EXTENDED	TO	JULY	15,	2019
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Return of Organization Exempt From Income Tax

ຸOpen to Public ວັ{ຈີ Inspection ້

Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information.

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

Do not enter social security numbers on this form as it may be made public. SEP 1, 2017 and ending AUG 31, 2018 A For the 2017 calendar year, or tax year beginning

B C	heck if pplicable	C Name of organization			D Employer identifi	cation number
	Addres	JEFFERSON COUNTY AREA	1-H COINCII. IN	С.		
늗	Jchang		i cooncid, in		- 61−0	936517
\vdash	_lchang _lnitial _return	Number and street (or P.0. box if mail is not del				
⊨	Final	435 N. WHITTINGTON PARI		Room/sui		566-1030
_	return/ termin ated			·	G Gross receipts \$	102,256.
	Amend		Eli or foreign postar code		H(a) Is this a group re	
H	_lreturn ∏Applic Ition		ID DICK		for subordinates	
_	pendir	9 435 N. WHITTINGTON PKWY		SXILD		
1 T	ax-exe					list (see instructions)
		e: ► N/A	,		H(c) Group exemption	•
K F	orm of		sociation Other	L Ye		VI State of legal domicile: KY
	rt/I	Summary				
		Briefly describe the organization's mission or most	significant activities EXPA	ND ED	UCATIONAL SE	RVICES
ce		AVAILABLE TO CHILDREN IN C				
Governance		Check this box if the organization discoil			re than 25% of its net as:	sets
ver		Number of voting members of the governing body				17
ဗိ		Number of independent voting members of the gov	•	/ *LC.	-'\ <u> </u>	17
જ		Total number of individuals employed in calendar y		FFG	J	0
Activities &		Total number of volunteers (estimate if necessary)	car 20 1, (1 an) v; mic 2a,	L F.R	0 8 2021 $\int \frac{5}{6}$	216
3		•	(2)	TPR	5 /	0.
Aci		Total unrelated business revenue from Part VIII, co		/./2	BRANC// 7a	0.
	b	Net unrelated business taxable income from Form			GDFN 7b	
			IRS - OSC	07 =	Prior Year	Current Year
es es	8	Contributions and grants (Part VIII, line 1h)		-	2,727.	7,219.
Ē	9	Program service revenue (Part VIII, line 2g)	JAN 2 7 2 0	121 L	76,987.	81,626.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	· · · · · ·	[2,562.	2,834.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c. 10c. and 1Je)	. [4,472.	6,353.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII. columnaden, 12ta	ah 🗀	86,748.	98,032.
	13	Grants and similar amounts paid (Part IX, column (A) lines 1-3)		1,500.	2,687.
		Benefits paid to or for members (Part IX, column (A			0.	0.
		Salaries, other compensation, employee benefits (F		├	0.	0.
ses	1			⊢	0.	0.
ens		Professional fundraising fees (Part IX, column (A), li	•	\ \ \	FOR THE STATE OF T	
Expenses	ľ	Total fundraising expenses (Part IX, column (D), line		0.		
ш	!	Other expenses (Part IX, column (A), lines 11a-11d,	•		95,781.	92,112.
	18	Total expenses Add lines 13-17 (must equal Part D	(, column (A), line 25)		97,281.	94,799.
		Revenue less expenses Subtract line 18 from line	12		-1 <u>0,533</u> .	3,233.
Assets or 1 Balances				L!	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		L	275,629.	308,581.
AB	21	Total liabilities (Part X, line 26)		L	1,172.	653 <u>.</u>
됦	22	Net assets or fund balances Subtract line 21 from	line 20		274,457.	307,928.
Ŗа	ırt;ll <u>ş</u>	Signature Block				
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and state	ments, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer to the office	r) is based on all information of w	vhich prepar	er has any knowledge	•
) a - / A DAY			1/2/	12021
Sigr	1	Signature of officer			Date	<u> </u>
Her		DAVID DICK, TREASURER				
	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		Fillion type preparer 3 maine	r reparci 3 Signature		If Leaf amoles	
		Fumla nama			Self-employ	yeu
•	arer	Firm's name	-		Firm's EIN 🛌	
use	Only	Firm's address				
	_				Phone no	
May	the If	S discuss this return with the preparer shown about				Yes No
73200	01 11-2	1-17 LHA For Paperwork Reduction Act Notic	e, see the separate instructi	ions.	. 1	Form 990 (2017)

