** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u>	roi tile	2014 calendar year, or tax year beginning OC1 1, 2014 and	ending 5	EP 30, 2013					
В	Check if applicable	ARIZONA 4-H IOUTH FOUNDATION		D Employer identifi	cation number				
Ļ	Addres								
Ļ	Name chang			23-7083384					
	Initial return Final return	325 FORBES BUILDING	Room/suite)621-7211				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,667,724.				
	Ameno return	10C5ON, AZ 057ZI	H(a) Is this a group re						
	Application	F Name and address of principal officer:DOUGLAS G. WRIGHT		for subordinates	? Yes X No				
SAME AS C ABOVE H(b) Are all subordinates included? Yes									
1	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
		e: ► AG.ARIZONA.EDU/4-H_FOUNDATION		H(c) Group exemptio					
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1970 n	∕ State of legal domicile: A Z				
P	art I	Summary							
0	1	Briefly describe the organization's mission or most significant activities: PROV.	IDE AD	VOCACY, SUS	TAINED				
Activities & Governance		FUNDING SUPPORT AND INCREASED OPPORTUNIT:	IES FO	R ARIZONA 4	-H.				
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0				
ĬĘ		Total number of volunteers (estimate if necessary)			2000				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		497,461.	263,242.				
		Program service revenue (Part VIII, line 2g)		452,076.	422,099.				
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50.	37.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		331,608.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,281,195.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		120,476.	119,670.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
꼾	b b			620 055	044 072				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		620,855. 741,331.	944,873.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		539,864.					
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		•	•				
Net Assets or		T	Ве	ginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)		4,083,083.	3,941,519.				
let /	21	Total liabilities (Part X, line 26)		3,848,290.	3,692,414.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,040,230.	3,032,414.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatom	ante and to the heet of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y kilowieuge allu bellet, it is				
uuc	, соптес	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	non preparer	Thas any knowledge.					
Sig	ın	Signature of officer		L Date					
He		DOUGLAS G. WRIGHT, PRESIDENT							
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	KELLY L. MELTZER, CPA		if self-employ	P00633511				
	parer	Firm's name BEACHFLEISCHMAN PC	1	Firm's EIN	86-0683059				
	Only	Firm's address 1985 EAST RIVER ROAD, SUITE 201							
	•	TUCSON, AZ 85718		Phone no.52	0-321-4600				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE ARIZONA 4-H YOUTH FOUNDATION IS TO PROVIDE
	ADVOCACY, SUSTAINED FUNDING SUPPORT AND INCREASED OPPORTUNITIES FOR
	ALL 4-H YOUTH AND ADULT VOLUNTEERS IN THE STATE OF ARIZONA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 105,843 • including grants of \$ 46,800 •) (Revenue \$ 22,863 •)
	THE ARIZONA 4-H YOUTH FOUNDATION EXISTS TO ENCOURAGE AND ADMINISTER
	PRIVATE GIFTS FOR THE ARIZONA 4-H YOUTH DEVELOPMENT PROGRAM. THE
	FOUNDATION ANNUALLY ALLOCATES FUNDS FOR SPECIFIC STATE AND LOCAL 4-H
	PROJECTS, ACTIVITIES AND EVENTS. DURING FISCAL YEAR ENDED SEPTEMBER 30,
	2015, THE FOUNDATION FUNDED SCHOLARSHIPS, CAMPS, EXHIBITIONS,
	CONFERENCES AND FORUMS FOR ARIZONA 4-H YOUTH.
4b	(Code:) (Expenses \$ 916,878. including grants of \$ 72,870.) (Revenue \$ 628,945.) THE UNIVERSITY OF ARIZONA 4-H YOUTH DEVELOPMENT PROGRAM PROVIDES
	QUALITY YOUTH EDUCATION BY BUILDING POSITIVE RELATIONSHIPS AND LIFE
	SKILLS. WE DEVELOP COMPETENT, CARING AND ACTIVELY ENGAGED CITIZENS WHO
	STRENGTHEN ARIZONA COMMUNITIES. 4-H IS FOR ALL YOUTH, AGES 5-19, WHO
	WANT TO HAVE FUN, LEARN NEW SKILLS, AND EXPLORE THE WORLD. KIDS 5-8
	JOIN CLOVERBUDS, A NON-COMPETITIVE, FUN INTRODUCTION TO THE MANY
	PROJECTS AVAILABLE THROUGH 4-H. YOUTH AGES 9-19 PARTICIPATE IN 4-H BY
	ENROLLING IN PROJECTS AND JOINING A CLUB.
	IN 4-H, YOUNG PEOPLE MAKE NEW FRIENDS, DEVELOP NEW SKILLS, BECOME
	LEADERS AND HELP SHAPE THEIR COMMUNITIES. ARIZONA 4-H BUILDS UPON A
	CENTURY OF EXPERIENCE AS IT FOSTERS POSITIVE YOUTH DEVELOPMENT THAT IS
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 1,022,721.
	Form 990 (2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ا		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	complete Schedule G, Part III	19	Х	
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		
			990	(201.4)

