Department of the Treasury

Internal Revenue Service

orm 990	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C
•	

om Income Tax

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

ode (except private foundations) Do not enter social security numbers on this form as it may be made publick

Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning UCT 1, 2017 and ending	PER 30, 7018					
R	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		083384				
=	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
_	Final return/	325 FORBES BUILDING, PO BOX 210036)621-7211				
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$					
=	Amende retum Applica-	10CSON, AZ 857ZI	H(a) Is this a group re					
_	ition pending	F Name and address of principal officer JULIE ADAMCIN SAME AS C ABOVE	/_ I	for subordinates? Yes X No H(b) Are all subordinates included? Yes No				
1	Tax-exer	npt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 1	627 If "No," attach a	list (see instructions)				
		EXTENSION.ARIZONA.EDU/4HFOUNDATION	H(c) Group exemptio	•				
K	Form of o	rganization: X Corporation	rear of formation: 1970 N					
P		Summary						
۵	1 B	riefly describe the organization's mission or most significant activities PROVIDE	ADVOCACY, SUS	TAINED				
Activities & Governance	F	UNDING SUPPORT AND INCREASING OPPORTUNITIES	FOR ARIZONA	4-H.				
Ē.	2 C	heck this box if the organization discontinued its operations or disposed of	nore than 25% of its net as	ssets				
o ve	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	16				
Ğ	l	umber of independent voting members of the governing body (Part VI, line 1b)	4	16				
Se	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0				
ğ	1	otal number of volunteers (estimate if necessary)	6	2000				
ţ	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
٩) bN	et unrelated business taxable income from Form 990 Him 3FIVED	7b	0.				
			Prior Year	Current Year				
ø	8 C	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)	341,562.	225,782.				
Revenue		rogram service revenue (Part VIII, line 2g)	737,287.	512,926.				
eve		ivestment income (Part VIII, column (A), lines 3, (Cand 7d)	89.	235,324.				
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8s, 9c, 10s end) (N),	138,467.	75,081.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,217,405.	1,049,113.				
	T	rants and similar amounts paid (Part IX, column (A), lines 1-3)	125,209.	155,290.				
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
nse	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	ЬТ	otal fundraising expenses (Part IX, column (D), line 25) > 21,690.						
ú	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	943,762.	846,241.				
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,971.	1,001,531.				
	19 R	evenue less expenses. Subtract line 18 from line 12	148,434.	47,582.				
t Assets or l			Beginning of Current Year	End of Year				
sets	20 T	otal assets (Part X, line 16)	4,119,610.	4,130,268.				
ASS	21 T	otal liabilities (Part X, line 26)	10.	0.				
E Set	22 N	et assets or fund balances Subtract line 21 from line 20	4,119,600.	4,130,268.				
		Signature Block	· · · · · · · · · · · · · · · · · · ·					
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is				
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
	1	VIII (Mama	//8	1/9				
Sig	n	Signature of officer	Date					
He	i.	JULIE ADAMCIN, BOARD PRESIDENT						
	[]	Type or print name and title						
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	ol Ma	ONICA A. VERA, CPA MONICA A. VERA, CPA	07/25/19 if self-employs	P01456278				
D	17	DEACHELETCCHMAN DC	Firm's FIN .	86-0683050				

SUITE 201

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

1985 E. RIVER ROAD,

TUCSON, AZ 85718

X Yes No Form 990 (2017)

