



NEW 4-H CLUBS

WISCONSIN 4-H ANNUAL CHARTER APPLICATION

DIRECTIONS

4-H Club Charters are issued at the time a new 4-H Club is formed. Charters are renewed for January 1 to December 31 of each following year. Charters will be based on the completion of this "Wisconsin 4-H Annual Charter Application" packet for new 4-H Clubs.

All sections in this *eight-page* packet must be completed by the club leadership team. It is highly encouraged that youth officers be involved in this process. All information provided will be used by staff. Thank you for your time in being complete.

To be authorized to use the 4-H name and emblem, *all* new 4-H Clubs must complete and return this packet to the County UW-Extension Office.

Why Are Charters Necessary?

University of Wisconsin-Extension grants 4-H Charters, which formally recognize a group's affiliation with 4-H and grant that group permission to use the 4-H name and emblem. To be a chartered 4-H Club in Wisconsin, the following requirements need to be met and maintained:

- Club name
- Five or more youth from at least three families
- Adult leadership that has been approved through the Youth Protection process
- Educational plan which meets the purposes of the 4-H program
- Youth involvement in leadership and decision-making
- Meet on a continuing basis
- Have written operating guidelines, bylaws or constitution approved by members to govern the club
- Open to any youth eligible for 4-H membership, regardless of race, color, creed, religion, sex, national origin, disability, ancestry, sexual orientation, pregnancy, and marital or parental status.

Sources: Wisconsin 4-H Youth Development Policies; National 4-H Policies and Regulations: Using the 4-H Name and Emblem; What is a 4-H Club?; Charters: The Key to Official Recognition?; and Tax Exempt Status for 4-H Clubs and Affiliated Organizations.

WISCONSIN 4-H GREEN GUARANTEE

4-H Charters also ensure that groups using the 4-H name and emblem are meeting the following components of the "Wisconsin 4-H Green Guarantee" and providing opportunities for 4-H members to develop and learn through 4-H.

In Wisconsin, 4-H Clubs *guarantee* youth members the opportunities to:

- Develop positive relationships with peers and adults;
- Be actively involved in their own learning;
- Contribute as active citizens through community service and leadership;
- Develop skills that will help them succeed;
- Recognize, understand and appreciate others;
- Have fun.



NEW 4-H CLUBS
4-H CLUB LEADERSHIP INFORMATION

County: _____

Name of 4-H Club: _____

Date/Year the 4-H Club began: _____

Name of main 4-H Club contact: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Co-Leader(s) / Assistant(s): _____

Co-Leader(s) / Assistant(s): _____

Co-Leader(s) / Assistant(s): _____

Officers: (please complete those applicable to your 4-H Club)

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Reporter: _____

Other: _____

Other: _____

Other: _____

Did one or more leader(s) from your club attend the annual club leadership team training?

Yes No If yes, please list names: _____



NEW 4-H CLUBS
4-H CLUB MEETING INFORMATION

Regular 4-H Club meeting time: Day of month: _____ Time: _____

Location where 4-H Club meetings normally will be held: _____

Is the meeting site handicap accessible? Yes No



NEW 4-H CLUBS

SUMMARY OF PLAN FOR FIRST YEAR ACTIVITIES

What do you plan to include in your monthly meeting routine? (Please check *all* that apply)

- Business meeting
- Educational program
- Food/snacks
- Sharing/get acquainted activities
- Recreation/games
- Project meetings
- Demonstrations
- Other: _____

How will you communicate with families in your 4-H Club? (Please check *all* that apply)

- Phone tree
- Club meeting announcements
- E-mail
- Website – Club or County (circle one)
- Club newsletter
- Other: _____
- Letters / postcards

How will your 4-H Club help *new* families?

How will your 4-H Club involve *youth* in making decisions?

What *community service* activities are 4-H Club members planning for the coming year?

Wisconsin 4-H Policies state that every 4-H Club must have written operating guidelines or bylaws.

Do you have written operating guidelines or bylaws?

- Yes
- No

Please attach *one copy* of your 4-H Club’s written operating guidelines or bylaws to this form.

By signing this, we *agree* to make all reasonable efforts to assure that participation in our 4-H Club is open year-round to all interested youth (of eligible 4-H grade) and adults regardless of race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, and marital or parental status.

Organizational Leader Signature

Date

4-H Club President Signature

Date



NEW 4-H CLUBS
4-H CLUB CALENDAR PLANNER

Upcoming Planning Year: _____ 4-H Club: _____

4-H Club *Goals* for the Year (E.g. increase membership, three educational speakers throughout the year, two club family activities, increase attendance at meetings, new community service project.)

1. _____
2. _____
3. _____

Note: If your 4-H Club uses a different calendar document, feel free to attach that instead of completing the following calendar planner.