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

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Part IV Checklist of Required Schedules (continued)

04	Did the constitution was at security of 000 of swarts or at house science to any demantic available of		Yes	No
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	21		
	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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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,"			v
~=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		25
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
35a	7 7 7	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
		,		

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Second Prog		Check if Schedule O contains a response or note to any line in this Part V								
b. Enter the number of Forms W.2G included in line 1a. Enter of -if not applicable						Yes	No			
be Enter the number of Forms W 2G included in line 1a. Enter O- if not applicable Colf the organization comply with backpu withholding rules for reportable payments to vendors and reportable gaming (gambing) wannings to pitze winners? 2a. Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 5b. If at least one is reported on line 2a, did the organization file all enquired federal demployment tax returns? 2b. If we calendar year ending with or within the year covered by this return 5c. If we calendar year ending with or within the year covered by this return 5c. If we calendar year ending with or within the year covered by this return 5c. If we calendar year ending with or within the year covered by this return 5c. If we calendar year, did the organization have an interest in, or a signature or other authority over, a given the company of the organization and 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 (yeuer as a bank account, securities account, or their financial accountry of the part of the organization and part year. 5c. If Yes, enter the name of the foreign country; P. 5c. Was the organization appropriate the part was or sip appropriate account, or their financial accountry (yeur as a bank account, securities account, or their financial accountry). 5c. If Yes, to line 5a of 5b, did the organization file Form 8888-17 5d. Did any taxobe party notify the organization file Form 8888-17 5d. Did any taxobe party notify the organization file Form 8888-17 5d. If Yes, did the organization and party for positive that such contributions critical any contributions where year to account of the organization related party and the organization and party for goods and services provided to the payor? 7a. If Yes, did the organization endough and years accordance to the payor organ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	267						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamibling) without without some without payments of the without payments and the payments of the called the payments of the called the payments of the called the payments of the paym			1b	0						
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3c If the organization have unretated business gross income of \$1,000 or more during the year? 3c If Yes, *Inst if filed a Form 990°T for this year? If *No, *To time Sb, provide an explanation in Schedule O 3d If Yes, *Inst if filed a Form 990°T for this year? If *No, *To time Sb, provide an explanation in Schedule O 3d If Yes, *Inst if filed a Form 990°T for this year? If *No, *To time Sb, provide an explanation in Schedule O 3d If Yes, *Institutions for filing requirements for FinicPN Form 114, Report of Foreign Bank and Financial account; or See instructions for filing requirements for FinicPN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization a party to a prohibitote tax schedule for see that see the foreign country. 5d Did any taxable party hority the organization file Form 8886-17 5d Did any taxable party hority the organization file Form 8886-17 5d Does the organization and party for organization file Form 8886-17 5d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, *Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization selle, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? filed during the year 1 If Yes, *Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization selleved an contribution of cars, boats, airplanes, or other vehicles, did th	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming						
filed for the calendar year ending with or within the year covered by this return If all least acro is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did 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? 4a X X bit If Yes, * enter the name of the foreign country fell business of bank account, securities account, or other financial accounts (FBAR). 5b Was the organization a party to a prohibited tax selections for filing requirements for FincENF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax selecter transaction? 5c Uniform youth your fell of the organization that it was or is a party to a prohibited tax selecter transaction? 5c Uniform your transport of the comparization solicit any contributions that were not tax eductables a chariable contributions? 6a X 5c If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a chariable contributions? 