Firm's address

Use Only

Phone no. 520 - 321 - 4600

	990 (2017) C/O UNIVERSITI OF ARIZONA	<u> </u>	Page ∠
Par	t III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission		بها
•	THE MISSION OF THE ARIZONA 4-H YOUTH FOUNDATION IS TO PR	OVIDE	
	ADVOCACY, SUSTAINED FUNDING SUPPORT AND INCREASED OPPORT	UNITIES FOR	•
	ALL 4-H YOUTH AND ADULT VOLUNTEERS IN THE STATE OF ARIZO	NA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	.
	prior Form 990 or 990-EZ?	∟ Yes	X No
_	If "Yes," describe these new services on Schedule O	□vaa	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	L res	LAL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 106,547. including grants of \$ 38,750.) (Revenue		<u>695.</u>)
	THE ARIZONA 4-H YOUTH FOUNDATION EXISTS TO ENCOURAGE AND		
	PRIVATE GIFTS FOR THE ARIZONA 4-H YOUTH DEVELOPMENT PROG		TT
	FOUNDATION ANNUALLY ALLOCATES FUNDS FOR SPECIFIC STATE A		
	PROJECTS, ACTIVITIES AND EVENTS. DURING FISCAL YEAR ENDE 2018, THE FOUNDATION FUNDED SCHOLARSHIPS, CAMPS, EXHIBIT		. 30,
	CONFERENCES AND FORUMS FOR ARIZONA 4-H YOUTH.	TONS,	
	CONTENENCED AND TOROND TOR ARTHUR TOTAL		
		· · · · · ·	
4b	(Code) (Expenses \$ 833,822. including grants of \$ 116,540.) (Revenue		<u>488.</u>)
	THE UNIVERSITY OF ARIZONA 4-H YOUTH DEVELOPMENT PROGRAM		,
	QUALITY YOUTH EDUCATION BY BUILDING POSITIVE RELATIONSHI SKILLS. WE DEVELOP COMPETENT, CARING AND ACTIVELY ENGAGE		
	STRENGTHEN ARIZONA COMMUNITIES. 4-H IS FOR ALL YOUTH, AG		
	WANT TO HAVE FUN, LEARN NEW SKILLS, AND EXPLORE THE WORL		
	JOIN CLOVERBUDS, A NON-COMPETITIVE, FUN INTRODUCTION TO		
	PROJECTS AVAILABLE THROUGH 4-H. YOUTH AGES 9-19 PARTICIP		BY
	ENROLLING IN PROJECTS AND JOINING A CLUB.		
		""	
	IN 4-H, YOUNG PEOPLE MAKE NEW FRIENDS, DEVELOP NEW SKILL		
	LEADERS AND HELP SHAPE THEIR COMMUNITIES. ARIZONA 4-H BU		
	CENTURY OF EXPERIENCE AS IT FOSTERS POSITIVE YOUTH DEVEL	·	
4c	(Code) (Expenses \$) (Revenue	. \$,
			
			_
		•	
			
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 940,369.		
70005	SEE SCHEDULE O FOR CONTINUATION(S		90 (2017)
732002	11-28-17 SEE SCHEDULE O FOR CONTINUATION (S	/	

ARIZONA 4-H YOUTH FOUNDATION Form 990 (2017) C/O UNIVERSITY OF ARIZONA Part IV | Checklist of Required Schedules

Fai	t 14 Checklist of Nequired Scheddles			
			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,5
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	L
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		4.43 \$ 4	- 1
	as applicable		*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠.,
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	ľ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		х
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
e	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		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		x
	Schedule D, Parts XI and XII	12a		^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
D	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			
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	ļ	X
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	<u>X</u>	ļ
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

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u> </u>		
Ĭ	any tax-exempt bonds?	24c	i	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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		Х
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,"	•		
	complete Schedule L, Part II	26		Х
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	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)	İ	l	
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		•	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	i	I

