** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the 2	2015 calendar year, or tax year beginning OCT 1, 2015 and	ending ಜ	EP 30, 2016							
В	Check if applicable:	C Name of organization ARIZONA 4-H YOUTH FOUNDATION		D Employer identifi	cation number						
	Address change	C/O UNIVERSITY OF ARIZONA									
	Name change	Doing business as		23-7	083384						
	Initial return	~	Room/suite	E Telephone numbe	er						
	Final return/	325 FORBES BUILDING		(520)621-7211						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,926,797.						
	Amende			H(a) Is this a group re							
	Applica-	F Name and address of principal officer: JULIE ADAMCIN		for subordinates							
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
ī	Tax-exen	npt status: $X = 501(c)(3)$ $= 501(c)($) \checkmark (insert no.) $= 4947(a)(1)($	or 527	1	list. (see instructions)						
J	Website	► AG.ARIZONA.EDU/4-H_FOUNDATION		H(c) Group exemption	n number						
K	Form of o	rganization: X Corporation Trust Association Other	L Year	of formation: 1970	√ State of legal domicile: A Z						
P		Summary									
Θ.	1 B	riefly describe the organization's mission or most significant activities: PROV.	IDE AL	OVOCACY, SUS	TAINED						
& Governance	F	UNDING SUPPORT AND INCREASING OPPORTUNIT	TIES F	OR ARIZONA	4-H.						
ž	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.						
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	7						
জ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	7						
es	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0						
Ϋ́	6 To	otal number of volunteers (estimate if necessary)		6	2000						
Activities	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.						
				Prior Year	Current Year						
<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)		263,242.							
enc	9 P	rogram service revenue (Part VIII, line 2g)		422,099.							
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		37.							
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		370,657.							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,056,035.							
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		119,670.	116,453.						
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Ϋ́	b To	otal fundraising expenses (Part IX, column (D), line 25) 7,5	84.	044 072	1 1 6 0 71 6						
_	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		944,873.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,064,543.							
-0		evenue less expenses. Subtract line 18 from line 12		-8,508.	 						
Net Assets or			Be	eginning of Current Year 3,941,519.	End of Year						
SSE	20 To	otal assets (Part X, line 16)		249,105.	4,027,796.						
let A	21 To	otal liabilities (Part X, line 26)		3,692,414.	3,853,348.						
		et assets or fund balances. Subtract line 21 from line 20		3,032,414.	3,033,340.						
		es of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ente and to the heet of m	v knowledge and helief it is						
	•	and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y knowledge and belief, it is						
	1	and completed books along of property (early than onloss) to become of an information of the	non proparoi	Indo any kinowioago.							
Sig	m	Signature of officer		Date							
He	I .	JULIE ADAMCIN, TREASURER									
		Type or print name and title									
	F	Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Pai		ELLY L. MELTZER, CPA		if self-employ	P00633511						
Pre	—	irm's name BEACHFLEISCHMAN PC		Firm's EIN	86-0683059						
Use	Only F	irm's address 1985 EAST RIVER ROAD, SUITE 201									
		TUCSON, AZ 85718	Phone no. 52	0-321-4600							
Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No						

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ARIZONA 4-H YOUTH FOUNDATION IS TO PROVIDE
	ADVOCACY, SUSTAINED FUNDING SUPPORT AND INCREASED OPPORTUNITIES FOR
	ALL 4-H YOUTH AND ADULT VOLUNTEERS IN THE STATE OF ARIZONA.
	Did the second state and state are similar to the second state at
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	the prior Form 990 or 990-EZ? 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? Yes X No
3	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, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 100,034 • including grants of \$ 40,000 •) (Revenue \$ 17,944 •)
	THE ARIZONA 4-H YOUTH FOUNDATION EXISTS TO ENCOURAGE AND ADMINISTER
	PRIVATE GIFTS FOR THE ARIZONA 4-H YOUTH DEVELOPMENT PROGRAM. THE
	FOUNDATION ANNUALLY ALLOCATES FUNDS FOR SPECIFIC STATE AND LOCAL 4-H
	PROJECTS, ACTIVITIES AND EVENTS. DURING FISCAL YEAR ENDED SEPTEMBER 30,
	2016, THE FOUNDATION FUNDED SCHOLARSHIPS, CAMPS, EXHIBITIONS,
	CONFERENCES AND FORUMS FOR ARIZONA 4-H YOUTH.
4b	(Code:) (Expenses \$ 1,146,171. including grants of \$ 76,453.) (Revenue \$ 834,470.)
	THE UNIVERSITY OF ARIZONA 4-H YOUTH DEVELOPMENT PROGRAM PROVIDES
	QUALITY YOUTH EDUCATION BY BUILDING POSITIVE RELATIONSHIPS AND LIFE
	SKILLS. WE DEVELOP COMPETENT, CARING AND ACTIVELY ENGAGED CITIZENS WHO
	STRENGTHEN ARIZONA COMMUNITIES. 4-H IS FOR ALL YOUTH, AGES 5-19, WHO
	WANT TO HAVE FUN, LEARN NEW SKILLS, AND EXPLORE THE WORLD. KIDS 5-8 JOIN CLOVERBUDS, A NON-COMPETITIVE, FUN INTRODUCTION TO THE MANY
	PROJECTS AVAILABLE THROUGH 4-H. YOUTH AGES 9-19 PARTICIPATE IN 4-H BY
	ENROLLING IN PROJECTS AND JOINING A CLUB.
	MINOLDING IN THOOLETS THE COINTING IT CHOP.
	IN 4-H, YOUNG PEOPLE MAKE NEW FRIENDS, DEVELOP NEW SKILLS, BECOME
	LEADERS AND HELP SHAPE THEIR COMMUNITIES. ARIZONA 4-H BUILDS UPON A
	CENTURY OF EXPERIENCE AS IT FOSTERS POSITIVE YOUTH DEVELOPMENT THAT IS
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,246,205.
F0000	Form 990 (2015

Part IV | Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 98-19? 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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? If "Yes," complete			7,7
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		
a	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		Х
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	1+D		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		 -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
			000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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		
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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			l
	Schedule J	23		X
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			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
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,"			١
	complete Schedule L, Part II	26		X
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			- v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	.		- v
00	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			X
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38		(004.5)