Form	1990 (2017) JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517	Page 2
Par	rt III Statement of Program Service Accomplishments	
<u>` </u>	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	JEFFERSON COUNTY AREA 4-H COUCIL'S MISSION IS TO CREATE SUPPORTIVE	
	ENVIRONMENTS FOR CULTURALLY DIVERSE YOUTH AND ADULTS TO REACH THEIR	
	FULLEST POTENTIAL RESULTING IN CAPABLE, COMPETENT, AND CARING	
	CITIZENS. IN SUPPORT OF THIS MISSION WE WILL PROVIDE FORMAL AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	nd
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 94,799 • including grants of \$) (Revenue \$ 81,	626 .)
	FOUR-H SCHOOL CLUBS OFFER YOUTH A UNIQUE OPPORTUNTITY TO LEARN AND	
	PRACTICE LEADERSHIP AND ORGANIZATIONAL SKILLS. THROUGH 4-H SCHOOL	
	CLUBS, OVER 1560 YOUTH PARTICIPATED IN OFFICER ELECTIONS, PRACTICED	
	LEADERSHIP ROLES, CONDUCTED BUSINESS MEETINGS, LEARNED PARLIAMENTARY	
	PROCEDURE AND THE DEMOCRATIC PROCESS OF GROUP DECISION MAKING. TO	
	EVALUATE THE DEVELOPMENT OF LEADERSHIP AND ORGANIZATIONAL SKILLS BY	
	STUDENTS, A SAMPLING OF STUDENTS AND TEACHERS COMPLETED A WRITTEN	
	EVALUATION. OF THE TEACHERS RESPONDING, NEARLY 90% INDICATED THAT C	LUB
	OFFICERS CARRIED OUT THEIR RESPONSIBILITIES AND PRACTICED LEADERSHIP	
	SKILLS. USING DATA FROM PRE AND POST TESTS, STUDENTS DEMONSTRATED	
	INCREASED KNOWLEDGE OF LEADERSHIP PRINCIPLES AND PARLIAMENTARY	
	PROCEDURE. EVALUATIONS DEMONSTRATE THAT 4-H IS BEING SUCCESSFUL IN	
4b	(Code) (Expenses \$ including grants of \$ 2,687.) (Revenue \$)
	SCHOLARSHIPSJEFFERSON COMMUNITY AND TECHNICAL COLLEGE AND BELLARMIN	NE
	UNIVERSITY	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
	Other program services (Describe in Schedule O.)	
4d		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 94,799.	
46		90 (2017)

732002 11-28-17

Page 3

,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		l	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a	-	<u> X</u>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		Х
د.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ૣ	ł	Х
	complete Schedule G. Part III	19 Form	990 (_
		rorm	JJJ (2017)

Form	990 (2017) JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-093	6517	P	age '
:Pai	t IV, Checklist of Required Schedules (continued)			
•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}	ł	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
00	Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
	complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	•		T V
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	$oxed{oxed}$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1]	

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	1990 (2017) JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-09	3051/	P	Page 5
<u>'</u> Rar				
•	Check if Schedule O contains a response or note to any line in this Part V		г—	
	;	o lossessos	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable			
b	Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	The state of	Frie	XXX
_	(gambling) winnings to prize winners?	1c	27550-185	94999
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0 336	Mark Mark	13000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	957239096F	2,4900
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<u> </u>	X
'b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ľ	₩
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	\$2. LA	X
b	If "Yes," enter the name of the foreign country	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	45.47	AND SOUTH	X.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		χ.
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
D	·	. 6ь		
7	, were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	100		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		12507 34849	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
,	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
Ū	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		激素	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-3(7)
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	ე 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		紫紫	
	sponsoring organization have excess business holdings at any time during the year?	8		
9.	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			经条件
-11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		80°68	
12a		12a	V 76787 32+	MAND TY
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	36.00	经条件	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	90%25446 10%25446	M(7, 39
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		i di	
C	Enter the amount of reserves on hand	2363	5.75 g %	V V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b.		ь

