Form 990-EZ Department of the Treasusy

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)

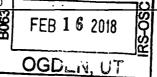
2016

OMB No 1545-1150

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

Open to Public Inspection

_		2016 colondo	mormation about Form 990-t				.gov/torm990		
		·	r year, or tax year beginning C Name of organization	09-01	, 2016, an	a ending	— -	08-31	
$\overline{}$	heck if a	•					,	•	tification number
<u>-</u>	Address cl	_	OSCEOLA COUNTY 4-H ASSOCIATION					5-35790	
<u>—</u>	lame cha		Number and street (or P.O. box, if mail is not delivered to st	reet address)		Room/suite	E Tele	phone num	ber
Ξ	nitial retur					ļ			
\equiv		n/terminated	1921 KISSIMMEE VALLEY LANE			<u> </u>		321)697	
\equiv	mended (City or town, state or province, country, and ZIP or foreign p	ostal code		0	~ y	ıp Exempti	
=	pplication		Kissimmee, FL 34744	=			INUIT	ber ▶	6057
		ing Method	☐ Cash ☒ Accrual Other (specify) ▶						e organization is not
	Nebsite -			 -			•	to attach S	
				√ (insert no)	4947(a)(1) o	or 527	(Form 99	0, 990-EZ,	or 990-PF)
		•	_ ,	Association	U Other			···-	
			7b to line 9 to determine gross receipts. If gross		00,000 or m	ore, or if to	tal assets		
			y) are \$500,000 or more, file Form 990 instead of				<u></u> ;	▶ \$	39,077
Pa	irt l		e, Expenses, and Changes in Net A			•		tions for F	
			the organization used Schedule O to res	pond to any q	uestion in	this Part	<u>!</u>		x
	1		s, gifts, grants, and similar amounts received				•	1	6,094
	2		vice revenue including government fees and co	ntracts				2	
	3	Membership	dues and assessments	•				3	1,209
	4	Investment i	ncome .					4	
	5a	Gross amou	nt from sale of assets other than inventory		5a			_	
	b	Less cost or	r other basis and sales expenses .		5b			_	
	С		s) from sale of assets other than inventory (Sub	tract line 5b fron	ı line 5a)		•	5c	
	6		fundraising events						
	а	Gross incom	ie from gaming (attach Schedule G if greater tha	an		•			
ž		\$15,000)			. <u>6</u> a			_	
Revenue	b	Gross incom	ne from fundraising events (not including \$			of contrib	utions		
ď		from fundrais	sing events reported on line 1) (attach Schedule	G if the		•			
		sum of such	gross income and contributions exceeds \$15,0	00)	6b		26,81	9	
	С	Less direct	expenses from gaming and fundraising events		6c	:	23,34	<u>.</u>	
	d	Net income of	or (loss) from gaming and fundraising events (a	dd lines 6a and	6b and subt	ract			
		line 6c)						6d	3,475
	7a	Gross sales	of inventory, less returns and allowances		7a				
	. b	Less cost of	f goods sold		7b				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7	b from line 7a)				7c_	
	8	Other revenu	ue (describe in Schedule O) .					8	4,955
	9	Total reveni	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>				9	15,733
	10	Grants and s	similar amounts paid (list in Schedule O)					10	
<i>)</i>	11	Benefits paid	I to or for members .					11	
, Cun	12	Salaries, oth	er compensation, and employee benefits	•				12	
Expenses	13	Professional	fees and other payments to independent contra	actors	•		•	13	
per	14	Occupancy,	rent, utilities, and maintenance					14	
Ä	15	Printing, pub	lications, postage, and shipping					15	
	16	Other expen	ses (describe in Schedule O)				•	16	12,863
	17	Total expen	ses. Add lines 10 through 16				•	17	12,863
	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)					18	2,870
ets	19		r fund balances at beginning of year (from line 2	27, column (A))	must agree	with			
Ass			figure reported on prior year's return)					19	83,712
Net Assets	20		es in net assets or fund balances (explain in Sc	hedule O)	REC	EIVED		20	
Z	21	_	r fund balances at end of year Combine lines 1		1/1/0	-IVCL	<u>/</u> ,	21	86,582
For	Paperv		on Act Notice, see the separate instructions	1001	EED 1	6 0010	S	- 	Form 990-EZ (2016)
EEA	-		•	9	LER I	6 2018	121		, , ,