Part V Statements Regarding Other IRS Filings and Tax Compliance

to Enfer the number reported in Box 3 of Form 1096. Enter O: Find applicable 11 3 28 B 15 C 20 B 15 C 20 B 15 C 20 B 15 C 20 B 20 B 15 C 20 B 20		Check if Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W20 included in line 1a. Enter 4-1 find applicable						Yes	No
be Enter the number of Forms W.2G included in line 1s. Enter C-If not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	328			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without sense in the provided of the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year covered by this return filled for the calendar year ending with or within the year of the covered by this return filled for the calendar year ending with or within the year of required to effect the contribution in Schedule O b If at least one is reported on line 2a, did the organization filled an explanation in Schedule O b If Yea, "the sit filled a Form B00-T for this year? If "No," to line 3b, provide an explanation in Schedule O d At any time during the calendar year, did the organization has a bank account, or other financial account; or a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See the singularities of the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for All the organization that was or is a party to a prohibited tax shelter transaction? See instructions for the design of the state or is a party to a prohibited tax shelter transaction? See instructions for the design and the state of the state of the organization solicit any contributions that were not tax deductible as charitable contrib			1b	0			
(agambling) winnings to prize winners? Each Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. The state of the selendar year ending with or within the year covered by this return. Note. If the sum of lines 1 and 28 is greater than 250, you may be required to e-five (see instructions). By the organization have unrelated business gross income of \$1,000 more during the year? By the organization have unrelated business gross income of \$1,000 more during the year? By the organization have unrelated business gross income of \$1,000 more during the year? As A farty time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). As If "Yes, a finite the name of the foreign country by the seek and a such account, securities account, or other financial accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? By the seek organization aparty to a prohibited tax shelter transaction? By the seek organization aparty to a prohibited tax shelter transaction? By the year of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? By the organization receive a payment in excess of \$75 mate partly as a contribution and party for goods and services provided to the payor? The contribution of the value of the goods or services provided? By the organization receive and party finds, directly to indirectly, to a personal benefit contract? The contribution of services and party the domor of the sale party and				ble gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, [bad of the Galendar year ending with or within the year covered by this return b (I at least one is reported on line 2a, did the organization file all required federal employment tax returns? About 1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrestated business gross income of \$1,000 or more during the year? 3a X b (I *Yes,* has if filed a Form 990*T for this year? (If *No,* to fine 3b, provide an explanation in Schedule O 4a At any time during the calendary avar, did the organization have an interest in, or a signature or other authority over, a financial account; in orieign country (such as a bank account, securities account, or other financial account; or other accounts account, or other financial account; or other accounts account and the transaction account a party to a prohibited set shelter transaction; or other accounts accounts and the accounts account and the accounts account accou		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3a X bif "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A tany time during the calendary year, did the organization have unrelated singulated or other authority over, a financial account in a foreign country. If year or the relation of the firm	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 40 If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account? 42 Section Structure to a foreign country (such as a bank account, securities account, or other financial account? 43 Section Structure to a foreign country (such as a bank account, or other financial account? 44 Section Structure to a foreign country (such as a bank account, or other financial account? 45 Section Structure to a foreign country (such as a bank account, or other financial account; flexible). 56 Was the organization account; of the financial account? 57 Section Structure to a foreign country (such as a bank account, or other financial account? 58 Was the organization fler foreign country. 59 Bit "Yes," to line 5a or 5b, did the organization file Form 8886.T? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions? 50 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organizations that may receive deductible contributions under section 170(c). 50 If the organization section accounts the every solicitation and partly for goods and services provided to the payor? 50 Did the organization section accessed 375 made partly as a contribution and partly for goods and services provided to the payor? 51 If "Yes," did the organization organization fler forms 8282 flied during the year 52 Did the organization section accounts a partly as a contribution and partly for goods and services provided to the payor? 52 Did the organization, during the year, pay premiums, directly or indirec	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
b If "Yes," has it flied a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country; such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country; such as a bank account, securities account, or other financial accounts ("FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Y 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 Sa or Sb, did the organization the form 888617? 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 deductibles as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 If "Yes," if did the organization only the donor on the value of the goods or services provided? 7 Did the organization eceive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 Did the organization on this the donor on the value of the goods or services provided to the payor? 7 Did the organization on only the donor on the value of the goods or services provided to		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Did the sponsoring organizations. Enter: a 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 b 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c Lite the trust is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the xyear? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_						
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a X	10	Section 501(c)(7) organizations. Enter:					
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c Enter the amount of reserves on hand	b		ا بمدا				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					1/10		X
		, , ,					
	IJ	in 165, mas it lifed a Form 120 to report these payments: If 190, provide an explanation in Schedul				990	(2015)

23-7083384 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	_		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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?	2	X	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup AZ$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JULIE ADAMCIN - (520)621-7211			
	325 FORBES BUILDING, TUCSON, AZ 85721			

Part VII 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 with or 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.

(A)	(B)			(0	C)			ted any current officer, o	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss person is both an d a director/trustee)		h an	compensation	compensation	amount of	
	week	_	er an	iu a u	recio	or/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	dual	ution	_	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form			
(1) JULIE ADAMCIN	2.00									
TRUSTEE		Х						0.	0.	0 .
(2) ALICIA LOPEZ	2.00									
TRUSTEE		Х						0.	0.	0 .
(3) MICAELA MCGIBBON	2.00									
TRUSTEE		Х						0.	0.	0 .
(4) MARY ELLEN ROBERTS	2.00									
TRUSTEE		Х						0.	0.	0.
(5) JUANITA WAITS	2.00									
TRUSTEE		Х						0.	0.	0.
(6) DOUGLAS G. WRIGHT	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) DENISE WARKOMSKI	2.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0 .
(8) EMILY VANCE	2.00							_	_	_
SECRETARY		Х		X				0.	0.	0.
		-								
		<u> </u>	_	_		_				
		1								
			_	_						
		-								
		\vdash				_				
			l	ı		l	l	1		

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) (C) Average Position				(D) Reportable	(E) Reportable	(F) Estimated					
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related		amount other	of
	(list any	rector						the	organizations		mpensa	
	hours for related	e or dir	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	′ I	from th rganizat	
	organizations	al truste	onal tru:		loyee	comper e		(** =**********************************			and relat	ed
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			O	ganizati	ons
		_			Σ_							
1b Sub-total							>	0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but I							no re			<u> </u>		
compensation from the organization											Yes	No.
3 Did the organization list any former officer												Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s								her compensation from		3		
and related organizations greater than \$15	•							•	•	4	\perp	Х
5 Did any person listed on line 1a receive or	•				-			_		_		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scriedui	е Ј т	or s	ucn	pers	son .				5		
1 Complete this table for your five highest co										ensatio	n from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir 	n the organization's tax (B)	year.		(C)	
Name and business	address	N	INC	3				Description of s	services	Com	pensatio	n
							\dashv		+			
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ	ization >					0				For	n 990 (2015)