Form **990** (2017)

JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 17 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 接機 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 3800 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \underline{KY}$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply __ Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

LOUISVILLE,

State the name, address, and telephone number of the person who possesses the organization's books and records

STE 1510,

40202

DAVID DICK - (502)568-6533

500 W. JEFFERSON ST.,

20

732006 11-28-17

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more) than (one	Reportable	Reportable	Estimated
	hours per	box	x, unless person is both an licer and a director/trustee)		n an	compensation	compensation	amount of		
	week (list any	⊢	Ī		Π	Γ	Γ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			susate		(W-2/1099-MISC)	,	organization
	organizations	t t	la fr		loyee	dw a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LATONIA WATKINS	0.00	트	트	ĕ	<u> </u>	Ŧ 5	8			
PRESIDENT	0.00	1		х				0.	0.	0.
(2) MARYBETH QUINKER	0.00				 	1	\vdash			
SECRETARY		1		х				0.	0.	0.
(3) DAVID DICK	0.00									
TREASURER				Х				0.	0.	0.
(4) JUDY NICHOLS	0.00	1						_	_	
VICE PRESIDENT		<u> </u>	<u> </u>	Х		<u> </u>		0.	0.	0.
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Form 990 (2017)

732009 11-28-17

17270119 794544 FOURH

Secti	on 501(c)(3) and 501(c)(4) organizations must comp		-	mplete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
•	and domestic governments. See Part IV, line 21		_		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	2,687.	2,687.	3. ************************************	
3	Grants and other assistance to foreign				
. •-	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16	, 1			
4	Benefits paid to or for members		 :		
5	Compensation of current officers, directors,				
	trustees, and key employees				•
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and	•		,	
	persons described in section 4958(c)(3)(B)			•	·
7	Other salaries and wages		,		
8	Pension plan accruals and contributions (include	, ,			
	section 401(k) and 403(b) employer contributions)	•			
9	Other employee benefits				•
10	Payroll taxes		•		
11	Fees for services (non-employees)	•			
а	Management *				
b	Legal	•			
č	Accounting				
` d	Lobbying	•		•	
· e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	•		• ,	,
	column (A) amount, list line 11g expenses on Sch O)		-	•	<u>'</u>
12,	Advertising and promotion	545.	545.		
13	Office expenses	. 156.	156.		•
14	Information technology *			,	
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	-			
17	Travel	•			
18	Payments of travel or entertainment expenses		,		
•	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization				
23	Insurance	ANTENIO CONTRACTO POR CONTRACTOR CON	NO CERTIFICATION OF THE STATE OF THE		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)	74 645	71 616		
а	CAMP EXPENSE	74,645. 12,947.	74,645.		<u> </u>
· b	PROGRAM		2,745.		•
c	MISCELLANEOUS MEMBERSHIP DUES & FEES	2,745. 664.	664.		
a		410.	410.		
e 25	All other expenses Total functional expenses Add lines 1 through 24e	94,799.	94,799.	0.	0.
<u>25</u>	Joint costs. Complete this line only if the organization	<u> </u>	<u> </u>	, , , , , , , , , , , , , , , , , , , 	
20 ,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				ļ · ,
	Check here If following SOP 98-2 (ASC 958-720)			•	•
	1 in injinwing 50% ag-5 (M2C a38-150)	<u> </u>	<u> </u>		5 000 (0047)

JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517 · Page 11 **Balance Sheet** ·Part*X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 14,535. 14,335. Cash - non-interest-bearing 45,720. 45,507. Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 215,187. 247,726. 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 600. 600. 15 Other assets See Part IV, line 11 15 275,629. 308,581. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,172. 17 653 17 Accounts payable and accrued expenses Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1.172. 653 Total liabilities. Add lines 17 through 25

Balances 28 Temporarily restricted net assets -29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ō Assets 30

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund

complete lines 27 through 29, and lines 33 and 34.

33 Total net assets or fund balances Total liabilities and net assets/fund balances

Unrestricted net assets

92,337. 125,808. 27 132,963. 132,963. 28 49,157. 49,157 29 30 31 32 274,457 307,928. 629 275. 308,581.

