



University of Idaho 4-H Club Charter Request Form

{4-H Family groups, affiliates, councils, etc. must file a 4-H Name & Emblem Use Authorization request}

To be completed by 4-H Club Volunteer/Representative:

Club/Group Name: _____

County: _____ **What is this club's/group's EIN #:** _____

Type of Group: (check one) 4-H Community Club 4-H Afterschool Club
 Other type of 4-H Club (specify): _____

Briefly describe what this group will be doing (purpose): _____

Was this club/group previously chartered? Yes / No If yes, what was the EIN #: _____

I have read the 4-H Name and Emblem User Guide (<https://nifa.usda.gov/sites/default/files/resource/4-H%20Name%20and%20Emblem%20User%20Guide%202014.pdf>) and attest that this group will insure proper use of the 4-H Name and Emblem in accordance with Federal regulation. Furthermore, we will operate in compliance with all federal, state and local 4-H policies, procedures and other requirements.

Volunteer/Representative submitting request: Name: (print) _____

Signature: _____ Date: _____

*Copies of these documents **must** be submitted with this request form:*

- Actual IRS Employer Identification Number (EIN) notification (*see SS-4 application template, next page*)
- University of Idaho Affiliation Agreement
- University of Idaho Articles of Affiliation
- University of Idaho Authorization to Include Club for Group Exemption

I have reviewed the required documentation attached to this request form. Furthermore, based on the acknowledgement and purpose(s) set forth above, this group is authorized to use the 4-H Name and Emblem in connection with its program and activities and is considered an official 4-H unit of the University of Idaho Extension 4-H Youth Development Program.

(County 4-H Youth Development Personnel)

(Date)

(State 4-H Director)

(Date)

To submit this request, county personnel will need to insure all documents are signed, then scan all four documents into one file and email it to fourh@uidaho.edu .

State Office Use Only		
Required Materials	Processed at the State Office	Date Completed
<input type="checkbox"/> Affiliation Agreement <input type="checkbox"/> Articles of Association <input type="checkbox"/> Authorization ... Group Exemption <input type="checkbox"/> EIN Number	<input type="checkbox"/> Charter sent to County <input type="checkbox"/> Club/Group Tax Exempt Forms processed	Date: _____ Date: _____

Template for Idaho 4-H Clubs/Groups in Completing their IRS Form SS-4 – To Obtain Their EIN

Form SS-4 (Rev. December 2017) 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.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ 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 Official Group Name (of 4-H Club or Affiliate)	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Principle Contact (Main Volunteer)
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Your County Extension Office Mailing Address	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Your County Extension Office City, State & Zip Code	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of responsible party Regents of the University of Idaho Group Exemption	7b SSN, ITIN, or EIN 83-4520477
	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 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"/> Military/National Guard <input checked="" type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Federal government _____ <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 ▶ 5923	
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 checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ Starting 4-H Club (or 4-H Organization) <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 type="checkbox"/> Other (specify) ▶ _____		
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). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
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"/> 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 checked="" 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) ▶ Principle Contact (Main Volunteer)		(208) xxx-xxxx
Signature ▶ _____		Applicant's fax number (include area code)
Date ▶ xx/xx/xxxx		(208) xxx-xxxx

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2017)

Once Form SS-4 is completed, **FAX** this form to **(855) 641-6935**. Allow 2-3 weeks for processing.
 {Access to a fillable PDF can be found at <https://www.irs.gov/pub/irs-pdf/fss4.pdf> }

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

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 responsible party	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"/> Military/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 _____ <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). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
	Agricultural	Household
	Other	
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"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <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 ▶	

ARTICLES OF ASSOCIATION

[NAME OF 4-H CLUB]

The undersigned, a majority of whom are citizens of the United States, desiring to form an Association to carry on the not-for-profit activities and business of [name of club] under the laws of the state of Idaho, do hereby certify:

First: The name of the Association shall be [name of club]

Second: The place in this state where the principal office of the Association is to be located is the City of _____, _____ County.