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

Par	irt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
				Yes	No	_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		-		١
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			4	ł
С	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				ÇF:	l
	(gambling) winnings to prize winners?	L	1c	X		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		ដ		I
	filed for the calendar year ending with or within the year covered by this return 2a	0				J
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b			_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-				1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		X	_
b	of "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>_</u>	3ь			_
4a	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)?	L	4a		_X	_
b	of "Yes," enter the name of the foreign country					I
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-				j
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		X	_
		-	5b		X	_
	,	-	5c			_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli	crt			.,	
	any contributions that were not tax deductible as charitable contributions?	-	<u>6a</u>		Х	_
b	, , , , , , , , , , , , , , , , , , , ,					
	were not tax deductible?	-	<u>6b</u>			7
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>	×	J
a		payor	7a			-
Þ		⊢	<u>7b</u>			-
С			7-		Х	
	to file Form 8282?	- 1	7c	3-	2.	ī
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	1	X	J
e			7 f		X	-
f	444	ed?	7g	1		-
g h	The state of the s		7h	·		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	"			-	ī
•	sponsoring organization have excess business holdings at any time during the year?	-	8			,
9	Sponsoring organizations maintaining donor advised funds.					i
а	7.11	*	9a			•
b			9b			•
10	Section 501(c)(7) organizations. Enter			,	-	Ī
а	40-1 7		1			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					I
11	Section 501(c)(12) organizations. Enter					l
а	Gross income from members or shareholders					l
b	Gross income from other sources (Do not net amounts due or paid to other sources against					I
	amounts due or received from them)			<u>'</u>		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a			_
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L			,	ļ
а	·	L	13a			_
	Note. See the instructions for additional information the organization must report on Schedule O		į			İ
b	, , , , , , , , , , , , , , , , , , , ,					
	organization is licensed to issue qualified health plans		j			I
С					-	ļ
14a		-	14a		Х	_
b	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	000	(2017	-
			rorm	990	(2017)

23-7083384 C/O UNIVERSITY OF ARIZONA Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 b Enter the number of voting members included in line 1a, above, who are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a $\overline{\mathbf{x}}$ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply W Upon request Own website Another's website → 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 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records AVA ALCALDE - (520)621-7211

732006 11-28-17

85721

325 FORBES BUILDING, TUCSON, AZ

C/O UNIVERSITY OF ARIZONA

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) Name and Title	(B) Average hours per		not c		tion more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	onal trustee		recto	Highest compensated	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JACQUE ACCOMAZZO	2.00	x						0.	0.	0
MEMBER (2) AVA ALCAIDA	2.00	 ^	\vdash			 -		<u> </u>		<u> </u>
MEMBER	2.00	X						0.	0.	0
(3) FRITZI COLLINS	2.00		Н			-				
MEMBER		\mathbf{x}						0.	0.	0
(4) LEE FRANKLIN	2.00				_					,
MEMBER		X						0.	0.	0
(5) SHARI JOHNSON	2.00									
MEMBER		X						0.	0.	0
(6) AMY MCCLURE	2.00								_	_
MEMBER		X	<u> </u>					0.	0.	0
(7) MICAELA MCGIBBON	2.00	[
MEMBER		X				_		0.	0.	0
(8) WAYNE MENNETTI	2.00	١							0	•
MEMBER		X	Ш			<u> </u>		0.	0.	0
(9) MICHELE MURPHY	2.00							0.	0.	•
MEMBER (10) JUSTEN OLLENDICK	2.00	Х	_			-		<u> </u>	0.	0
MEMBER	2.00	x						0.	0.	0
(11) TIM SHAW	2.00	^	\vdash	_		-		· · · · · ·		0
MEMBER	2.00	x						0.	0.	0
(12) EMILY VANCE	2.00		\vdash			├				
MEMBER		\mathbf{x}						0.	0.	0
(13) JIMMY WOJCIK	5.00							<u> </u>		
PRESIDENT		x		х				0.	0.	0
(14) JUANITA WAITS	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(15) JAN NORQUEST	5.00									
SECRETARY -		X	Ш	X				0.	0.	0
(16) JULIE ADAMCIN	30.00									_
TREASURER		X		X		<u> </u>		0.	0.	0
	ľ	ı				1		i		

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	(do	not c	(C Pos heck ss pe	tion more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
											<u> </u>	
			_				ļ	\vdash				
c	Sub-total Total from continuation sheets to Part V	II, Section A	· -					> >	0. 0. 0.	0		
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) w	ho r		<u> </u>		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mpk	oyee	, or	highest compensated e	mployee on	Yes No	
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le c	mpl	ete :	Sch	edul	e J i	for such individual		4 X	
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," control B. Independent Contractors							relat	ted organization or indiv	idual for services	5 X	
1	Complete this table for your five highest co the organization Report compensation for	•									nsation from	
	(A) Name and business			ON					(B) Description of s		(C) Compensation	
				-				-				
			-									
	Total number of independent contractors (including but r	not l	ımıte	d to	the	se li	stec	d above) who received n	nore than		
	\$100,000 of compensation from the organ	zation >					0				Form 990 (201	