6b Did the organization selective aparent in excess of 57 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If Yes, * indicate the number of Forms 8262 filed during the year 7c Did the organization receive a payment in excess of 57 made party as a contribution or a contribution or a payment or a personal benefit contract? 7c X 7d Did the organization		(gambling) winnings to prize winners?			1c	Х				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Ves, *has it filed a Form 990.7 for this year? If *No, *to line 3b, provide an explanation in Schedule O 3b A any time during the calend ryear, did the organization have unrelated business gross income of \$1,000 or more during the year of the during the calend ryear, did the organization have unrelated business 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)? 5b If *Nes, *to line fer the name of the foreign country. ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If *Nes, *to line \$a or \$b, did the organization file Form 8896-17 6c If *Yes,* *to line \$a or \$b, did the organization file Form 8896-17 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions? 6b If *Nes,* *to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If *Nes,* *lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 7a Did the organization new parties in excess of \$7 made party as a contribution of quality and party for goods and services provided to the payor? 7a Did the organization new pays pays premiums, directly or indirect	2a									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0						
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 40 If Yes, 1 has it flied a Form 990-17 for this year? If ™0,1 * or ine 3b, provide an explanation in Schedule O 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 53 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 54 Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 55 L X 56 If Yes, 1 to line 5 aor 5b, did the organization file Form 8886-17 68 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 69 If Yes, 4 tide the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 50 If If Yes, 4 did the organization notify the donor of the value of the goods or services provided? 50 If If Yes, 5 did the organization notify the donor of the value of the goods or services provided to the payor? 51 If Yes, 6 did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 52 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 53 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 54 If Yes, 1 final the organization freely or year pay premiums, directly or indirectly, on a personal benefit contract? 55 If Yes, 1 final the organization have a contribution of cass, boats, anylanes, or other vehicles, did th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b					
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9									
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	-				9a					
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a Initiation fees and capital contributions included on Part VIII, line 12										
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12s 13s Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 13c 14a 14b 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	b	Gross income from other sources (Do not net amounts due or paid to other sources against								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b							
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
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organization is licensed to issue qualified health plans										
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		 							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					44-		y			
	α	ii res, has it filed a Fortii /20 to report these payments? If "No," provide an explanation in Schedul	⊌∪			990	(201 <i>1</i> 1)			

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C/O UNIVERSITY OF ARIZONA

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
<i>,</i> a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. I onotee (this occitor b requests information about policies not required by the internal revenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARY M. PERRY - 520-621-7211			
	327 FORBES BUILDING, UNIVERSITY OF ARIZONA, TUCSON, AZ 85721			

Form 990 (2014)

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.

X Check this box if neither the organization r	or any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Position			one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	_			1)/ ii us	1	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099***********************************	organization	
	organizations	truste	Institutional trustee		yee	ımpeı		(** =* ** = * * * * * * * * * * * * * *		and related	
	below	idual	tution	-e	Key employee	est co loyee	Je.			organizations	
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Form				
(1) ERIKA DERMA	1.00										
TRUSTEE		Х						0.	0.	0.	
(2) CARLIE LARSEN	2.00										
TRUSTEE		Х						0.	0.	0.	
(3) BRIAN NEWBREY	2.00										
TRUSTEE		Х						0.	0.	0.	
(4) EMILY VANCE	2.00										
TRUSTEE		Х						0.	0.	0.	
(5) DOUG WRIGHT	8.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(6) DENISE WARKOMSKI	2.00								_	_	
PRESIDENT		Х		Х				0.	0.	0.	
(7) MIKE BRADLEY	2.00								_	_	
VICE PRESIDENT		Х		Х				0.	0.	0.	
(8) MATT BALLER	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(9) RICK YNGVE	2.00	l		l							
TREASURER		Х		Х				0.	0.	0.	
		1									
		-									
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		-									
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Form **990** (2014)