Third: The Association is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Fourth: The name[s] and address[es] of the person[s] who [is/are] the leader[s] of the Association [is/are]:

[list name(s) and addresses of club adult leader(s)]

Fifth: No part of the net earnings of the Association shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the Association shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Association shall not carry on any other activities not permitted to be carried on (a) by a Association exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a Association, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Notwithstanding any other provision of these articles, this Association shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this Association.

Sixth: Upon the dissolution of the Association, assets (including all funds) shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Consistent with this requirement, assets and funds of the Association should be distributed for the benefit of 4-H. Disbursement among the members and/or leaders of the club is not acceptable, nor is transfer of the assets or funds to a non-4-H group. Appropriate options include: donate to County 4-H council; donate to District 4-H council; donate to Idaho Friends of 4-H. Any assets or funds not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Association is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this ____ day of _____, 20 ____.

_____, [title]

_____, [title]

_____, [title]

_____, [title]

[Adult leader(s) must sign. Delete extra signature blanks.]

AFFILIATION AGREEMENT

This Affiliation Agreement (“Agreement”) is made and entered into by and between [name of club as stated in Articles of Association], an unincorporated nonprofit association located in [city and county], Idaho, (“Club”), and the Regents of the University of Idaho, a public corporation, educational institution, and a body politic and corporate organized and existing under the Constitution and laws of the state of Idaho (“University”), through University of Idaho Extension.

Recitals:

1. University is a land grant institution responsible for developing and implementing Cooperative Extension System programs in Idaho. It conducts 4-H Youth Development Programs through the University of Idaho Extension.
2. Club is a 4-H Youth Development Program that meets the minimum criteria for a 4-H Charter Club and is chartered through its local extension office in [county] County.
3. Club desires to be affiliated with University and to operate as a recognized subordinate organization under University’s group exemption for tax purposes (“GEN”).

In consideration of the following commitments and undertakings, the parties agree as follows:

1. University shall recognize and accept Club as a subordinate organization under University’s GEN.
2. Club shall be subject to University’s general supervision and control, and shall comply with and conduct its business according to the University of Idaho Extension 4-H Youth Development Policies and Procedures as now written or as they may hereafter be amended.
3. Club shall limit its purpose and activities to those charitable, educational, and scientific purposes recognized as exempt under § 501(c)(3) of the Internal Revenue Code, shall not engage in activities that attempt to influence legislation, participate or intervene in a political campaign, or otherwise engage in activities that do not further its exempt purposes, and shall dedicate its assets to tax exempt purposes upon dissolution.
4. Club shall provide University with a copy of its organizational document, promptly advise University of any changes in Club’s name or address, timely provide University with such financial reports as may be required for tax reporting or other purposes, and otherwise cooperate with University to maintain Club’s status as a qualified subordinate organization under University’s GEN.

The individuals executing this Agreement below certify that they have authority to sign the Agreement on behalf of their respective entities, and that the parties consent to be bound by the terms and conditions of the Agreement.

[Name of club]

By: _____

Name: _____

Title: _____

Date: _____

Board of Regents of the University of Idaho

By: _____

Name: Brian Foisy

Title: Vice President for Finance and Administration

Date: _____

4-H Youth Development Programs, State Office:

By: _____

Name: James Lindstrom

Title: Director, 4-H Youth Development Programs

Date: _____

**Authorization to Include 4-H Club In
Application for Group Exemption**

[Name of club], by its duly authorized officer, authorizes the University of Idaho, through its Director of Cooperative Extension Service or other authorized agent, to include the Club in the University of Idaho's Application for Group Exemption Letter under Rev. Proc. 80-27.

The undersigned affirms, on behalf of the Club, that the Club will engage only in such activities that qualify it for exemption as an educational organization under Section 501(c)(3) of the Internal Revenue Code, and that it will abide by its charter and the University of Idaho Extension 4-H Youth Development Policies and Procedures, as they now exist or may hereafter be amended.

_____ Club	_____(XX-XXXXX) EIN #
_____ Name of Authorized Officer and Title (type or print)	
_____ Signature	_____ Date