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C/O UNIVERSITY OF ARIZONA

Га	I VIII	_		or note to any lin	o in this Bort VIII			
		Check if Schedule O conti	ains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	c d e f g h	Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grants similar amounts not included above to the contributions included in lines Total. Add lines 1a-1f COUNTY 4-H EVEN MANAGEMENT FEE	ts, and lf lf la-1f \$	225,782. Business Code 900099 900099	225,782. 506,686. 6,240.	506,686.		
_	†	All other program service reve Total. Add lines 2a-2f	nue		512,926.		-	†
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	k-exempt bond p	proceeds	235,324.			235,324.
	b d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Personal				
	c d	assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						,
Other Revenue	b	Gross income from fundraising including \$	of 1c) See a	294,638. 125,814.	168,824.			168,824.
	9 a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses Net income or (loss) from gam	ctivities See a b		100,024.			100,024.
	10 a	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a b s of inventory	689,876. 783,619.	-93,743.	-93,743.		
	11 a b c			Dusiliess Code				
	12	Total. Add lines 11a-11d Total revenue. See instructions.		>	1,049,113.	419,183.	0	. 404,148.

C/O UNIVERSITY OF ARIZONA

Part IX Statement of Functional Expenses

			er organizations must co	impiete column (r y	
	Check if Schedule O contains a respon-			(A) -	
7b, 8	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	116,540.	116,540.		
	Grants and other assistance to domestic individuals See Part IV, line 22	38,750.	38,750.		
	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				
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
_	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)				
а	Management				
b	Legal	6,946.		6,946.	
С	Accounting	19,505.		19,505.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25,				-(
	column (A) amount, list line 11g expenses on Sch O.)	13,265.		5,281.	7,984. 4,130.
12	Advertising and promotion	4,130.		2 4 2 2	4,130.
	Office expenses	5,033.		3,138.	1,895.
	Information technology	1,939.			1,939.
15	Royalties				
16	Occupancy	6 460		700	5 5 6 6
	Travel	6,462.		720.	5,742.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	785,079.	785,079.		
	Conferences, conventions, and meetings	703,073.	765,075.	+	
	Interest				
	Payments to affiliates Depreciation, depletion, and amortization				
	Insurance	3,412.		3,412.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
	MISCELLANEOUS	470.		470.	
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add-lines 1 through 24e	1,001,531.	940,369.	39,472.	21,690.
	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,870,047. 1,777,581. 1 Cash - non-interest-bearing 1 73,710. 25,106. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule I 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 2,254,222. 2,220;270. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 14,097. 14,845. 15 15 Other assets See Part IV, line 11 4,119,610. 4,130;268. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 10. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 24 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 $\overline{10}$. Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,821,788. 1,755,156. 27 Unrestricted net assets 202,884. 193,925. 28 28 Temporarily restricted net assets 2,094,928. 2,181,187. 29 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,119,600. 33 4,130,268. 33 Total net assets or fund balances

4,130,268. Form **990** (2017)

4,119,610.

Total liabilities and net assets/fund balances

Form 990 (2017)

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ARIZONA 4-H YOUTH FOUNDATION 23-7083384 C/O UNIVERSITY OF ARIZONA 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 🛣 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) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 listed (v) Amount of monetary (vi) Amount of other (II) EIN (i) Name of supported (III) Type of organization ning document in your gove (described on lines 1-10 support (see instructions) support (see instructions) organization No Yes above (see instructions))

Total

Schedule A	(Form 990	or 990-EZ	2017	C/0	VIINU	/ERSI	TY (OF	ARIZO)NA	

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)