Form 990 (2017)

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Form	990 (2017) JEFFERSON COUNTY AREA 4-H COUNCIL, INC.	61	-0936517	Page 12
Pa	rt:XI Reconciliation of Net Assets			
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,032.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,799.
3	Revenue less expenses Subtract line 2 from line 1	3		,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,457.</u>
5	Net unrealized gains (losses) on investments	5	30	,238.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	307	<u>,928.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
			<u> </u>	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		36 (4 <u>%)</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		478.34	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	22/	856 K.C-12
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ACC 4 3002 100
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1987898163	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	1	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

JEFFERSON COUNTY AREA 4-H COUNCIL, INC.

Employer identification number 61-0936517

Pa	rt 🖂	Reason for Public C	Charity Status (All organizations must co	mplete th	is part) Se	e instructions						
The	organi	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)							
1	٦	A church, convention of chu	•	= .	· ·		O(A)(i).	100					
2	\equiv	A school described in secti					W. W.	() /					
	=							\cup \cup					
3	=	A hospital or a cooperative						the beental's name					
4	ш	A medical research organiza	ation operated in col	ijunction with a nospital	described	iii sectio	n mologingaging. Enter	the nospital s hame,					
		city, and state											
5	لـــا	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C	complete Part II)										
6		A federal, state, or local gov	emment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (Co	omplete Part II)										
8		A community trust describe	d in section 170(b)	1)(A)(vi). (Complete Par	t II)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or					
		university		,									
10	X	An organization that normal	Ilv receives (1) more	than 33 1/3% of its supi	ort from o	ontributio	ns, membership fees, ar	nd gross receipts from					
		activities related to its exem											
		income and unrelated busin											
		See section 509(a)(2). (Cor		(1000 000 thorr or really mo	24666		, ,						
11		An organization organized a	•	vely to test for nublic sa	fety See	section 50	19(a)(4)						
12	\equiv	An organization organized a	•	•	-			nurnoses of one or					
12	ш	more publicly supported org	•	•	•		•	•					
		lines 12a through 12d that						oncon the box in					
_		,		• •				awana					
а		Type I. A supporting orga	•	•		_		= =					
		the supported organization			пајонцу о	ii trie direc	tors or trustees or the si	apporting					
	_	organization You must c	•		ما في ما في من من من من		d accession(s), by bar						
b	L	Type II. A supporting orga	•										
		control or management of			ime perso	ns that coi	ntroi or manage the sup	portea					
	r	organization(s) You mus	•					-1					
С		Type III functionally inte	-					ea with,					
	_	its supported organization	* * * *										
d		Type III non-functionally	-	· · ·									
		that is not functionally into	-					veness					
	_	requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supportii	ng organiz	ation							
f	Ente	r the number of supported o	organizations										
9	Prov	ide the following information			(iv) Is the oros	inization listed	L to A	L (w) Assessment of other					
	(1) Name of supported	(n) EIN	(iii) Type of organization (described on lines 1 10	ių Aoni doveiųi	ng oocument?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
							!						
							_	1					

	edule A (Form 990 or 990 EZ) 2017 ರ rt III Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i) /
•	(Complete only if you checke			=	n failed to qualify ι	inder Part III If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II)			/
Sec	tion A. Public Support	т	,	I	,	 	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c)·2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organ- ization'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					7	
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)					N. 10 10 10 10 10 10 10 10 10 10 10 10 10	
6	.,	39 CARSTON XAS				572364336	
	Public support. Subtract line 5 from line 4	WEST STATE STATES A COLORY	K CASTON C. CONTRACTOR OF A SANCHA	Store Considera Garage	I was a survey of the survey o	The state of the s	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4) 2010	(5) 2011	(6) 2010	/	(0/2011	(7.0.0.
8	Gross income from interest,				/		
•	dividends, payments received on				/		
	securities loans, rents, royalties,						
	and income from similar sources				/		
9	Net income from unrelated business				7		
	activities, whether or not the)	ľ		
	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					2233	
	Gross receipts from related activities,	•	•	/		12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	_
Sec	organization, check this box and storetion C. Computation of Publication	_{p here} ic Support Per	centage	/	- -	_	<u> </u>
	Public support percentage for 2017 (olymn (f))		14	9
	Public support percentage from 2016			/ "		15	9
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		,				▶□
b	33 1/3% support test - 2016. If the	organization did no	ot check a box/on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		,				▶□
17a	10% -facts-and-circumstances test	- 2017. If the org	janization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					rt VI how the organ	nization
_	meets the "facts-and circumstances"		,			170 on 4 bes 45	▶ ∟
b	10% -facts-and-circumstances test	-	,				
	more, and if the organization meets the		,				;
40	organization meets the "facts-and-circ		/				
18	Private foundation. If the organization	on did not check a	<u>уох оп ше тэ, ть:</u> /	a, 100, 17a, 0f 170		edule A (Form 990	
							,

