yes,' enter name and address of the	third party:			
Name ►				
Address ►				
16 Gaming manager information:				
Name ►				
Gaming manager compensation \blacktriangleright \$_				
Description of services provided •				
Director/officer	ployee	ependent contractor		
17 Mandatory distributions				
a Is the organization required under state state gaming license?			Yes	No
b Enter the amount of distributions require		ed to other exempt organizations of	or spent in the	
organization's own exempt activities dur Part IV Supplemental Information.	Complete this part to prov	ide the explanations require	d by Part L line 2	2h
Part IV Supplemental Information. columns (iii) and (v), and P this part to provide any add	art III, lines 9, 9b, 10b, 15 itional information (see ins	5, 15c, 16, and 17b, as appl structions).	icable. Also comp	olete

		1	
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E	: Z –	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	on	Open to Public Inspection
Name of the organization Rock County 4-		Employer identificati 20-5071883	on number
	Part III - Organization's Primary Exempt Purpose		
	vouth development education		
	Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts	
	e organization, during the year, receive any funds,		
	to pay premiums on a personal benefit contract?		<u>No</u>
	e organization, during the year, pay premiums, direc		
indirectly,	on a personal benefit contract?		<u>No</u>
		·	
		·	
		·	

2011	Schedule O - Supplemental Information	Page 2
	Rock County 4-H Federation	20-5071883
Camp Expense Cloverbuds County Fair Insurance Expens Investment expen Pop Stop Program Expenses Project Meetings Promotional Expe Round up Santa Workshop State Shows	Line 16 \$ e.se. Workshops.nse. Total \$	$13,610. \\ 1,745. \\ 421. \\ 6,645. \\ 514. \\ 141. \\ 1,930. \\ 1,268. \\ 1,051. \\ 202. \\ 2,011. \\ 601. \\ 3,777. \\ 3,045. \\ 36,961. \\ \end{array}$
4-H Camps and Ad learning opportu	, Line 31 m Service Accomplishments <u>Description</u> Grants ventures: Exposes youth to new short-term nities and promotes on-going engagement in rs outside of school. Includes Foreign Grants: No Total <u>\$ 0.</u> <u>\$</u>	Program Service Expenses 4,790. <u>4,790.</u>



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.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... Х

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.....

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identif	ying number, see instructions
	Employer identification number (EIN) or

	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or print	Rock County 4-H Federation	X 20-5071883
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
filing your return. See	PO Box 898	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Luverne, MN 56156-0898	

01 Enter the Return code for the return that this application is for (file a separate application for each return).....

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of . ► <u>Nancy_Sandager</u>			
 Telephone No. ► 507-283-1302 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the check this box ► If it is for part of the group, check this box ► and attach a list with the name the extension is for. 	his is	for the wh	ole group,
 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _5/15, 20 13_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year 20 or ▶ tax year beginning 10/01, 20 11, and ending 9/30, 20 12 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina Change in accounting period 	ıl retu	rn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.
Caution If you are going to make an electronic fund withdrawal with this Form 9969, soo Form 9452 EO and Form	n 007	0 EO for	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