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
σω			1.1			TOVOTIGO	TOVOTIGO	312 - 314
lit ar		Federated campaigns						
윤일		Membership dues						
Ţ,	С	Fundraising events						
ig jë	d	Related organizations	1d					
in,	е	Government grants (contributi	ions) 1e					
후	f	All other contributions, gifts, grant	ts, and					
를		similar amounts not included above	/e 1f	279,393.				
함	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			279,393.			
				Business Code				
o l	2 a	COUNTY 4-H EVEN	432,292.	432,292.				
į Š	b	1/33/3 (11)/11)/11 1111		900099	290.	290.		
Ser	c		_					
E S	d							
gra Re	u							
Program Service Revenue	•	All able an area area a service and a						
_		All other program service reve			432,582.			
_		Total. Add lines 2a-2f			432,302.			
	3	Investment income (including			63.			63.
		other similar amounts)			03.			03.
	4	Income from investment of tax	•					
	5	Royalties						
	_	_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		L				
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
e	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
Other Reven		contributions reported on line						
er		Part IV, line 18		306,956.				
₽		Less: direct expenses		147,956.				
Ŭ	С	Net income or (loss) from fund	Iraising events	<u></u>	159,000.			159,000.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а	39,323.				
	b	Less: direct expenses	b	3,693.				
	С	Net income or (loss) from gam	ing activities		35,630.			35,630.
	10 a	Gross sales of inventory, less						
		and allowances	а	868,480.				
	b	Less: cost of goods sold	b	448,648.				
	С	Net income or (loss) from sale	s of inventory		419,832.	419,832.		
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			1,326,500.	852,414.	0.	194,693.

	t IX Statement of Functional Expense		.122	23 7	703304 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a response to include amounts reported on lines 6b.	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	76,453.	76,453.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	40,000.	40,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
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	8,625.		8,625.	
C	Accounting	0,023.		0,023.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	23,663.		17,747.	5,916.
12	Advertising and promotion				·
13	Office expenses	4,026.		3,191.	835.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,129,752.	1,129,752.		
19	Conferences, conventions, and meetings	1,149,754.	1,149,134.		
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	amount, list line 24e expenses on Schedule 0.)	2,650.		1,817.	833.
a b		2,000		1,0176	000.
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,285,169.	1,246,205.	31,380.	7,584.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			L
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,561,504.	1	1,594,158
2	Savings and temporary cash investments	49,927.	2	108,649
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,066,946.	12	2,136,45
13	Investments - program-related. See Part IV, line 11	· · ·	13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	263,142.	15	188,53
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,941,519.	16	4,027,79
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
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	249,105.	25	174,44
26	Total liabilities. Add lines 17 through 25	249,105.	26	174,44
	Organizations that follow SFAS 117 (ASC 958), check here X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,489,202.	27	1,633,14
28	Temporarily restricted net assets	187,289.	28	161,98
29	Permanently restricted net assets	2,015,923.	29	2,058,21
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
30 31 32 33	Total net assets or fund balances	3,692,414.	33	3,853,34
34	Total liabilities and net assets/fund balances	3,941,519.	34	4,027,79

Pa	rt XI Reconciliation of Net Assets					
	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)		1,32			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,28			
3	Revenue less expenses. Subtract line 2 from line 1	3			31.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,69			
5	Net unrealized gains (losses) on investments	5	11	9,6	03.	
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	3,85	3,3	48.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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 separat	e 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2015)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Employer identification number 23-7083384

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 C/O UNIVERSITY OF ARIZONA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2015

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(d) 2014	(a) 2015	(f) Total		
	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(u) 2014	(e) 2015	(I) TOTAL		
'	membership fees received. (Do not								
	include any "unusual grants.")	359,396.	208,475.	497,461.	263,242.	279,394.	1,607,968.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	1,662,699.	1,022,377.	1,623,911.	1,404,445.	1,647,340.	7,360,772.		
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								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	2,022,095.	1,230,852.	2,121,372.	1,667,687.	1,926,734.	8,968,740.		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons	50,000.		10,000.		10,750.	70,750.		
k	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	F0 000		10 000		5,430.	5,430.		
	Add lines 7a and 7b	50,000.		10,000.		16,180.	76,180.		
8	Public support. (Subtract line 7c from line 6.)						8,892,560.		
	ction B. Total Support								
	endar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6	2,022,095.	1,230,852.	2,121,372.	1,667,687.	1,926,734.	8,968,740.		
10	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	595.	73.	50.	37.	63.	818.		
k	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	595.	73.	50.	37.	63.	818.		
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.)	2,022,690.	1,230,925.	2,121,422.	1,667,724.	1,926,797.	8,969,558.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,		
	check this box and stop here						>		
Se	ction C. Computation of Publi	ic Support Pe	rcentage						
15	Public support percentage for 2015 (li	ine 8, column (f) di	vided by line 13, o	olumn (f))		15	99.14 %		
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	99.10 %		
Se	ction D. Computation of Inves	stment Incom	e Percentage						
17									
18	18 Investment income percentage from 2014 Schedule A, Part III, line 17								
19a	a 33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1			
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2014. If the						▼ X		
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	.0		
	5a		
	5b 5c		
	50		
	6		
	-		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
m 9	90 or 99	0-EZ	2015

Pai	rt IV Supporting Organizations (continued)			
	, i i i i i i i i i i i i i i i i i i i		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		1a		
b		1b		
		1c		
	tion B. Type I Supporting Organizations			
			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			
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	,, , , ,	3		
<u>Sec</u>	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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions) r		
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			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b				
	OLUS SUDDOTTED OFGANIZATIONS CITEMAS E DESCRIDE IN PAIT VI THE FOIE DIAVED BY THE OFGANIZATION IN THIS FEDARO	Rh I		

Schedule A (Form 990 or 990-EZ) 2015 C/O UNIVERSITY OF ARIZONA

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr u	uctions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete :	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				
	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			
Section 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):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	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			
2	Enter 85% of line 1	2			
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-functional	y-integra	ated Type III supporting org	ganization (see	
	instructions)	-			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 C/O UNIVERSITY OF ARIZONA

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	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 t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

ARIZONA 4-H YOUTH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2015 C/O UNIVERSITY OF ARIZONA 23-7083384 Page 8 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.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Employer identification number

23-7083384

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo lowing line entry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	s, charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.	Transferee's name, address, ar	(e) Transfer of git					
-	Transieree's Haille, address, ai		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- -		(e) Transfer of git					
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of git	er of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Employer identification number 23-7083384