Sec	tion A. Public Support				-		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ļ			
	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					l .	
	governmental unit or publicly					·	
	supported organization) included						
	on line 1 that exceeds 2% of the					l	
	amount shown on line 11.						
	column (f)			/			
6	Public support. Subtract line 5 from line 4			1		1	
	ction B. Total Support	·	/	<u> </u>		<u> </u>	·
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 201,4	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	10/2010	/ /	(4)		1	
8	Gross income from interest,		/		<u> </u>	<u> </u>	
٠	dividends, payments received on						
	securities loans, rents, royalties,	,					
	and income from similar sources	-					
9	Net income from unrelated business		/				
3	activities, whether or not the	/					
	business is regularly carried on					ŀ	
10	Other income Do not include gain	/					
10	or loss from the sale of capital	/				ľ	
	assets (Explain in Part VI)	/					
44	Total support. Add lines 7 through 10	/					
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for			rd fourth or fifth t	ax vear as a sectio		
13	organization, check this box and stor	/ -	, mat, scoond, tin	id, ioditii, or mart	ax your as a soone	00 .(0)(0)	
Sec	ction C. Computation of Publ	ić Support Pe	rcentage	 -			
	Public support percentage for 2017/(· · · · · · · · · · · · · · · · · · ·		column (f))	•	14	%
	Public support percentage from 2916			ν,,		15	%
	33 1/3% support test - 2017. If the o			on line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2016./if the c				l line 15 is 33 1/3%	6 or more, check th	is box
~	and stop here. The organization qual					•	ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a. or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶□
h	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						<u>.</u> ▶□
<u> </u>				 		edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2017 C/O UNIVERSITY OF ARIZONA

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")	497,461.	263,242.	279,394.	341,562.	225,782.	1,607,441.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						5 445 050	
	organization's tax-exempt purpose	1,378,233.	1,160,275.	1,301,062.	1,372,689.	1,202,801.	6,415,060.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-	0.45 650	044 450	0.4.6 0.50	000 040	004 600		
	iness under section 513	245,678.	244,170.	346,279.	277,047.	294,638.	1,407,812.	
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	2,121,372.	1,667,687.	1,926,735.	1,991,298.	1,723,221.	9,430,313.	
	Amounts included on lines 1, 2, and						,	
	3 received from disqualified persons	10,000.		10,750.	35,175.		55,925.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			- 120			F 420	
	amount on line 13 for the year	10000		5,430.	35 455		5,430.	
c	: Add lines 7a and 7b	10,000.	_	16,180.	35,175.		61,355.	
	Public support. (Subtract line 7c from line 6.)					 .	9,368,958.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6	2,121,372.	1,667,687.	1,926,735.	1,991,298.	1,723,221.	9,430,313.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50.	37.	63.	89.	235,324.	235,563.	
b	Unrelated business taxable income					. =		
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	: Add lines 10a and 10b	50.	37.	63.	89.	235,324.	235,563.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support (Add lines 9, 10c, 11, and 12)	2,121,422.	1,667,724.	1,926,798.	1,991,387.	1,958,545.	9,665,876.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	96.93 %	
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	99.31 %	
Sec	ction D. Computation of Inves							
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	2.44 %	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	.00 %	
	33 1/3% support tests - 2017. If the	•	•	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	ightharpoons X	
b	 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che 	•				•	anu ▶□	
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

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Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A

0 4 4	All O
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)
	and Bill you checked 120 of Part I, complete Sections Aland Cilil you checked 120 of Part I, complete

Sec	tion A. All Supporting Organizations		т —	T
	·		Yes	No
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	1		ļ
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)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	·		
	(b) and (c) below	3a	ļ .	
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	3b	ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u>-</u>		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		, ,	ı
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		مسترا	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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		Ι΄.	ľ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		` (
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			<u> </u>
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		1.	45
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	_	` .	3
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		Ĺ.,	•
	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		\vdash
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	1.		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	.		٠,
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	~	
7		<u> </u>		
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>		Ι.
	(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)	\ 		
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u>-</u>		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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	- <u>-</u> -		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	 	
þ	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.	9b	 	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	ļ		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	ļ
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			<u> </u>
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	I	1	

10b

determine whether the organization had excess business holdings)