	are filing for an Automatic 3-Month Extensi			l (no conice needed)	
Tarti	Additional (Not Automatic) 3-Mont	n Extension of			Inchu
	Name of exempt organization or other filer, see instructi	ons.	Enter file	r's identifying number, see Employer identification number	
_					. (=) .
Type or print	4-H Rock County Federation			X 20-5071883	
• • • • • • • • • • • • • • • • • • • •	Number, street, and room or suite number. If a P.O. box			Social security number (SSN)	
File by the extended					
due date for filing the return. See	PO Box 898				
instructions.	City, town or post office, state, and ZIP code. For a forei	ign address, see instruct	ions.		
	Luverne, MN 56156-0898				
Enter the	Return code for the return that this applicati	ion is for (file a se	narate application for each return	n)	0
Application	on	Return Code	Application Is For		Re
Form 990		01			
Form 990	-BL	02	Form 1041-A		
Form 990	-EZ	01	Form 4720		
Form 990	-PF	04	Form 5227		
Andre Carrowski	-T (section 401(a) or 408(a) trust)	05	Form 6069		-
Form 990.	-T (trust other than above)	06	6 Form 8870		
• The bo	onot complete Part II if you were not already	1		-	
• The bo Telept • If the o • If this whole grou	ooks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organizatior up, check this box ► . If it is for part of	FAX No. ► e of business in th n's four digit Group	e United States, check this box	- — — - 	s is fo
• The bo Telept • If the o • If this whole grou	ooks are in care of . ► <u>Nancy</u> <u>Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization	FAX No. ► e of business in th n's four digit Group	e United States, check this box	- — — - 	s is fo
• The bo Telept • If the o • If this whole grou members 4 I req	boks are in care of . ► <u>Nancy</u> <u>Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of the extension is for.	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u>	e United States, check this box b Exemption Number (GEN) this box ► ☐ and attach a list	 . If thi t with the names and EINs	s is fo of all
• The bo Telept • If the o • If this whole grou members 4 I req 5 For o	boks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of the extension is for.	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u> eginning <u>10/01</u>	e United States, check this box b Exemption Number (GEN) this box ► _ and attach a list , 20_13. , 20_11, and ending		s is fo
• The bo Teleph • If the o • If this whole grou members 4 I req 5 For o 6 If the	boks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization up, check this box ► . If it is for part of the extension is for. uest an additional 3-month extension of time calendar year , or other tax year be e tax year entered in line 5 is for less than 1	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u> eginning <u>10/01</u>	e United States, check this box b Exemption Number (GEN) this box ► _ and attach a list , 20_13. , 20_11, and ending	 . If thi t with the names and EINs	s is fo of all
• The bo Telept • If the o • If this whole grou members 4 I req 5 For o 6 If the	boks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organizatior up, check this box ► . If it is for part of the extension is for. uest an additional 3-month extension of time calendar year , or other tax year be a tax year entered in line 5 is for less than 1 Change in accounting period	FAX No. ► e of business in th n's four digit Group of the group, check t e until _ 8/15_ eginning 10/01 2 months, check r	e United States, check this box b Exemption Number (GEN) this box ► and attach a list , 20_13. , 20_11, and ending eason: Initial return		s is fo of all <u>12</u> .
• The bo Telept • If the o • If this whole grou members 4 I req 5 For o 6 If the	boks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization up, check this box ► . If it is for part of the extension is for. uest an additional 3-month extension of time calendar year , or other tax year be e tax year entered in line 5 is for less than 1	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u> eginning <u>10/01</u> 2 months, check r Taxpayer_re	e United States, check this box b Exemption Number (GEN) this box ► and attach a list , 20_13. , 20_11, and ending eason: Initial return spectfully_requests		s is fo of all <u>12</u> .
• The bo Telept • If the o • If this whole grou members 4 I req 5 For o 6 If the 	boks are in care of . ► <u>Nancy_Sandager</u> none No. ► <u>507-283-1302</u> organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of the extension is for. uest an additional 3-month extension of time calendar year, or other tax year be tax year entered in line 5 is for less than 1 Change in accounting period e in detail why you need the extension	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u> eginning <u>10/01</u> 2 months, check r <u>Taxpayer re</u> to <u>file a co</u> 00-T, 4720, or 6065	e United States, check this box b Exemption Number (GEN) this box ► and attach a list , 20 _13. , 20 _11, and ending eason: Initial return spectfully_requests mplete_and_accurate 0. enter the tentative tax, less ar	g_9/30, 20 Final return additional time t	s is fo of all <u>12</u> .
STOP! Do Telept If the o If this whole grou members 4 I req 5 For o 6 If the gat 8a If thi nonr b If this	boks are in care of . ► <u>Nancy</u> <u>Sandager</u> none No. ► 507-283-1302 organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of the extension is for. uest an additional 3-month extension of time calendar year, or other tax year be tax year entered in line 5 is for less than 1 Change in accounting period the in detail why you need the extension ther information necessary to s application is for Form 990-BL, 990-PF, 99	FAX No. ► e of business in th n's four digit Group of the group, check t e until <u>8/15</u> eginning <u>10/01</u> 2 months, check r <u>Taxpayer re</u> to <u>file a co</u> 00-T, 4720, or 6069 20, or 6069, enter a ment allowed as a	e United States, check this box b Exemption Number (GEN) this box ► and attach a list , 20 13. , 20 11, and ending eason: Initial return spectfully requests mplete and accurate b, enter the tentative tax, less ar any refundable credits and estime credit and any amount paid prev	g 9/30 . If thi t with the names and EINs g 9/30 . 20 Final return additional time t tax return. N Ba sted tax	s is fo of all <u>12</u> .

Signature	· Fall	The	Title > Tax Director	Date ► S	14/13
BAA	1		FIFZ0502L 07/29/11	Form 8868	(Rev 1-2012)