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End 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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Tracquires or (Other Similar Assets
Pa	Complete if the organization answered "Yes" on Form	-	Other Similar Assets.
	-		was and had a sand a sand a sand
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		•
_			
2	If the organization received or held works of art, historical treation following appropriate to be used as the following appropriate to be used as the following appropriate to be used as the following appropriate to the		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		

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

Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er S	Simila	ır Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are a	signif	ficant ι	use of its	collection	n item	IS
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar ass	sets				
	to be sold to raise funds rather than to be ma	intained as part of tl	he organization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n For	m 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount	t	
С	Beginning balance				Г	1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance				···· [1f				
	Did the organization include an amount on Fo				oility?			Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Pai										
	·	(a) Current year	(b) Prior year	(c) Two years back		Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	2,254,568.	2,566,455.	2,465,648.	+ ` ′		62,329.	` ,	,202,	
	Contributions	3,172.	11,187.	77,331.	_		71,060.	<u> </u>		
	Net investment earnings, gains, and losses	85,632.	-187,042.	106,458.	+		14,773.	 		
	Grants or scholarships	40,000.	46,800.	40,400.	+		39,900.	20,250		
	Other expenditures for facilities	, -	, -	, -			, -			
·		4,931.	89,232.	42,582.			42,614.		90	,467.
f	Administrative expenses	-,	,	,			,•	+		
		2,298,441.	2,254,568.	2,566,455.		2 4	65,648.	2	362	329.
g 2	Provide the estimated percentage of the curre				1	-,-			, ,	
	Board designated or quasi-endowment	3.00	e (iirie 19, column (a %	ij) rield as.						
	Permanent endowment 90.00	%								
		7.0 0 %								
C	· · · · · · · · · · · · · · · · · · ·									
20	The percentages on lines 2a, 2b, and 2c should be the second and the second support funds not in the percentage.	•	ation that are hold a	nd administered for	tha a	raani-	ation			
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation that are neid a	na administered for	trie o	rganız	ation	Г	V	Na
	by:							2-(:)	Yes	No X
	(i) unrelated organizations								-	X
	(ii) related organizations								-	
	If "Yes" on line 3a(ii), are the related organizat							3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment tunas.						—	—
Fai			Death/ Bas 44 - 0	F 000 P+\	/ U	10				
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·							
	Description of property	(a) Cost or ot				nulate	d	(d) Bool	k valu	е
		basis (investm	Dasis	(other) de	eprec	iation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		V / (2) " :				\leftarrow			
Tata	Add lines to the country to (Caluman (d) mount as	wal Form OOO Dort	V column (D) line 1	(10.1			—			

Schedule D (Form 990) 2015

	SITY OF ARIZON	Ά	23-7083384 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) GUARANTEED INVESTMENT (B) CONTRACT	2,136,456.	END-OF-YEAR 1	MADVEM WATTE
(-)	2,130,430.	END-OF-IEAK I	MARKEI VALUE
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,136,456.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, li	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soo Form 000 Part V li	no 15
	Description	Tru. See Form 990, Part A, II	(b) Book value
(1)			(L) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes'			art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		174 440	
(2) INTERFUND PAYABLES		174,448.	
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule D (Form 990) 2015

(8)

174,448.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return.	Sche	edule D (Form 990) 2015 C/O UNIVERSITY OF ARIZON	A	23-7083	384 Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total arvenus, gains and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 8 Net unrealized gains (losses) on investments 2 Domatod services and use of Facilities 3 Domatod services and use of Facilities 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 8 Investment spenses not included on Form 990, Part VIII, line 7D 4 Domatod services and use of Facilities 5 Total revenue. Add lines 8 and 46. (This must equal Form 990, Part IV, line 17D 4 Domatod services and uses per sudiled financial statements 4 Total expenses and losses per sudiled financial statements 4 Total expenses and losses per sudiled financial statements 5 Domatod services and use of facilities 6 Defero year and losses per sudiled financial statements 7 Defero year subject in the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per sudiled financial statements 9 Defero year subject in the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per sudiled financial statements 9 Defero year subject in the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per sudiled financial statements 9 Defero year subject in the organization and year of year organization and year of year of year organization and year organi					oo = Tage I
1 Total evenue, gains, and other support per audited financial statements 2 2 2 2 2 2 2 2 2				•	
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·	Or	THE THIERMAN REVENUE CODE. THE FOUNDAT	TOM TO WIDO	EVENTI LYON 9.	TVID
·	TNO	COME TAXES. ACCORDINGLY NO PROVISION T	S MADE FOR	TNCOME TAXES TO	у тнг
		TIMED. IICCONDINGER, NO TROVIDION I		THOUSE IMMED I	.,
FINANCIAL STATEMENTS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED	FI	NANCIAL STATEMENTS. INCOME FROM CERTAIN	ACTIVITIES	NOT DIRECTLY	RELATED

TO THE FOUNDATION'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO Schedule D (Form 990) 2015 Part XIII | Supplemental Information (continued)

TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI). MANAGEMENT IS NOT

AWARE OF ANY MATTERS WHICH WOULD CAUSE THE FOUNDATION TO JEOPARDIZE ITS

TAX-EXEMPT STATUS.

GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S

TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY

THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE

TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL

OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR

FEDERAL AND STATE PURPOSES.

THE FOUNDATION IS ONLY SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS

TAXABLE INCOME (UBTI). AS A RESULT, THE FOUNDATION IS REQUIRED TO FILE

INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI,

FEDERAL AND STATE INCOME TAX RETURNS. MANAGEMENT HAS PERFORMED ITS

EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE

LIKELY THAN NOT" STANDARD.

FROM TIME TO TIME, THE FOUNDATION MAY BE SUBJECT TO PENALTIES AND INTEREST

ASSESSED BY VARIOUS TAXING AUTHORITIES, WHICH WILL BE CLASSIFIED AS

ADMINISTRATIVE EXPENSES IF THEY OCCUR.