EEA

Page 2

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any questio		<u>.</u>		<u>L</u>
		(A) Be	ginning of year	-	(B) End of year
22 Cash, savings, and investments		,	83,481	22	86,351
23 Land and buildings .	•		231	23	231
24 Other assets (describe in Schedule O)		· ·	0	24	0
25 Total assets	•		83,712	25	86,582
26 Total liabilities (describe in Schedule O)	•	•	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree w			83,712	27	86,582
Part III Statement of Program Service Accomplishme	•			1	Expenses
Check if the organization used Schedule O to re	spond to any questi	on in this Part III		(Red	quired for section
What is the organization's primary exempt purpose? EDUCATION				} ·	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses In a clear and concise manner, describe the	e services provided, the			1	anizations, optional for
persons benefited, and other relevant information for each program title				┼-	
28 PROVIDE YOUTH DEVELOPMENT THROUGH EDUCATIO					
LEARNING EXPERIENCES AND LIFE SKILLS TRAIN	IING			-	
(Compte \$ 1.136) If the assuration	shirt a farmer grants of	haali basa		20-	22 244
	cludes foreign grants, cl	песк пеге		28a	23,344
29				1	}
					
	cludes foreign grants, cl	heck here .		29a	<u> </u>
30					
				1	
				1	
	cludes foreign grants, c	heck here .	▶	30a	1
31 Other program services (describe in Schedule O)				1	
	cludes foreign grants, c	heck here	<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a)	<u>.</u>		<u> </u>	32	
72-4-07					
Part IV List of Officers, Directors, Trustees, and Key Employ			d - see the instru	ctions	s for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to		art IV		1	s for Part IV)
	any question in this P	art IV (c) Reportable	(d) Health benefits	s,	s for Part IV) (e) Estimated amount of
	(b) Average hours per week	art IV		s, oloyee	
Check if the organization used Schedule O to respond to (a) Name and title	any question in this P	art IV (c) Reportable compensation	(d) Health benefits contributions to emp	s, ployee	(e) Estimated amount of
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT	(b) Average hours per week devoted to position	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON	(b) Average hours per week	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER	(b) Average hours per week devoted to position	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER	(b) Average hours per week devoted to position	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO	(b) Average hours per week devoted to position 5.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON	(b) Average hours per week devoted to position	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation
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Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON ROB CARSTENSEN	(b) Average hours per week devoted to position 5.00 5.00 2.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation 0 0
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON ROB CARSTENSEN DIRECTOR	(b) Average hours per week devoted to position 5.00 5.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation 0
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON ROB CARSTENSEN DIRECTOR SUE CARSTENSEN	(b) Average hours per week devoted to position 5.00 5.00 2.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation 0 0
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Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON ROB CARSTENSEN DIRECTOR SUE CARSTENSEN DIRECTOR FAYE JOHNSON	(b) Average hours per week devoted to position 5.00 5.00 2.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation 0 0 0
Check if the organization used Schedule O to respond to (a) Name and title RENA AVANT CHAIRPERSON TIFFANY GREER TREASURER EILEEN BLANCO VICE-CHAIRPERSON ROB CARSTENSEN DIRECTOR SUE CARSTENSEN DIRECTOR FAYE JOHNSON SECRETARY	(b) Average hours per week devoted to position 5.00 5.00 2.00	art IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplement plans, an	s, ployee	(e) Estimated amount of other compensation 0 0 0
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Form 9	90-EZ (2016) OSCEOLA COUNTY 4-H ASSOCIATION 45-357	79016	, <u> </u>	age 3
Pa	tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	<u> </u>		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		
	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		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	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	35c	1	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	333	 	
•	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3.0	 	
30 a		38a		X
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	302	ļ	
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(a)(7) accounts to a section 504(a)(7)			
39	Section 501(c)(7) organizations. Enter.		İ	
a	Initiation fees and capital contributions included on line 9	\dashv		
d 	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶]	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40.		v
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		İ	
	on organization managers or disqualified 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 by the organization .	_		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		}	7.7
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ UF/IFAS OSCEOLA CUNTY EXT SERVICES Telephone no ▶ 321	<u>-697-3</u>	000	
	Located at ▶ 1921 KISIMMEE VALLERY LANE, Kissimmee, FL ZIP+4 ▶ 347	44		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X_
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	. [_
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		
			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	44a	<u> </u>	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	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			T
_	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
→3 u			1	1
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		F	
	Form 990-EZ (see instructions)	45b		X
	EA	Form 9		