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]	, '	ļ. [
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		1
С	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	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,			1 - 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<u> </u>	
	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	İ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			لينا
	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		₫,	<u>;</u> ,]
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
	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	ļ	,	ا ا
	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		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	1	, .
	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	<u> </u>	
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			<u> </u>
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee 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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truction	s)	
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			
	that these activities constituted substantially all of its activities	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	1		[
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b_		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI .	3a	 	
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	25		
	or its supported organizations? It is restricted in Part VI the role played by the organization in this regard	3b	L	1

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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	. <u> </u>	
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		
	ion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)		· :	
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		3
	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		ţ
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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 1		
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	T		
	emergency temporary reduction (see instructions)	6	<u> </u>	l
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
_	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	!				
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI) See instructions							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013			٠, ١				
c	From 2014			· .				
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
<u>_i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from Section D,			45.				
	line 7 \$			·				
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2017 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if							
	any Subtract lines 3g and 4a from line 2 For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c							
8	Breakdown of line 7	<u> </u>						
	Excess from 2013							
	Excess from 2014	 	<u> </u>					
	Excess from 2015	 						
	Excess from 2016	-						
е	Excess from 2017	i	l	l				

Schedule A (Form 990 or 990-EZ) 2017

ARIZONA 4-H YOUTH FOUNDATION

chedule A	(Form 990 or 990-EZ)	2017 C/O	UNIVERSI	TY OF ARI	ZONA)83384 Pa
Part VI	Supplemental In Part IV, Section A, In Ine 1, Part IV, Section Section D, lines 5, 6,	nformation nes 1, 2, 3b, 3d on D. lines 2 an	 Provide the exp c, 4b, 4c, 5a, 6, 9 d 3. Part IV. Sec 	olanations required Pa, 9b, 9c, 11a, 11b tion E. lines 1c. 2a.	by Part II, line 10, Pa , and 11c, Part IV, S 2b, 3a, and 3b, Part	art II, line 17a or 17b, Part ection B, lines 1 and 2, Pa V, line 1, Part V, Section E for any additional informa	3, line 1e, Part V,
 	(See instructions)						
		· 			 	<u> </u>	
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028 10-06-		*				Schedule A (Form	990 or 990-E71

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.

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

ARIZONA 4-H YOUTH FOUNDATION

Open to Public Inspection **Employer identification number**

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OMB No 1545-0047

Name of the organization

C/O UNIVERSITY OF ARIZONA

<u>23-7083384</u> Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete fithe

rai	organizations infanitalling bolio Advise		o or Accountation Complete in the					
	organization answered "Yes" on Form 990, Part IV, lin	(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	_	Yes No					
6	Did the organization inform all grantees, donors, and donor a							
o	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit? Yes No							
Pa		ganization answered "Yes" on Form 990						
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	Turry, mo					
'	Preservation of land for public use (e.g., recreation or e		torically important land area					
		· 🖂	tified historic structure					
	Protection of natural habitat	Freservation of a cer	tilled Historic structure					
_	Preservation of open space	f	a of a companietion appearant on the last					
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form	Held at the End of the Tax Year					
	day of the tax year							
a	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str		2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc						
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i		└── Yes └── No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing coi	nservation easements during the year					
	—							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	F-1 F-1					
	and section 170(h)(4)(B)(ii)?		L_ Yes L_ No					
9	In Part XIII, describe how the organization reports conservati							
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	s the organization's accounting for					
_	conservation easements	6 And Historical Transcriptor on 6	Other Cimilar Assets					
Ра	rt III Organizations Maintaining Collections o		other Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under SFAS 116 (AS							
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descr							
þ	If the organization elected, as permitted under SFAS 116 (AS							
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts					
	relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		\$					
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1		▶ \$					
b	Assets included in Form 990, Part X		\$					