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

ARIZONA 4-H YOUTH FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

C/O UNIVERSITY OF ARIZONA 23-7083384 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I

required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations	g Special	fundra	ising (events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling o	fficers, directors, tru	stees or			
key employees listed in Form 990, P						☐ No		
b If "Yes," list the ten highest paid ind								
compensated at least \$5,000 by the		adire to	ugio	ornorno arraor willori	the farial alocal local			
compensated at least \$6,000 by the	- Organization.							
		(iii)	Did		(v) Amount paid	(vi) Amount paid		
(i) Name and address of individual	(ii) Activity	(iii) fundra have cu	aiser Istody	(iv) Gross receipts	to (or retained by)	to (or retained by)		
or entity (fundraiser)		or cont	trol of itions?	from activity	fundraiser listed in col. (i)	organization		
		<u> </u>			.,			
		Yes	No					
		\vdash						
	<u> </u>							
- Fotal								
3 List all states in which the organization	an is registered at licensed to solicit a		utions	or has been notified	d it is exempt from r	l		
or licensing.	The registered of ilderised to solicit	JOHEND	ations	o nas been noune	a it is evenibriioiii it	Sylation		
2. 110011011191								

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

Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive 1 Gross revenue 2 Cash prizes 3 Noncash prizes	(c) Other events NONE (d) Total events (add col. (a) through col. (c)) 306,956.
1 Gross receipts 306,956. 2 Less: Contributions 306,956. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 147,956. 10 Direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 15,000 on Form 990-EZ, line 6a. 10 Gross revenue (b) Pull tabs/inst bingo/progressive	(total number) 306,956.
2 Less: Contributions 3 Gross income (line 1 minus line 2) 3 06,956. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 1 Gross revenue 1 Gross revenue	
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4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	306,956.
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 147,956. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	
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8 Entertainment 9 Other direct expenses 147,956. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	
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8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	
9 Other direct expenses	
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	147,956.
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	▶ 147,956.
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/inst bingo/progressive	▶ 159,000.
(a) Bingo (b) Pull tabs/inst bingo/progressive	19, or reported more than
1 Gross revenue bingo/progressive	ant (a) Otto an appairs (d) Total gaming (add
1 Gross revenue	
2 Cash prizes	39,323. 39,323.
3 Noncash prizes	
ţ	
4 Rent/facility costs	
5 Other direct expenses	3,693. 3,693.
6 Volunteer labor	% X Yes_100.00 % No
7 Direct expense summary. Add lines 2 through 5 in column (d)	
Net gaming income summary. Subtract line 7 from line 1, column (d)	▶ 3,693.
O Fotositho etata(a) in subject the execution and distribution 7.7	0- 700
 9 Enter the state(s) in which the organization conducts gaming activities: AZ a Is the organization licensed to conduct gaming activities in each of these states? 	0- 700
b If "No," explain: ARIZONA PERMITS ORGANIZATIONS EXEMPT	▶ 35,630.
PARAGRAPH 4, TO CONDUCT RAFFLES SUBJECT TO CE	→ 35,630.
LICENSE IS NOT REQUIRED.	→ 35,630. Yes X No UNDER ARS 43-1201,
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the black of the organization of	→ 35,630. Yes X No UNDER ARS 43-1201, RTAIN RESTRICTIONS. A
	→ 35,630. Yes X No UNDER ARS 43-1201, RTAIN RESTRICTIONS. A The tax year? Yes X No

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Schedule G (Form 990 or 990-EZ) 2015

ARIZONA 4-H YOUTH FOUNDATION

Sch	nedule G (Form 990 or 990-EZ) 2015 C/O UNIVERSITY OF ARIZONA 23-7	083384	Page 3
	Does the organization conduct gaming activities with nonmembers?	X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:	1es	LII NO
	a The organization's facility	13a	%
	o An outside facility		.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u> </u>
	Name ► N/A		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ► N/A		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	nes 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

ARIZONA 4-H YOUTH FOUNDATION

Schedule G (Form 990 or 990-EZ) C/O UNIVERSITY OF ARIZONA	23-7083384 Page 4
Schedule G (Form 990 or 990-EZ) C/O UNIVERSITY OF ARIZONA Part IV Supplemental Information (continued)	
	2 2 /2

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ARIZONA 4-H YOUTH FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

C/O UNIVE	RSITY OF	ARIZONA					23-7083384
Part I General Information on Grants a	and Assistance					•	
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	-				anization answered "\	Yes" on Form 990, Part IV	', line 21, for any
recipient that received more than			1		(f) Mathad of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 		4					>

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35

ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Schedule I (Form 990) (2015)

23-7083384

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	32	40,000.	. 0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
SCHOLARSHIPS ARE PAID DIRECTLY T	TO THE COLL	EGE OR UNI	VERSITY AT	TENDED BY THE	
RECIPIENT. ANY UNUSED FUNDS ARE	E RETURNED	TO THE FOU	UNDATION.		

SCHEDULE O (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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Employer identification number 23-7083384

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BASED ON THE NEEDS AND STRENGTHS OF YOUTH, THEIR FAMILIES AND COMMUNITIES. YOUTH HAVE THE OPPORTUNITY TO PARTICIPATE IN 4-HEXPERIENCES THAT STRENGTHEN A YOUNG PERSON'S SENSE OF BELONGING, GENEROSITY, INDEPENDENCE AND MASTERY.

MORE THAN 6,000 ARIZONA YOUTH ARE ENROLLED MEMBERS OF 4-H COMMUNITY CLUBS IN ARIZONA. THEY ARE SUPPORTED BY MORE THAN 2,000 ADULT VOLUNTEER LEADERS. ANOTHER 130,000 ARIZONA YOUTH GET INVOLVED IN 4-H THROUGH SPECIAL EDUCATIONAL OPPORTUNITIES

4-H GIVES THEM A CHANCE TO PURSUE THEIR OWN INTERESTS, FROM PHOTOGRAPHY TO COMPUTERS, FROM BUILDING ROCKETS TO RAISING SHEEP OR RABBITS. A COMPREHENSIVE LIST OF 4-H PROJECTS IS AVAILABLE ONLINE AT: HTTP://EXTENSION.ARIZONA.EDU/4H. ARIZONA 4-H YOUTH ALSO GO PLACES - TO CAMP, TO STATE AND NATIONAL CONFERENCES AND EVEN ON INTERNATIONAL CULTURAL IMMERSION EXCHANGES. THEY LEARN TO BE LEADERS, ACTIVE CITIZENS AND CITIZEN SCIENTISTS. IN 4-H CLUBS, THEY SERVE AS OFFICERS AND LEARN TO CONDUCT MEETINGS, HANDLE CLUB FUNDS, AND FACILITATE GROUP DECISION-MAKING. IN A GROWING NUMBER OF COMMUNITIES, 4-H YOUTH SERVE AS YOUTH REPRESENTATIVES IN MUNICIPAL OR COUNTY GOVERNMENT OR AS MEMBERS OF TEEN COURTS. THEY GIVE BACK TO THEIR COMMUNITIES. 4-H MEMBERS ARE INVOLVED IN VOLUNTEER PROJECTS TO PROTECT THE ENVIRONMENT, MENTOR YOUNGER CHILDREN AND HELP PEOPLE WHO ARE LESS FORTUNATE.