Form 9	990-EZ (2016)	OSCEOLA COUNTY	4-H ASSOCIATION		45	-3579016	F	age 4
							Yes	No
46		engage, directly or indirectly,		ties on behalf of or in opp	osition		-	
Par		blic office? If "Yes," complete 01(c)(3) organizations		<u> </u>	_	46	<u> </u>	X
		n 501(c)(3) organizations		ions 47-49h and 52	and complete the	tables for l	inac	
	50 and 51		o made anower quest	10113 47 435 and 02	, and complete the	tables for i	11103	
	`Check if th	he organization used So	hedule O to respond	to any question in	this Part VI			
							Yes	No
47		engage in lobbying activities of	or have a section 501(h) el	ection in effect during the	tax			
		olete Schedule C, Part II				47		X
48		school as described in section			•	48		X
49a b		make any transfers to an exe		organization?	•	49a	<u> </u>	X
50		ated organization a section 52' for the organization's five high	_	· · · · ·		49b	<u> </u>	
50		ch received more than \$100,00				;y		
					(d) Health benefits.			
	(a) Name and	title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee benefit plans, and deferred	(e) Estimate	ed amoui	
			devoted to position	(Forms W-2/1099-MISC)	compensation	other co	препза	IION
NON	E		<u> </u>					
								
	•							
_								
	-							
f		er employees paid over \$100,0			-			
51		for the organization's five high			h received more than			
	\$ 100,000 of compen	sation from the organization	If there is none, enter "Nor	ne "				
	(a) Name and busing	ness address of each independent con	tractor	(b) Type of service	е	(c) Compensation	n	
		***************************************	******					
NON	E							
			· · · · · · · · · · · · · · · · · · ·					
			<u> </u>					
d	Total number of other	er independent contractors each	th receiving over \$100,000	>				
52	Did the organization	complete Schedule A? Note:	All section 501(c)(3) organ	izations must attach a		_		
	completed Schedule		<u> </u>			▶ X Yes		No
		eclare that I have examined this re				wledge and belie	f, rt is	
true, c		Declaration of preparer (other than		ation of which preparer has a				
Sign		NY GREER - Poly	Gray		Date 12-1	1-2017		
Here		NY GREER, TREASURER			12-11	-2017		
		ant name and title	· · · · · · · · · · · · · · · · · · ·		70	0011		
	Print/Type pre	parer's name	Preparer's signature	Date	Check I if	PTIN		
Paid	MICHAEL	J GARLAND	MICHAEL J GARLAND	12-04-20		P002999	61	
Prepa	arer Firm's name	DC & ASSOCIATES	OF CENTRAL FLOR		Firm's EIN ▶			
Use (Only Firm's address	s ▶ 820 LAKE KATHRY	N CIRCLE					
		Casselberry FL	32707		Phone no 407	7-831-1407		
May t	the IRS discuss this re	eturn with the preparer shown	above? See instructions		•	▶ X Yes		No
EEA						Form 99	0-EZ (2016)