Month	Meeting Logistics	Meeting, Event, Activity*	Committee Person(s) Responsible
SAMPLE	September 12, 7:00 p.m. Clover Center Town Hall	<i>Business Items:</i> Election of Officers, Community Service idea for fall, form Holiday Party Committee <i>Education/Program:</i> Guest speaker, Clover Center Police Officer <i>Recreation/Refreshments:</i> Smith Family	Mrs. Smith Jane Heart
SAMPLE	December Clover Center Town Hall	Club Holiday Party	Co-Chairs of Holiday Party Committee - Kelly Heart and Cindy Jones
October			
November			
December			

* The three parts of *effective* 4-H meetings are business, education and recreation

Month	Meeting Logistics	Meeting, Event, Activity	Committee Person(s) Responsible
January			
February			
March			
April			
May			
June			
July			
August			
September			



NEW 4-H CLUBS ANNUAL FINANCIAL REPORT

Name of 4-H Club: _____

All 4-H Clubs are required to submit a financial record and audit report to the County UW-Extension Office once each year. Federal regulations governing the use of the 4-H name and emblem require annual financial reporting/accountability of all organized 4-H units. Funds raised in the name of 4-H must be publicly accountable and must be used for 4-H purposes. Failure to annually submit the financial report could result in loss of approval to use the 4-H name and emblem.

Information that will be required annually includes:

- EIN (Employer Identification Number), also known as Federal Tax Identification Number
- Wisconsin Tax Exempt Number, if your 4-H Club chooses to get one
- Designation of the 4-H Club fiscal year (October 1 through September 1 is suggested)
- Annual accounting balances and financial activity on all accounts
- Identification of 4-H Club accounts
- Documentation of the annual audit of the 4-H Club accounts.

The IRS requires National 4-H Headquarters to annually certify the complete list of subsidiary groups who are eligible to use the 4-H general tax exemption number. To accomplish this, National 4-H Headquarters is asking each state to keep its list up to date.

This means an EIN (Employer Identification Number) is needed for every County 4-H Club, Group or Committee that holds a treasury. The EIN number is needed prior to opening a 4-H Club checking or savings account.

If your club does *not* have an EIN number yet, a form and sample for obtaining one are enclosed. When completed, mail to: IRS, Attn: EIN Operation, Philadelphia, PA 19255-0023, or FAX to 1-215-516-3990. It may take about two weeks.

Another way to obtain an EIN is by calling 1-800-829-4933. You will be asked for information and will receive your EIN when the phone conversation is completed. The IRS will send a confirmation of your number by mail.

National 4-H Headquarters does *not* recommend using the IRS Internet online tool for obtaining an EIN because it requires giving a Social Security Number. Instead, complete the SS-4 then print and fax or mail it, or phone in the information.

If you have questions about this, please contact your County 4-H Youth Development Staff. Thanks for taking care of this formality to keep your 4-H Club's tax exempt status official!



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Form **SS-4**

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ _____ Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
Agricultural	Household	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) _____		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here ▶ _____		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶	Applicant's fax number (include area code) ()	
Signature ▶	Date ▶	

SAMPLE COMPLETED SS-4 FORM

Form SS-4 (Rev. July 2007) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested CLUB / GROUP NAME		3 Executor, administrator, or trustee (Principal contact)		Your club name should be specific either through a unique name or by identifying the county as well. EXAMPLES: Share-N-Win 4-H Club (unique name); Calvert County 4-H Horse Club (generic name with county)
	2 Trade name of business (if different from line 1) (Usually blank)		5a Street address (if different from line 1)		
	4a Mailing address (room, apt., suite, or P.O. box)		5b City, state, and ZIP code		
	4b City, state, and ZIP code (if foreign)		6 County and state where principal business is located		
	7a Name of principal officer, general partner, grantor, owner, or trustee LEAVE BLANK		7b SSN, ITIN, or EIN LEAVE BLANK		
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____			
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
<input checked="" type="checkbox"/> Other (specify) ▶ 4-H Clubs & Affiliated 4-H Organizations		Group Exemption Number (GEN) if any ▶ 2704			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State SKIP	Foreign country SKIP		
10 Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
		<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<input checked="" type="checkbox"/> Other (specify) ▶ Starting 4-H Club or Starting 4-H Organization				This is typically "yes"	
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year			
13 Highest number of employees expected in the next 12 months (enter -0- if none).					
Agricultural 0		Household 0		Other 0	
14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")					
15 First date wages or annuities were paid (month, day, year) (nonresident alien (month, day, year) _____)		If applicant is a withholding agent, enter date income will first be paid to (Usually skipped)			
16 Check one box that best describes the principal activity of the business.					
<input type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-other	
		<input checked="" type="checkbox"/> Other (specify) Education		<input type="checkbox"/> Retail	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Youth Development and education					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____					
Third Party Designee		Complete this section only if the completion of this form, the designee's telephone number (include area code) _____, the designee's fax number (include area code) _____, the designee's telephone number (include area code) _____, and the designee's fax number (include area code) _____			
Designee's name					
Address and ZIP code					
Under penalties of perjury, I declare that I have examined the information on this form and I know the content of the information and I declare under penalty of perjury that the information is true and correct.					
Name and title (type or print clearly) ▶ _____					
Signature ▶ _____					
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 7-2007)					

This is a **SAMPLE SS-4** form for those **4-H CLUBS & AFFILIATED ORGANIZATIONS** applying for an EIN and wishing to be included under the National 4-H Group Exemption.

Questions?
 Contact National 4-H Headquarters, USDA at (202) 720-2908 or 4-H_tax_info@csrees.usda.gov, or visit <http://www.national4-hheadquarters.gov>