4-H CLUBS AND AFFILIATED ORGANIZATIONS DERIVE THEIR TAX-EXEMPT STATUS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number 23-7083384

UNDER THE ARIZONA 4-H YOUTH FOUNDATION. THEY DO NOT HAVE A TAX

EXISTENCE OUTSIDE OF THE FOUNDATION'S UMBRELLA, AND FOR TAX PURPOSES

ARE TREATED AS PROGRAMS OF THE FOUNDATION. ACCORDINGLY, ALL REVENUES,

EXPENSES, AND ASSETS OF THESE CLUBS AND AFFILIATED ORGANIZATIONS ARE

REPORTED ON THE FOUNDATION'S FORM 990. A LIST OF CLUBS AND AFFILIATED

ORGANIZATIONS IS ATTACHED TO THIS RETURN.

FORM 990, PART VI, SECTION A, LINE 2:

DOUG WRIGHT AND EMILY VANCE ARE BROTHER AND SISTER.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING. ANY RESULTING COMMENTS ARE ADDRESSED BY THE TAX PREPARER BEFORE THE RETURN IS COMPLETED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, OFFICER, OR MEMBER
OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS WHO HAS A DIRECT OR
INDIRECT FINANCIAL INTEREST IN A TRANSACTION UNDER CONSIDERATION BY THE
FOUNDATION. SUCH INDIVIDUAL HAS A DUTY TO DISCLOSE THE EXISTENCE OF THE
FINANCIAL INTEREST AND WILL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL
MATERIAL FACTS TO THE BOARD OF DIRECTORS.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AND ANY
DISCUSSION, THE INTERESTED PERSON SHALL LEAVE THE BOARD MEETING AND THE
REMAINING DIRECTORS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OF DIRECTORS SHALL DETERMINE

C/O UNIVERSITY OF ARIZONA	23-7083384
WHETHER THE FOUNDATION CAN OBTAIN WITH REASONABLE EFFORTS	S A MORE
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR	ENTITY THAT WOULD
NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVAN	ITAGEOUS
TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, TH	E DIRECTORS SHALL
DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTO	RS WHETHER TO
ENTER INTO THE TRANSACTION OR ARRANGEMENT WITH THE INTERE	STED PERSON.
IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE	A DIRECTOR HAS
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERE	ST, IT SHALL
INFORM THE DIRECTOR OF THE BASIS FOR SUCH BELIEF AND AFFO	RD THE DIRECTOR AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	IF, AFTER HEARING
THE DIRECTOR'S RESPONSE AND AFTER MAKING FURTHER INVESTIG	ATION AS WARRANTED
BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS DETERMINES T	HE DIRECTOR HAS
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTE	REST, IT SHALL
TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMEN	ITS ARE ALSO
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	

Arizona 4-H Youth Foundation
EIN 27-7083384
Clubs and Affiliated Organizations Included In Form 990
Tax Year Ending September 30, 2016

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Apache County 4-H Livestock	32-0363214	PO Box 369	St. Johns	AZ	85939-0369	130,256.23	61,343.94
Concho 4-H Shooting Sports	35-2431448	PO Box 369	St. Johns	AZ	85939-0369	3,300.00	5,811.94
Southern Apache County 4-H Leaders Council	36-4718926	PO Box 369	St. Johns	AZ	85939-0369	15,482.18	12,845.94
Cochise County 4-H Council	86-0841746	450 S. Haskell Ave.	Willcox	AZ	85643-2790	393,612.81	176,505.93
Center for Academic Success	26-4714661	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	-
Cochise County 4-H Teen Council	42-1755643	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	-
Double Adobe 4-H	86-0643484	450 S. Haskell Ave.	Willcox	AZ	85643-2790	244.75	388.17
Douglas City 4-H	86-0450092	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	-
Elfrida	32-0431595	450 S. Haskell Ave.	Willcox	AZ	85643-2790	937.00	535.12
Kansas Settlement 4-H	86-0503057	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	257.13
San Pedro Spirits 4-H	86-0782409	450 S. Haskell Ave.	Willcox	AZ	85643-2790	1,920.18	3,789.00
San Pedro Trailblazers	86-0851408	450 S. Haskell Ave.	Willcox	AZ	85643-2790	0.30	298.69
San Simon Roadrunners 4-H	86-0787014	450 S. Haskell Ave.	Willcox	AZ	85643-2790	78.54	67.66
St David 4-H	26-0058810	450 S. Haskell Ave.	Willcox	AZ	85643-2790	0.11	-
Stewart District 4-H	86-0817116	450 S. Haskell Ave.	Willcox	AZ	85643-2790	7,337.21	1,162.54
Stronghold 4-H	13-4348236	450 S. Haskell Ave.	Willcox	AZ	85643-2790	822.93	1,394.22
Tombstone 4-H	37-1718030	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	-
Cataract 4-H Club	32-0342952	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	4,319.68	2,686.56
Cinder Hillbillies	86-0932480	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	4,014.50	6,806.61
Bits n' Bridles	36-4805147	2305 N. 3rd Street	Flagstaff	AZ	86004-3606	-	-
Coconino 4-H Leaders Council	86-0695834	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	-	9,036.03
Lake Powell 4-H	26-0077594	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	-	-
Page 4-H Club	30-0720613	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	6,974.48	7,641.34
Parks in the Pines 4-H Club	26-0208874	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	2,417.58	124.58
Peaks View 4-H	37-1638725	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	1,622.24	834.92
Ponderosa Pines 4-H Club	37-1638926	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	1,857.36	2,271.99
Williams Mountaineers 4-H Club	86-1023880	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	1,237.16	1,132.43
Gila County 4-H Leaders Council	86-6090078	PO Box 2844	Payson	AZ	85547-2844	33,286.65	82,429.36
Northern Gila County Community Club	46-3995937	PO Box 2844	Payson	AZ	85547-2844	25,000.00	16,056.14
Pleasant Valley Community	52-7967834	PO Box 2844	Payson	AZ	85547-2844	-	325.09
Young Riders	26-2443369	PO Box 2844	Payson	AZ	85547-2844	-	-
Graham County 4-H	35-2382056	PO Box 127	Solomon	AZ	85551-0127	35,534.82	49,617.83
Duncan Community 4-H Club	38-3856199	1684 Fairgrounds Rd.	Duncan	AZ	85534	2,418.25	3,820.16