	(Complete only if you chec Part III. If the organization	ked the box or fails to qualify	n line 5, 7, or 8 under the tests	of Part I or if t s listed below,	he organization please complet	failed to qual e Part III.)	ify under
Sec	tion A. Public Support						/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016/	(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			1	17		
	line 1 that exceeds 2% of the amount		-				
	shown on line 11, column (f)				.]		
6	Public support Subtract line 5 from line 4		 	-			
	tion B. Total Support		<u> </u>	<u>;</u>	1.	1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012	(b) 2013	(0) 2014	(u) 2013	(e) 2010	(i) Total
8	Gross income from interest, dividends,			 /	 		
	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business			f			
	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 activities, etc (s	see instructions)	/	. 4 		12	····
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	<i>!</i>	th, or fifth tax year	as a section 501(c)		> []
Sec	tion C. Computation of Public St	upport Percer	ńtage				
14	Public support percentage for 2016 (line 6,	column (f) dıvıd e d l	by line 11, column	(f))		14	%
15	Public support percentage from 2015 Sched	ine الرباط A, Part II	14			15	%%
16a	33 1/3% support test - 2016. If the organize	ation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, chec	k this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizatı	on			▶ □
b	33 1/3% support test - 2015. If the organization	ation did _ź not check	a box on line 13 o	or 16a, and line 15	ıs 33 1/3% or more,	check	
	this box and stop here. The organization qu	ualifies as a publici	y supported organ	ızatıon			▶ □
17a	10%-facts-and-circumstances test - 2016	<i>y</i> –					
	10% or more, and if the organization meets	the/"facts-and-circ	umstances" test, o	check this box and	stop here. Explain	ın	
	Part VI how the organization meets the "fac	ts/and-circumstan	ces" test The orga	anızatıon qualifies a	as a publicly suppor	ted	
	organization	<i>f</i>					▶ □
b	10%-facts-and-circumstances test - 20/15	. If the organization	n did not check a b	oox on line 13, 16a	, 16b, or 17a, and lir	ne	
	15 is 10% or more, and if the organization in	neets the "facts-an	d-circumstances"	test, check this bo	x and stop here .		
	Explain in Part VI how the organization mee	ets the "facts-and-o	circumstances" tes	t The organization	qualifies as a publi	cly	
	supported organization					•	▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		
	ınstructions	<u> </u>					▶ □
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2016

Part III 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.)

<u>Se</u>	ction A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,315	7,004	4,491	4,176	6,094	31,080
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			·			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	39,627	31,632	19,669	35,283	26,819	153,030
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
6	Total Add lines 1 through 5	48,942	38,636	24,160	39,459	32,913	184,110
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						184,110
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 .	48,942	38,636	24,160	39,459	32,913	184,110
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	48,942	38,636	24,160	39,459	32,913	184,110
14	First five years. If the Form 990 is for the or	ganızatıon's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	. 🗀
Sac	organization, check this box and stop here ction C. Computation of Public St	upport Parcon	tago				<u> </u>
15	Public support percentage for 2016 (line 8, co			 \		15	100.00 %
16	Public support percentage from 2015 Schedu	•		,		16	100.00 %
	ction D. Computation of Investme				•	-10 !	200.00 /0
17	Investment income percentage for 2016 (line			umn (f))		17	0.00 %
18	Investment income percentage from 2015 Sc		•	.,,	ľ	18	0.00 %
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	the box on line 14,				▶ 🏻
b	33 1/3% support tests - 2015. If the organiz	ation did not check	a box on line 14 or	line 19a, and line 1	16 is more than 33	1/3%, and	▶ []
20	Private foundation. If the organization did n	•	•	•	• •		▶ 📋

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 of 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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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
- 5a 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 Part VI, 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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 Part VI.
- 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 Part VI.
- 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 Part VI
- 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
 - 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.)

		Yes	No
	1		
d			
	2		
r	3a		
t	*******		
	3b		
3)	3с		
	4a	·	
	4a		
	4b		
	7.5		
	4c		
7			
	5a		
	5b		
	5с		
	6		
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ו	7		
	8		
	9a		
	9b		
	9с	1	
	10a	-	
	10b		
A (F	orm 990	or 990.	F7\ 2016