Schedule A (Form 990 or 990-EZ) 2017 JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517 Page 3 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)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and		•	İ			
membership fees received (Do not						
include any "unusual grants ")	12,086.	6,284.	6,052.	2,170.	7,219.	_ 33,811.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	123,545.	121,897.	65,223.	76,987.	81,626.	469,278.
, , ,	123,343.	121,057	03,223.	- 10,50,1	01,0200	103,2.00
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513					_	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	<u></u>					
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	135,631.	128,181.	71,275.	79,157.	88,845.	503,089.
7a Amounts included on lines 1, 2, and	133,031.	120,101.	71,2,30	73,1371	00,0131	303,003.
3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
	***		. 4	•••		503,089.
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	.1					30370030
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	135,631.	128,181.	71,275.	79,157.	88,845.	503,089.
10a Gross income from interest,	133,031.	120,1011	, 1, 2, 3,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00/0201	333,033
dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,616.	17,263.	3,074.	2,563.	2,834.	36,350.
b Unrelated business taxable income					·	
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,616.	17,263.	3,074.	2,563.	2,834.	36,350.
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)	146,247.	145,444.	74,349.	81,720.	91,679.	539,439.
14 First five years. If the Form 990 is for	or the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
check this box and stop here						▶
Section C. Computation of Pub	lic Support Per	centage				
15 Public support percentage for 2017	(line 8, column (f) di	vided by line 13, co	olumn (f))		15	93.26 %
16 Public support percentage from 201	6 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	Percentage				
17 Investment income percentage for 2	017 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	6.74 %
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If th	e organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	and stop here. The	organization quali	fies as a publicly s	upported organiza	tion	ightharpoons X
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat						

Schedule A (Form 990 or 990-EZ) 2017 JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517 Page 4

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in 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," answer (b) and (c) below
- **b** 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
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a-family-member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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
- b 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.)

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Sche	dule A (Form 990 or 990 EZ) 2017 JEFFERSON COUNTY AREA 4-H COUNCIL, INC.	61-0	93651	7 _{Ра}	age 5
	Supporting Organizations (continued)		-		
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		2020E	7,700	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
a			11a	Part Oracle	mendal
	below, the governing body of a supported organization?			_	\vdash
	A family member of a person described in (a) above?		11b		
	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.		11c		Ь
Sec	tion B. Type I Supporting Organizations				
			CONTRACTOR A	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	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			3	10
	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		2.73	SAN)	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				STATE COMMAN
				製器	
•	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2	(4-62) 40-46	300012
<u></u>	supervised, or controlled the supporting organization.				Ь
Sec	tion C. Type II Supporting Organizations				
			or a reserve	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				33
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		27.73		
	or management of the supporting organization was vested in the same persons that controlled or managed	, ,		經濟	W. A.
	the supported organization(s).		1		<u> </u>
Sec	tion D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•			2.0
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			SUF	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		#20014	23	35 To
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
			2	\$10-E.H	्रम्भ करक व
_	the organization maintained a close and continuous working relationship with the supported organization(s)	-	2000	1624	3485
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		27.688X	Sept.	THE PARTY
	supported organizations played in this regard.		3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations				
. 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	truction	s).		
а	The organization satisfied the Activities Test Complete line 2 below				
ь	The organization is the parent of each of its supported organizations. Complete line 3 below				
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see in	structions)		
2	Activities Test Answer (a) and (b) below.			Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	•			× 5
_	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		· 2a	200 6 US	C-04366
	that these activities constituted substantially all of its activities		2d	1800 A	7945E
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			粉糕	
	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		B. ANGEL	168 MA	17.422
	activities but for the organization's involvement	-	2b	Span.	QCC NOW
3	Parent of Supported Organizations Answer (a) and (b) below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		EXECUTE		雞雞
	trustees of each of the supported organizations? Provide details in Part VI.	•	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			学 源	100
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard		3b		
722004		A (Form	990 or 99	O-EZ	2017