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Form 990 (2014) C/O UNIVE							-1.0	Name and add Francisco	23-70	1833	84	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box,	not c	Pos heck ss pe	ition more rson		one h an tee)	(D) Reportable	es (continued) (E) Reportable compensation from related organizations (W-2/1099-MIS	5	Estimamou oth compe from organiand re-	mated unt of her ensation in the dization elated zations
1b Sub-total c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)							>	0.		0.		0.
 Total number of individuals (including but no compensation from the organization 							no r	eceived more than \$100),000 of reportabl	e		
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete the properties of the properti	uch individual m of reportab 0,000? If "Yes, ccrue comper	 le co " <i>coi</i> nsati	ompe mple	ensa ete S rom	atior Sche	n and edule	d ot J i elat	her compensation from for such individual ted organization or indiv	the organization		3 4 5	x X
Section B. Independent Contractors		al a .a a							\$100,000 of com		f	
1 Complete this table for your five highest cor the organization. Report compensation for t										pensat	uon tror	ш
(A) Name and business	-		ONE					(B) Description of s		Co	(C) mpensa	ation

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

C/O UNIVERSITY OF ARIZONA Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·	j	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
ts s	1	a Federated campaigns	1a					
iran Oun		b Membership dues						
اغ ق		c Fundraising events						
ij je		d Related organizations	·····					
B,G		e Government grants (contributi	·····					
Sign		f All other contributions, gifts, grant	· -					
le Ei		similar amounts not included above		263,242.				
호텔		g Noncash contributions included in lines		200,2121				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f			263,242.			
<u> </u>		Total / tad iii lee Ta Ti		Business Code				
o l	2	a COUNTY 4-H EVEN	TS	900099	421,613.	421,613.		
Š	_	b MANAGEMENT FEE		900099	486.	486.		
Ser				300033	1001	1001		
E S		d						
Reg								
Program Service Revenue		All other program corrigo rayo						
		f All other program service reve g Total. Add lines 2a-2f			422,099.			
$\overline{}$	3				12270331			
	3	other similar amounts)			37.			37.
	4	Income from investment of tax		371			1 374	
	5	Royalties						
	3	noyalties	(i) Real	(ii) Personal				
	6	• Cross rents	(i) Real	(ii) Personai				
		a Gross rents						
		b Less: rental expensesc Rental income or (loss)						
		d Net rental income or (loss)						
	′	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		b				
ine	8	a Gross income from fundraising	•					
Other Reven		including \$	of					
Re		contributions reported on line	=	213,709.				
Je		Part IV, line 18		96,267.				
₹		b Less: direct expenses		30,207.	117 //2			117 //2
		c Net income or (loss) from fund		P	117,442.			117,442.
	9	a Gross income from gaming ac		30,461.				
		Part IV, line 19		6,955.				
		b Less: direct expenses			23,506.			23,506.
		c Net income or (loss) from gam	-	D	23,300.			23,300.
	10	a Gross sales of inventory, less		737,854.				
		and allowances		508,467.				
		b Less: cost of goods sold		-	229,387.	229,387.		
		c Net income or (loss) from sales			229,307.	229,301.		
ŀ		Miscellaneous Revenu		Business Code 900099	322.	322.		
			TO NITIOE	300033	344•	344•		
		b						
		C						
		d All other revenue			322.			
		e Total. Add lines 11a-11d			1,056,035.	651,808.	0.	140,985.
43200 11-07-	12	Total revenue. See instructions.			±,030,033•	OJI,000.	U •	
11-07-	14							Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 72,870. 72,870. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 46,800. 46,800. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 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 _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 9,000. 9,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 23,374 17,531. 5,843. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,265. 4,076. 1,189. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 903,051. 903,051. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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** 4,183. 3,010. 1,173. С All other expenses 1,064,543. 1,022,721. 33,617. 8,205. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2014)