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

Schedule D (Form 990) 2017

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Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (continu	ied)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply)								
а	a — Public exhibition d — Loan or exchange programs								
b	b Scholarly research e Other								
С	c 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	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990	D, Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21	 		<u> </u>				
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included	_	_	_	
	on Form 990, Part X?					<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d			_	
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ılıty?	L	Yes	\square	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Part XII	<u> </u>				
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four y		
1a	Beginning of year balance	2,297,812.	2,220,204.	2,254,568.	2,5	66,455.	2,4	465,6	
b	Contributions	2,910.	32,638.	3,172.		11,187.		77,3	
С	Net investment earnings, gains, and losses	184,390.	104,970.	85,632.				106,4	
d	Grants or scholarships	38,750.	34,000.	40,000.		46,800.		40,4	00.
е	Other expenditures for facilities								
	and programs	71,250.	26,000.	4,931.	1. 89,232. 42,			42,5	82.
f	Administrative expenses								
g	End of year balance	2,375,112.	2,297,812.	2,298,441.	2,2	254,568.	2,	566,4	55.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment	.00	%						
b	Permanent endowment ► 92.00	%							
C	Temporarily restricted endowment ▶	8.00 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administered for	the organi	zation	_		
	by								No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	•					3b		
_4	Describe in Part XIII the intended uses of the		owment funds						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere			See Form 990, Part X	(, line 10				
	Description of property	(a) Cost or o basis (investr		1 ''	Accumulate preciation	1	(d) Book	value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(Oc)		>			0.
		_				Schodule	D / C	0001	2047

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b See Form 990, P	art X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) GUARANTEED INVESTMENT			
(B) CONTRACT	2,220,27	0. END-OF-YE	AR MARKET VALUE
_ (C)			
_ (D)	<u> </u>		
<u>(E)</u>	ļ 		
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,220,27	0	
Part VIII Investments - Program Related.	2,220,21	0.1	<u></u>
Complete if the organization answered "Yes"	on Form 000 Port IV	line 11c. See Form 000. Dr	art V. lino 12
(a) Description of investment	(b) Book value		uation Cost or end-of-year market value
	,.,======	,	
(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"		line 11d See Form 990, Pa	
	Description		(b) Book value
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(8)			
_ (9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		D
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Form 9	990, Part X, line 25
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes			
(2)			
(3)			•
(4)			,
(5)			
(6)			• •
(7)		,	i
(8)			·
(9)		<u> </u>	,
Total. (Column (b) must equal Form 990, Part X, col (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Ch	<u>eck nere if the text of the f</u>	<u>υστηστέ nas been provided in Part XIII L& J</u>

Schedule D (Form 990) 2017

C/O UNIVERSITY OF ARIZONA

i ai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 : 1	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	•		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	- <u></u>	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. West E	5	-
Pai	T XII Reconciliation of Expenses per Audited Financial Stater		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a		
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	 ∙	
b	Prior year adjustments	2b		
С	Other losses	2c		• ;
d	Other (Describe in Part XIII)	2d		rage.
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		'	,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			* 1
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad		V, line 4, Part X, line 2,	Part XI, →
PAI	RT V, LINE 4:			
PE	RMANENT ENDOWMENT FUNDS ARE INVESTED IN PI	ERPETUITY TO I	ROVIDE A	
PEI	RMANENT SOURCE OF INCOME FOR FOUNDATION OF	PERATIONS AND	PROGRAM SUE	PPORT.
TEI	RM ENDOWMENT FUNDS ARE UTILIZED FOR THE PU	URPOSES INTENI	ED BY THE I	OONOR.
PAI	RT X, LINE 2:			
	RT X, LINE 2: NANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNO	OTE:		
FII			BOTH FEDER	AL .
FII	NANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNO	E TAXES UNDER		
THI	NANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNO	E TAXES UNDER	COME TAX LAV	NS, AND
THI (II	NANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNOTE FOUNDATION IS EXEMPT FROM FEDERAL INCOMP	E TAXES UNDER ND ARIZONA INC ATION UNDER IN	COME TAX LAV	NS, AND
THI (II IS	NANCIAL STATEMENTS FIN 48 (ASC 740) FOOTICE FOUNDATION IS EXEMPT FROM FEDERAL INCOMP STERNAL REVENUE CODE SECTION 501(C)(3)) AT CLASSIFIED AS OTHER THAN A PRIVATE FOUNDA	E TAXES UNDER ND ARIZONA INC ATION UNDER IN N ACTIVITIES N	COME TAX LAV	NS, AND