	dule A (Form 990 or 990 EZ) 2017 JEFFERSON COUNTY AREA 4-			1-0936517 Page 6
'Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
٠1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (explain in P	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E	-
Sect	ion 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			
	collection of gross income or for management, conservation, or	1	· :	
	maintenance 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional) '
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	4	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3.83		
	factors (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,			
	see 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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1
2	Enter 85% of line 1 •	2	江北海道湖水水水沟 湖	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting organ	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990 EZ) 2017 JEFFERSON COU	NTY AREA 4-H CO	OUNCIL, INC. 6	1-0936517 Page 7
; <u>P</u> a	Type III Non-Functionally Integrated 509(•		
Sect	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s	
_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 th	ie organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			12.00 A P. M. M. A.
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基
f	Total of lines 3a through e		AMMERICA CARROTTE	
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i		COMPANIE DE LA COMPAN		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,		POTENCIA DE LA COMPANSA DE LA COMPA	
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			CONCRETE OF THE PARTY OF THE PA
С	Remainder Subtract lines 4a and 4b from 4	7 ii		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions		AND ONLY PARTICIPANTS AND ADMINISTRATION OF THE WAY AND A	2452 R. R. R. S.
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			TO AND A TOTAL TOT
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c	ALCORPORAÇÃO SE ASSESSA DE SE		
8	Breakdown of line 7			THE SECRET SECTION OF THE SECTION OF
	Excess from 2013			
	Excess from 2014			
<u>c</u>		PROSESSIONAL PROPERTY AND		
	Excess from 2016	ek dirikkan adelah dirikkan ke Para endah dirikan dirikan	CONTRACTOR CONTRACTOR	\$44.05 \$44.00 \$45.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$4
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Ochicadic 71	(Form 990 or 990 EZ) 2017 JEFFERSON COUNTY AREA 4-H COUNCIL, INC. 61-0936517 Page 8
Rart VII	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)
	(CEC #ISH GOLD TO)
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SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

TERREPOON COLDINY AREA 4 IL COLDICTI

Employer identification number 61-0036517

<u> </u>	JEFFERSON COUNTY AF		Accounts Consider the
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ac		sed only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	• • • •	Yes No
Pai		anization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		rically important land area
		Preservation of a certification	• •
	Protection of natural habitat	Treservation of a certific	and material structure
_	Preservation of open space	and an annual transport transport the form of	a consequence assument on the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conse	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	,	.,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S
^	If the organization received or held works of art, historical trea	seuree or other similar assets for financial o	nain provide
2			guini, provide
	the following amounts required to be reported under SFAS 11	to (200 300) relating to these items	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

		ON COUNTY							<u> 36517</u>	
Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	S (continu	ued)
•3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a si	gnificant u	ise of its o	ollection i	tems
	(check all that apply)		_							
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	∍ LJ	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Pai	Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other as	sets not	ıncluded		٦.	
	on Form 990, Part X?								_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						·
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	 	7	
	Did the organization include an amount on F						ity		_ Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII						10			
rai	TV Endowment Funds. Complete	ī <u>-</u>			I			.coro booli	(-) Faur	aana baali
	Decree of an halana	(a) Current year	(6) 1	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and losses				-					
d	Grants or scholarships		 							
е	Other expenditures for facilities		İ		·					
	and programs		 							
	Administrative expenses									
9 2	End of year balance Provide the estimated percentage of the curi	ront was and balance	o (lipo 1	a column (a	\\ hold as					
a	Board designated or quasi endowment	ent year end balance	~ (iiiie ii	g, column (a)) Held as					
b	Permanent endowment		— ′°							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation tha	it are held ar	nd administer	ed for th	e organiza	ation		
-	by						g- · · · ·		Į.	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds						
Pai	t VI Land, Buildings, and Equipm	ent.	-							
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basıs (investr	ment)	basis	(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other							_		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B). line 1	0c.)			▶		0.