Arizona 4-H Youth Foundation
EIN 27-7083384
Clubs and Affiliated Organizations Included In Form 990
Tax Year Ending September 30, 2016

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Greenlee County 4-H Council	81-0608250	1684 Fairgrounds Rd.	Duncan	AZ	85534	11,840.72	25,620.31
Mighty Mountain Kids 4-H Club	36-4749728	1684 Fairgrounds Rd.	Duncan	AZ	85534	1,611.41	1,359.98
Best 'n Better	86-0806141	PO Box 3485	Parker	AZ	85344-3485	3,020.00	1,972.66
La Paz 4-H Leaders Council	86-0536255	PO Box 3485	Parker	AZ	85344-3485	6,598.35	10,735.27
Lower 40	86-0913214	PO Box 3485	Parker	AZ	85344-3485	2,516.00	2,384.34
McMullen Valley	86-0933078	PO Box 3485	Parker	AZ	85344-3485	10,512.61	7,706.34
P-Town Wranglers	32-0468895	PO Box 3485	Parker	AZ	85344-3485	2,427.71	1,249.71
Show Stoppers 4-H	37-1786248	PO Box 3485	Parker	AZ	85344-3485	11,582.57	3,116.22
Arizona Explorers 4-H	38-3818966	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,501.19	2,695.05
Barn Buddies 4-H	26-3888716	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,191.30	1,124.90
Beep Patrol 4-H	38-3857737	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,349.63	-
Buckeye 4-H Livestock	86-0970203	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,678.51	746.56
Buena Vista Mavericks 4-H	20-4791721	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	7,169.05	3,672.62
Desert Hills Wranglers 4-H	26-0085875	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	432.00	463.01
Diamonds in the Ruff	52-2389523	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,647.36	89.67
Eastern Edge 4-H	80-0643407	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	247.28
Eastside Kids 4-H	32-0092723	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	261.17
Estrella Mountain 4-H	27-1470908	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	75.00	24.50
Firebird	35-2333862	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,538.50	1,482.41
Glendale 4-H	38-3976892	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	5,133.58	1,492.03
Kings Victory Farm 4H	32-0397736	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	632.00	351.20
Laveen 4-H Swine	26-1083747	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	400.00	1,883.18
Laveen Pathfinders 4-H	86-0832512	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	660.00	1,212.90
Lehi 4-H	35-2350434	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,546.04	3,192.31
Lehi Horse 4-H	45-3534113	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,558.80	1,251.58
Maricopa 4-H Cloggers	23-7083384	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,608.00	829.14
Maricopa County 4-H Dog Committee	46-3563765	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	3,229.42	3,172.19
Maricopa County 4-H Horse Committee	86-0830803	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	35,992.22	56,628.24
Maricopa County 4-H Livestock Committee	86-0849485	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,613.12	17,851.18
Maricopa County 4-H Teen Association	86-0830805	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	765.00	1,843.06
North Glendale 4-H	20-5842610	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Odyssey 4-H	46-0893565	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	13,990.39	7,418.80
Queen Creek	91-2199097	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	20,199.60	659.44

Arizona 4-H Youth Foundation
EIN 27-7083384
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Tax Year Ending September 30, 2016

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Regulator's 4-H Livestock	91-2199097	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	384.87	76.76
Rio Verde	30-0347221	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	4,354.01	502.99
SanTan 4-H Club	46-1792409	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,160.75	1,819.93
Scottsdale Hot Diggity Dogs	47-2120212	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,315.40	633.37
Tumbleweeds	80-0265629	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Venture 4-H	47-3799346	4342 E. Broadway Rd.	Phoenix	AZ	85040-8808	1,262.93	601.01
Waddell Hoofprints 4-H	26-0035166	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,513.68	1,875.01
Western Spurs 4-H	61-1694714	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,108.00	454.45
Zoo Crew 4-H	38-3800973	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Bent Bucket Bunch 4-H Club	26-0082640	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	-
Black Mt 4-H	51-0576991	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	-
Buck-N-Doe 4-H	86-0763017	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	9,134.60	315.58
Cactus Critters 4-H	86-0669993	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	2,909.86	732.74
Cedar Hill	86-1015136	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	125.00	122.11
Desert Gallopers 4-H Club	47-2221915	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	1,072.80	1,211.82
Fancy Feathers and Furs	32-0001324	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	1.00	87.42
Interstate Exchange 4-H Club	86-0755286	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	17,419.52	7,862.70
Mavericks 4-H Club	32-0451607	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	625.27	1,816.93
Mohave Co 4-H Leaders Council	94-2503733	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	186,660.27	245,207.14
Mohave Rebels 4H	38-3916934	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	1,639.70	94.69
Mohave Sharp Shooters	90-0012792	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	-
Stockton Hill Herd 4-H	27-0133889	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	580.00	54.40
Thundering Hooves 4-H Club	20-8020335	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	792.00	1,028.75
Wranglers	46-0593457	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	578.58	1,609.90
All Seasons 4-H	37-1692645	PO Box 668	Holbrook	AZ	86025-0668	779.96	868.68
Linden Dusters Horse 4-H Club	83-0498737	PO Box 668	Holbrook	AZ	86025-0668	6,723.50	1,329.89
Malapai 4-H Club	76-0841810	PO Box 668	Holbrook	AZ	86025-0668	-	-
Mountain Wranglers 4-H Club	32-0392534	PO Box 668	Holbrook	AZ	86025-0668	400.10	87.10
Rodeo Trash 4-H Horse Club	38-3833308	PO Box 668	Holbrook	AZ	86025-0668	1,179.50	1,668.21
Seba Dalkai Frontiers	01-0921589	PO Box 668	Holbrook	AZ	86025-0668	1,709.00	527.82
White Mountain 4-H	27-2131506	PO Box 668	Holbrook	AZ	86025-0668	-	-
Arivaca 4-H Club	86-0812436	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	1,913.25	548.35
Arizona Assoc. of Ext 4-H Agents (Josh Moore)	32-0471123	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,385.90	36,433.37

Arizona 4-H Youth Foundation
EIN 27-7083384
Clubs and Affiliated Organizations Included In Form 990
Tax Year Ending September 30, 2016