Form 990 (2014)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,430,705.	1	1,561,504
2	Savings and temporary cash investments	46,976.	2	49,927
3	Pledges and grants receivable, net	195.	3	0
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other		9	
104	basis. Complete Part VI of Schedule D 10a			
Ь	· · · · · · · · · · · · · · · · · · ·		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,356,409.	12	2,066,946
13	Investments - program-related. See Part IV, line 11	2,330,403.	13	2,000,540
14			14	
	Intangible assets Other coacts See Part IV line 11	248,798.	15	263,142
15	Other assets. See Part IV, line 11	4,083,083.	16	3,941,519
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,005,005		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17	Accounts payable and accrued expenses		17 18	
18 19	Grants payable		19	
	Deferred revenue			
20	Tax-exempt bond liabilities		20 21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.		00	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	234,793.		249,105
	Schedule D	234,793.	25	249,103
26	Total liabilities. Add lines 17 through 25	234,133.	26	249,10
,	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
97	•	1,371,759.	27	1,489,202
27 28 29 30 31 32	Unrestricted net assets	210,046.	28	187,289
28	Temporarily restricted net assets	2,266,485.	29	2,015,923
29	Permanently restricted net assets	2,200,403.	29	2,013,723
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.		00	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	2 0/0 200	32	2 602 414
33	Total net assets or fund balances	3,848,290.	33	3,692,414
34	Total liabilities and net assets/fund balances	4,083,083.	34	3,941,519

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 -	1,05	<u>6,0</u>	35.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,06				
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,508 3,848,290				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	-14	7,3	68.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) 10 3						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2014)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

ARIZONA 4-H YOUTH FOUNDATION Emplo

C/O UNIVERSITY OF ARIZONA

Employer identification number 23-7083384

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 C/O UNIVERSITY OF ARIZONA

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	119,421.	359,396.	208,475.	497,461.	263,242.	1,447,995.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	119,421.	359,396.	208,475.	497,461.	263,242.	1,447,995.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						281,175.
6	Public support. Subtract line 5 from line 4.						1,166,820.
	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	119,421.	359,396.	208,475.	497,461.	263,242.	1,447,995.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,208.	595.	73.	50.	37.	3,963.
9	Net income from unrelated business	-					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	556.					556.
11	Total support. Add lines 7 through 10						1,452,514.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,713,432.
	First five years. If the Form 990 is for						· · · · · ·
	organization, check this box and stor	- hava			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, c	column (f))		14	80.33 %
	Public support percentage from 2013					15	72.76 %
	33 1/3% support test - 2014. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2013. If the						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		·		•		ightharpoons
18	Private foundation. If the organization		•	•	,		s
				,,		edule A (Form 990	

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

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

Sec	etion A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	- Cu		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
			
	5b 5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9c		
	46		
	10a		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	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 y ₁ how the supported organization(s) effectively operated, supervised, or			
	· · · · · · · · · · · · · · · · · · ·			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 year (see instructions):	,		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	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			
	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. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	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 $P_{art\ VI}$ the role played by the organization in this regard.	3b		

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 C/O UNIVERSITY OF ARIZONA

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.		
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year	
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 C/O UNIVERSITY OF ARIZONA

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accom	plish exe	empt purposes		
2	Amounts paid to perform activity that directly furthe	rs exem	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	ns			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	Other distributions (describe in Part VI). See instruc	tions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6	6			
10	Line 8 amount divided by Line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	 S			
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014	1, if			
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract line	es 3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines	3j			
	and 4c.				
8	Breakdown of line 7:				
a					
b					
C					
	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