178	art IV Supporting Organizations (continued)			
11	Has the organization accounted a city or and the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		f	
h	A family member of a person described in (a) above?	11a		
c	: A 35% controlled entity of a person described in (a) above?	11b		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ction B. Type I Supporting Organizations	11c	L.,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2		-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
500	supported organizations played in this regard	3		
1	tion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it			
а	The organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	s <i>)</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	ctions
2	Activities Test. Answer (a) and (b) below.	г		No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}		
	how the organization was responsive to those supported organizations, and how the organization determined	İ		
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
3	activities but for the organization's involvement.	2b		
,	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details</i> in Part V .			
b	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
		3b		
		I	ı	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (exp	lain in Part VI) See
	instructions. All other Type III non-functionally integrated supporting organi			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		``````````
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3	·	
_4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		·	
CO	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ţ		
<u>ins</u>	structions for short tax year or assets held for part of year):	J		
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	-	
	Total (add lines 1a, 1b, and 1c)	1d	•	
	Discount claimed for blockage or other			
	ctors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2	111111111111111111111111111111111111111	
_ 3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	<u></u>	
4	Enter greater of line 2 or line 3	4	11 . /////	
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		, , , , , , , , , , , , , , , , , , , ,	
em	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-ınte	grated Type III support	ng organization (see
	instructions)			,

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
<u>Se</u>	ction D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
_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	ne organization is respon	sive	·
	(provide details in Part VI). See instructions	•		
_9	Distributable amount for 2016 from Section C, line 6			7.2
_10	Line 8 amount divided by Line 9 amount			·
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	Division in the second	- Added Distributions	Pre-2016	Amount for 2016
_1		77	11	
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			·····
	Excess distributions carryover, if any, to 2016.			1-11
<u>a</u> b				·····
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)		11//, ,1	
<u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f			***************************************
	Distributions for 2016 from			
7	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	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	F.,,		
-	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:			······
				
b	Excess from 2013			
	Excess from 2014	,		
	Excess from 2015			
	Excess from 2016			
		L		

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, 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.

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

2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

Name of the organization			-			Employer ide	ntification number
OSCEOLA COUNTY 4-H ASSOCIATI	ON					45-35	79016
Part I Fundraising Activities Form 990-EZ filers are no	. Complete if	_		swered "Yes" on	Form 99	90, Part IV	, line 17
1 Indicate whether the organization rais				ities. Check all that ac	plv.		
a Mail solicitations				of non-government gra			
b Internet and email solicitations				of government grants	21110		
c Phone solicitations		_		raising events			
=		9 🗆	Special fund	raising events			
d In-person solicitations							
2a Did the organization have a written or							
or key employees listed in Form 990,			-	_		_	es 🔝 No
b If "Yes," list the 10 highest paid individe	·	fundraisers) p	oursuant to a	greements under whi	ch the fund	raiser is to b	е
compensated at least \$5,000 by the o	rganızatıon						
·							
(i) None and address of advantual		(iii) Did fund	draiser have	<i>"</i> > 0		ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	r control of	(iv) Gross receipts from activity		tained by) ser fisted in	(or retained by)
,, (contrib	utions?			ol (ı)	organization
		Yes	No				
1							
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2							
3			-				
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4		 					
7		Ì))]
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Total		<u> </u>	<u> </u>				L
3 List all states in which the organization	is registered or li	icensed to so	licit contribut	tions or has been noti	fied it is ex	empt from	
registration or licensing							
		···					
				<u> </u>			
						·	
	·						
							
							
							