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Blazing Caballos	35-2281786	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Catalina Mountaineers	86-1040633	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,076.00	643.23
Cienaga Creek Cowboys	47-4743659	4211 N. Campbell Ave.	Tucson	AZ	85719-1110	1,262.00	68.34
Collegiate 4-H Club	61-1693589	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	363.25	2,008.31
Crazy Heart Riders	46-1008460	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
El Chaparral	86-1010653	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	8,033.75	746.33
Little Rascals	86-0617696	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	1,131.52	1,502.45
Littletown Ranchers	20-3617912	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	5,549.92	1,290.27
Marana Stockmen	86-0591017	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Northwest Outriders	57-1186271	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	9,601.00	4,158.18
Northwest Tucson Trailblazers 4-H	35-2486547	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	915.00	394.75
Paws for the Cause	06-1835369	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,937.85	3,456.10
Pima County 4-H Executive Council	86-6053430	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	33,770.38	68,189.04
Pima County 4-H Horse Advisory Board	86-0891368	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,019.11	29,823.55
Pima County Pathfinders	86-1019163	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Pusch Ridge Riders	86-0598373	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	1,038.00	1,584.46
Rillito Riders	86-0689570	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,298.21	1,307.75
Robles Ranchers	26-0775602	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,412.00	44.00
Sahuarita Community	54-2161634	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,181.92	2,273.03
Santa Rita Settlers	71-0921776	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Sierrita Mountain Livestock	86-0468561	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,896.13	1,679.03
Silver Spurs 4-H Club	86-0891368	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	820.05
Silverbell Riders	86-0818676	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	9,574.25	287.88
Sombrero Peak	42-1549663	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,296.51	2,736.19
South East Ranchers	26-3092649	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,183.00	1,837.12
Star Pass Riders	86-0744757	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	200.00	657.92
Sundowners	86-0594126	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	1,709.00	25.45
Sunkist Riders	80-0848738	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,156.25	581.70
Sunset Riders	86-0741399	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	2,052.70	423.29
Sweetwater Riding Team	27-0996308	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	933.00	156.39
Tanque Verde Community Club	27-2305373	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	7,072.30	2,261.03
Tanque Verde Livestock	86-0472466	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	550.66	2,555.86
Tierra Homesteaders	75-3237193	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	5,879.50	567.37

Arizona 4-H Youth Foundation
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Triple S&E	22-3872196	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	1,284.00	1,358.39
Tucson Village Farm	45-4198512	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Vail Community 4-H Club	46-0809220	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	3,091.87	2,157.46
Vail Vaqueros	84-1571916	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	5,998.39	2,612.09
Whetstone Ranchers	90-0403847	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	1,162.38	596.75
Bella Vista	77-0645939	820 E. Cottonwood Lane, Bldg. C	Casa Grande	AZ	85122-2726	532.97	417.57
Big Shots	32-0197686	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	3,612.48	1,292.96
Casa Grande Lambchops 4-H Club	45-4631833	820 E. Cottonwood Lane, Bldg. C	Casa Grande	AZ	85122-2726	-	472.50
Coolidge Clovers	20-5080505	820 E. Cottonwood Lane, Bldg. C	Casa Grande	AZ	85122-2726	1,491.52	1,427.99
Country Kickers 4-H	35-2512700	821 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2727	6,852.07	3,927.37
Kearny Koyotes	86-1041304	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	6,915.76	3,682.90
Maricopa Rattlers	20-8837543	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	-
Maricopa Trailblazers	86-1017724	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	695.00	225.02
Pinal County 4-H Advisory Council	20-5471693	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	46,451.23	68,578.93
Valley Farmers 4-H Club	20-1718798	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	171.38
Arizona State 4-H Horse Committee	47-1169812	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	19,636.47	12,403.00
Mustang 4-H Club	86-1009447	489 N. Arroyo Blvd.	Nogales	ΑZ	85621-2644	840.00	6,453.13
Rattlesnakes	42-1752645	489 N. Arroyo Blvd.	Nogales	ΑZ	85621-2644	-	-
San Rafael	37-1558838	489 N. Arroyo Blvd.	Nogales	ΑZ	85621-2644	4,574.52	2,755.74
Santa Cruz County Leaders	23-7083384	489 N. Arroyo Blvd.	Nogales	ΑZ	85621-2644	203,571.00	64,178.00
Camp Verde Cowboys 4H	46-1592266	840 Rodeo Drive, Bldg. C	Prescott	AZ	86305-2318	647.30	101.84
Chino Valley Breakaway Latigos 4-H	20-3431096	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	5,799.00	1,427.70
Lonesome Valley Wranglers	20-0430891	840 Rodeo Drive, Bldg. C	Prescott	AZ	86305-2318	8,983.00	980.84
Shamrock Hustlers	86-0941627	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	503.61	1,099.06
Skull Valley Trailblazers 4-H Club	47-2302591	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	126.50	121.50
Triangle 4-H Club	20-3431230	840 Rodeo Drive, Bldg. C	Prescott	AZ	86305-2318	1,782.18	557.21
Verde Valley 4-H	47-1816006	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	625.84	89.63
Yavapai County Horse Committee	32-0307595	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	3,307.41	2,258.71
Yavapai County Leaders Council	32-0321405	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	-	184,727.36
Yavapai County 4-H	86-6086079	840 Rodeo Drive, Bldg. C	Prescott	ΑZ	86305-2318	307,860.85	52,154.72
Animals R Us	86-0953878	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	432.44	543.51
Desert Dogs	90-0208463	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	-	164.94
Desert Herdsmen	86-0678453	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	-	879.19

Arizona 4-H Youth Foundation
EIN 27-7083384
Clubs and Affiliated Organizations Included In Form 990
Tax Year Ending September 30, 2016

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Desert Pride	20-5702981	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	700.00	1,157.51
Dome Valley	71-1011664	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	205.00	1,491.49
Gila Barn Busters- club is still active w/zero bal.	86-1030812	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	1,267.32	-
Hi-Award	86-0824289	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	8,388.00	520.15
Little Rascals	35-2401473	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	155.50	795.45
Mohawk Valley	26-1493251	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	1,961.00	141.94
Rising Stars	46-3395081	2201 W. 28th St., Suite 102	Yuma	AZ	85364-6937	174.00	138.00
South County	37-1789866	2201 W. 28th St., Suite 102	Yuma	AZ	85364-6937	1,662.00	482.00
Up & Coming	86-1023271	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	658.13	147.19
Yuma Moos	86-1015447	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	8,820.25	9,037.18
Yuma Mesa Jackrabbits 4-H Club	90-0126568	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	10,930.65	3,051.21
Yuma Shooting Sports	30-0637790	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	759.00	486.15
Yuma Valley Achievers	48-1263904	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	6,248.00	696.93
Total						1,877,224.34	1,485,533.35