ARIZONA 4-H YOUTH FOUNDATION

Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Schedule A (Form 990 or	990-EZ) 2014 C/O (JNIVERSITY O	F ARIZONA		23-7083384 Page 8
Also complete this part for any additional information, (See instructions).	Part VI Suppleme	ental Information.	Provide the explanation	is required by Part II, lii	ne 10; Part II, line 17a oi	17b; and Part III, line 12.
	Also complet	te this part for any addit	ional information. (See	instructions).		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

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

Employer identification number

23-7083384

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
ARIZONA 4-H YOUTH FOUNDATION
C/O UNIVERSITY OF ARIZONA

Employer identification number

23-7083384

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$6,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
4	Name, address, and ZIP + 4	- \$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$10,750.	Person X Payroll

Name of organization

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

Employer identification number

23-7083384

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

Name of organization ARIZONA 4-H YOUTH FOUNDATION Employer identification number

C/O UNIVERSITY OF ARIZONA

23-7083384

art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	ributions to organizations describe columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 following line entry. For organizations			
	Use duplicate copies of Part III if addition	al space is needed.	or less for the year. (Enter this into, once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferrado nomo addresa	(e) Transfer of gi				
-	Transferee's name, address, a	10 ZIF + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(a) Turnsfou of m				
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee			
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- .						
		(e) Transfer of gi	er of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-		(e) Transfer of gi	gift			
	Transferee's name, address, a		Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form9900

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 23-7083384

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
Pa			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		\$

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

_	t III Organizations Maintaining C	ollections of Ar		easures, or Oth	er Sin	nilar Asse	ts/contin	ued)
			-				•	
Ū	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	Public exhibition d Loan or exchange programs							
b	Scholarly research Country research Country research Country research Country research Country research							
C	Preservation for future generations	Č						
4	Provide a description of the organization's co	allections and explain	how they further th	ne organization's ex	emnt ni	ırnose in Par	+ XIII	
5	During the year, did the organization solicit or						t Am.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par		ito ii ti lo organizatioi	Tanoworda 100 to	31 01111	,00,1 41111,1		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	t includ	ed		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				00	
~	Too, explain the arrangement in arrains	and complete the for	iowing table.				Amount	
c	Beginning balance				10	:	7 11110 01111	
	Additions during the year				⊢			
	Distributions during the year							
	Ending balance				···· 1			
	Did the organization include an amount on Fo				∟		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				•			
Pai								
	·	(a) Current year	(b) Prior year	(c) Two years back	1	ee years back	(e) Four	years back
1a	Beginning of year balance	2,566,455.	2,465,648.	2,362,329.	· ,	2,202,031.		988,251.
	Contributions	11,187.	77,331.	71,060.		167,184.		26,075.
	Net investment earnings, gains, and losses	-187,042.	106,458.	114,773.	1	103,831.	 	246,224.
	Grants or scholarships	46,800.	40,400.	39,900.		20,250.		26,000.
	Other expenditures for facilities	,	,	,		,		
_	and programs	89,232.	42,582.	42,614.		90,467.		32,519.
f	Administrative expenses	,	,	•		· ·		
g	End of year balance	2,254,568.	2,566,455.	2,465,648.	2	2,362,329.	2,	202,031.
2	Provide the estimated percentage of the curr				1		· · · ·	
а	Board designated or quasi-endowment	3.00	%	,,,				
	Permanent endowment ► 89.00	%	_^-					
		8.00 %						
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses	•	ation that are held a	nd administered for	the orga	anization		
	by:	· ·			Ü		Γ	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" to Form 990,	, Part IV, line 11a. Se	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or ot			Accumu		(d) Book	value
		basis (investm	nent) basis (other) de	epreciat	ion		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B), line 1	0c.)				0.