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

Schedule D (Form 990) 2017 C/O UNIVERSITY OF ARIZONA Part XIII Supplemental Information (continued)	23-7083384 Page 5
Part XIII Supplemental Information (continued)	
TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI).	
FROM TIME TO TIME, THE FOUNDATION MAY BE SUBJECT TO PENALT	IES AND INTEREST
ASSESSED BY VARIOUS TAXING AUTHORITIES, WHICH WILL BE CLAS	SIFIED AS
ADMINISTRATIVE EXPENSES IF THEY OCCUR.	
ADMINISTRATIVE BAT BROBD IT THEI OCCUR.	
	
	
	
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2017

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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations ☐ Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control of contributions to (or retained by) fundraiser or entity (fundraiser) . from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2017

ARIZONA 4-H YOUTH FOUNDATION

23-7083384 Page 2 Schedule G (Form 990 or 990-EZ) 2017 C/O UNIVERSITY OF ARIZONA 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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events COUNTY NONE (add col (a) through EVENTS col (c)) (total number) (event type) (event type) 294,638 294,638. 1 Gross receipts 2 Less Contributions 294,638. 294,638 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 125,814. 125,814 9 Other direct expenses 125,814. 10 Direct expense summary Add lines 4 through 9 in column (d) 168,824 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 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2017

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ARIZONA 4-H YOUTH FOUNDATION

Schedule G (Form 990 or 990-EZ) 2017 C/O UNIVERSITY OF ARIZONA 23	-7083384 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 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 └── No
13 Indicate the percentage of gaming activity conducted in	يم ا مرا
a The organization's facility	13a % 13b %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ► N/A	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b 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	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└── Yes └── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury			► Attach to Form 990	m 990.	:		Open to Public
4	;	Go to www.irs	s.gov/rorms90 to	Go to www.irs.gov/Form990 for the latest information.	lation.		T inchesedent
Name of the organization ARLZ C/O	ARIZONA 4-H YOUTH C/O UNIVERSITY OF	FOUNDATION ARIZONA				_	Employer identification number 23-7083384
Part I General Information	General Information on Grants and Assistance						
1 Does the organization main	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
	rants or assistance?	400000000000000000000000000000000000000	24.41 1 0 d4 01 0 b 01.4	, , , , , , , , , , , , , , , , , , ,			X Yes No
Part II Grants and Other As	Describe in Part is the organization's procedures for monitoring the use or grant formed states. III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	izations and Domestic	Governments. C	omplete if the orga	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that receive	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	n be duplicated if addition	onal space is need	per			
1 (a) Name and address of organization or government	ganization (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 noncash assistance	(h) Purpose of grant or assistance
	,						
		,					
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed in the	e line 1 table				
3 Enter total number of other	Enter total number of other organizations listed in the line 1 table	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	n Act Notice, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2017)

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ARIZONA 4-H YOUTH FOUNDATION

Page 2

23-7083384

Schedule I (Form 990) (2017) C/O UNIVERSITY OF ARIZONA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Gran be duplicated if additional space is needed

(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 noncash assistance
	C	000	c		
SCHOLAKSH1.PS	•				
				•	
	·				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
1 -					
1 02	THE COLLEGE	EGE OR UNI	OR UNIVERSITY AT	ATTENDED BY THE	
NUSEI	ETURNED	TO THE FOU	FOUNDATION.		
				,	
		,	,		

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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-H

EXPERIENCES THAT STRENGTHEN A YOUNG PERSON'S SENSE OF BELONGING,

GENEROSITY, INDEPENDENCE AND MASTERY.

MORE THAN 5,000 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. Schedule O (Form 990 or 990-EZ) (2017)

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 B, LINE 11B:

A DRAFT FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING. ANYRESULTING 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 WHETHER THE FOUNDATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS Schedule O (Form 990 or 990-EZ) (2017)

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