Schedule D (Form 990) 2017

	N COUNTY AREA	A 4-H COUNCI	L, INC. 61	L-0936517 Page 3
Part VIII Investments - Other Securities		, 1		
· Complete if the organization answered				,
(a) Description of security or category (including name of se	ecurity) (b) Book vali	ue (c) Metho	od of valuation Cost or en	d of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests			· · · - · · · · · · · · · · · · · · · ·	
(3) Other			·	
(A) RODNEY	DO.	<u>_</u>		
(B) WILLIAMS/VISIONARY/MET	247,	726 PND 0	е уело мло <u>уе</u> т	VALITE
(C) WEST		726. END-O.	F-YEAR MARKET	VADUE
(D) , ,	, ,		-	
(E) ·			•	
			 	
(G) (H)				,
Total (Col (b) must equal Form 990, Part X, col (B) line	(2) ▶ 247,	726		
Part VIII Investments - Program Relati		/ 20 · [evalues s-commo	971218EA - G*9,800132-774,411 PARISANAN	AN ANALOGO NO NASTONANO NASTON (MOTABOLE) N
Complete if the organization answered		IV line 11c See Form	990 Part X line 13	
(a) Description of investment	(b) Book value		d of valuation .Cost or en	d-of-year market value
(1)				
(2)				•
(3)		•	•	**
(4)			*	,
(5)				
(6)				1
·(7)				•
(8)				· -
(9)	,		,	
Total (Col (b) must equal Form 990, Part X, col (B) line	13) ▶			STREET, WILLIAM STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
Part X Other Assets.	-			
Complete if the organization answered	"Yes" on Form 990, Part	IV, line 11d See Form	990, Part X, line 15 .	
	(a) Description			(b) Book value
(1)			<u> </u>	<u> </u>
(2)	• •			,
(3)	.			
(4)	<u>'</u>		1	<u> </u>
(5)	·			
(6)			· · ·	
(8)			-	
(9)				
Total. (Column (b) must equal Form 990. Part X. col.	(B) line 15.)		<u> </u>	<u>L </u>
Rart X Other Liabilities.	"" = = = = = = = = = = = = = = = = = =		TE	+ *,
Complete if the organization answered (a) Description of liability		(b) Book value		
1		(b) Book value		
(1) Federal income taxes				
(2)				
(3)	·	+		
· (4)				
<u>′ (5)</u>		· · · · · · · · · · · · · · · · · · ·		
(6)		+		
(7)		*		
(8)	 	 '		
Total (Oct. var. (b) and acquet Form 200. Cont. V. act.	(D) (n= 05)	 		
Total. (Column (b) must equal Form 990. Part X. col. 2. Liability for uncertain tax positions. In Part XIII, p		tnote to the organization	an's financial statements t	hat renorts the
 Liability for uncertain tax positions in Part XIII, porganization's liability for uncertain tax positions 				
,	3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. JOR HOIS II the text		hedule D (Form 990) 2017
	•		361	

ichedule D (Form 990) 2017		61-0936517 _{Page}
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue pe	er Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, I 	ine 12a	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		1 1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)	5
Part XII Reconciliation of Expenses per Audited Financial St	tatements With Expenses	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	·	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line	18)	5
Part XIII Supplemental Information.		
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information	
······································		
		
		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-E2.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Rublic Anspections

Name of the organization Employer identification number 61-0936517 INC. JEFFERSON COUNTY AREA 4-H COUNCIL FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NON-FORMAL COMMUNITY EXPERIENTIAL LEARNING; DEVELOP SKILLS THAT BENEFIT YOUTH THROUGHOUT LIFE; FOSTER LEADERSHIP AND VOLUNTEERISM IN YOUTH AND ADULTS; STRENGTHEN FAMILIES AND COMMUNITIES AND USE RESEARCH-BASED KNOWLEDGE AND THE LAND GRANT UNIVERSITY SYSTEM. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HELPING STUDENTS TO BE ACADEMICALLY SUCCESSFUL, WORK COOPERATIVELY WITH OTHERS AND "DISCOVER THE LEADER WITHIN". FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED AT A BOARD MEETING BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2017)