	irt II		plete if the organization	on answered "Yes" on For	m 990, Part IV, line 18	3, or reported more
		than \$15,000 of fundraising		and gross income on Form	990-EZ, lines 1 and 6	6b List events with
		gross receipts greater than	(a) Event #1 SEVERAL	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
	İ		(event type)	(event type)	None (total number)	col (c))
ne		•	(even type)	(evenitype)	(total Homocr)	
Revenue	1	Gross receipts				
ш.	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
Dire	8	Entertainment				
	9	Other direct expenses		<u> </u>		
	10	Direct expense summary Add lines	s 4 through 9 in column (d)		
	11	Net income summary Subtract line			<u>_</u>	
Pa	irt II			d "Yes" on Form 990, Part	IV, line 19, or reported	d more
	Γ'-	than \$15,000 on Form 99	U-EZ, line ba.	(b) Pull tabs/instant		(d) Total gaming (add
ue			(a) Pipas	I (D) Puil tabs/instant I		
Š	1		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue	(a) Billigo		(c) Other gaming	
Reve	1	Gross revenue	(a) Billigo		(c) Other gaming	
	2	Gross revenue Cash prizes	(a) billigo		(c) Other gaming	
Expenses			(a) Billigo		(c) Other gaming	
	2	Cash prizes	(a) Billigo		(c) Other gaming	
Expenses	2	Cash prizes Noncash prizes	(a) Billigo		(c) Other gaming	
Expenses	3	Cash prizes Noncash prizes Rent/facility costs	Yes%	bingo/progressive bingo	C) Other gaming Yes % No	
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes%	
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines	Yes % No S 2 through 5 in column (d	bingo/progressive bingo	Yes%	
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No S 2 through 5 in column (d	bingo/progressive bingo	Yes%	
Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines	Yes% No s 2 through 5 in column (duract line 7 from line 1, column tion conducts gaming acti	bingo/progressive bingo Wes % No umn (d)	Yes%	col (a) through col (c))
b c Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subtete the state(s) in which the organization licensed to conduct the organization licensed to conduct the state organization licensed to conduct the state organization licensed to conduct the state organization licensed to conduct the organization licensed to conduct the state organization licensed to conduct the organization licensed the organization licensed to conduct the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organizat	Yes% No s 2 through 5 in column (direct line 7 from line 1, column tion conducts gaming acting gaming activities in each of	bingo/progressive bingo Yes % No No vities:of these states?	Yes%	
b c Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subtete the state(s) in which the organization licensed to conduct the organization licensed to conduct the state organization licensed to conduct the state organization licensed to conduct the state organization licensed to conduct the organization licensed to conduct the state organization licensed to conduct the organization licensed the organization licensed to conduct the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organizat	Yes% No s 2 through 5 in column (direct line 7 from line 1, column tion conducts gaming acting gaming activities in each of	bingo/progressive bingo Wes % No umn (d)	Yes%	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subteter the state(s) in which the organization direct expensed to conduct the organization licensed to conduct the explain.	Yes% No s 2 through 5 in column (direct line 7 from line 1, column tion conducts gaming actigaming activities in each of the second column tion conducts gaming activities in each of the second column tion conducts gaming activities in each of the second column tion conducts gaming activities in each of the second column tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion tion tion tion to the second column tion tion tion to the second column tion tion tion tion tion tion tion tio	bingo/progressive bingo Yes % No No withes:	☐ Yes% ☐ No ▶ ax year?	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subteter the state(s) in which the organization direct expensed to conduct the organization licensed to conduct the explain.	Yes% No s 2 through 5 in column (direct line 7 from line 1, column tion conducts gaming actigaming activities in each of the second column tion conducts gaming activities in each of the second column tion conducts gaming activities in each of the second column tion conducts gaming activities in each of the second column tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion to the second column tion tion tion tion tion to the second column tion tion tion to the second column tion tion tion tion tion tion tion tio	bingo/progressive bingo Yes % No No wities: of these states?	☐ Yes% ☐ No ▶ ax year?	col (a) through col (c))

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

OSCEOLA COUNTY 4-H ASSOCIATION

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

45-3579016

OSCEOLA COUNTY 4-H ASSOCIATION		45-3579016
01. Description of other revenue (F	art I, line 8)	
Description	Amount	
INCOME	4,415	
MISC	124	
RECORD BOOK COVERS	6	
RETURN/REFUND	279	
REIMBURSEMENT	131	
02. Description of other expenses (Part I, line 16)	
Description	Amount	
COUNCIL DUES	30	
E-REGISTRATIONS EXPENSE	3,592	
MISC	2,201	
INSURANCE	48	
PETTY CASH	100	
REIMBURSEMENTS	1,094	
DEPOSIT RETURN	116	
SUPPLIES	2,512	
BACJGROUND CHECKS	69	
BANK FEES	21	
PROJECT BOOKS	3,080	
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