Schedule D (Form 990) 2014 C/O UNIVERS	ITY OF ARIZON	A 23-7083384 Page
Part VII Investments - Other Securities.		<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GUARANTEED INVESTMENT		
(B) CONTRACT	2,066,946.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,066,946.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	14,037.
(2) INTERFUND RECEIVABLES	249,105.
(3)	
(4)	
(5)	
(7)	
(8)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	≥ 263,142.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	INTERFUND PAYABLES	249,105.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	249,105.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Deat VI Decree 211-11-1-1 C/O CIVIL DITT OF TITELON		25 7005504 Page 4			
Part XI Reconciliation of Revenue per Audited Financial State		r Heturn.			
Complete if the organization answered "Yes" to Form 990, Part IV, line		1			
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 		·· •			
a Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d		2e			
3 Subtract line 2e from line 1		3			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b		- I			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial States					
		er neturn.			
Complete if the organization answered "Yes" to Form 990, Part IV, line		1			
Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:		1			
a Donated services and use of facilities	2a				
b Prior year adjustments					
c Other losses					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d	·	2e			
3 Subtract line 2e from line 1					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	<u>)</u>	5			
	Doubly lines the and Ob. Doubly lin	no 4. Doub V. line O. Doub VI			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		ne 4; Part X, line 2; Part XI,			
illies 20 and 45, and Fart All, lines 20 and 45. Also complete this part to provide any	additional information.				
PART V, LINE 4:					
PERMANENT ENDOWMENT FUNDS ARE INVESTED IN	PERPETUITY TO PRO	OVIDE A			
DEDMANEUM COUDCE OF INCOME FOR FOUNDAMION		DOODAM GUDDODE			
PERMANENT SOURCE OF INCOME FOR FOUNDATION	OPERATIONS AND PR	ROGRAM SUPPORT.			
TERM ENDOWMENT FUNDS ARE UTILIZED FOR THE	PURPOSES INTENDED	O BY THE DONOR			
TERM ENDOWMENT FONDS ARE OTTELLED FOR THE	TORTOBED INTENDED	D DI THE DONOR.			
PART X, LINE 2:					
FINANCIAL STATEMENTS FIN 48 (ASC 740) FOOT	NOTE:				
THE FOUNDATION IS EXEMPT FROM FEDERAL INCO	ME TAXES UNDER SE	ECTION 501(C)(3)			
OF THE INTERNAL REVENUE CODE. THE FOUNDAT	TON IS ALSO EXEME	PT FROM STATE			
TNCOME MAYER ACCORDINGLY NO DROWLETON T	C MADE EOD INCOM	P MAYEC IN MILE			
INCOME TAXES. ACCORDINGLY, NO PROVISION I	D HADE FOR INCOME	E TAVES IN LUE			
FINANCIAL STATEMENTS. INCOME FROM CERTAIN	I ACTIVITES NOT I	TRECTLY RELATED			
FINANCIAL STATEMENTS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED					
TO THE FOUNDATION'S TAX-EXEMPT PURPOSE, HO	WEVER, MAY BE SUF	BJECT TO			
432054 10-01-14		Schedule D (Form 990) 2014			

ARIZONA 4-H YOUTH FOUNDATION 23-7083384 Page 5 C/O UNIVERSITY OF ARIZONA Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued) TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI). MANAGEMENT IS NOT AWARE OF ANY MATTERS WHICH WOULD CAUSE THE FOUNDATION TO JEOPARDIZE ITS TAX-EXEMPT STATUS. GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES. THE FOUNDATION IS ONLY SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME (UBTI). AS A RESULT, THE FOUNDATION IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS. MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD.

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

ZU 14

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA Employer identification number 23-7083384

•						
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

	ARIZ	IONA 4-H YOUTH	FOUNDATION			
Schedule G	G (Form 990 or 990-EZ) 2014 C/O	UNIVERSITY OF A	ARIZONA	23-	7083384 Page	
Part II Fundraising Events. Complete if the organization answered "Yes" to 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						
		(a) Event #1	(b) Event #2	(c) Other events		

		3	-	, LE, 111100 1 arra 00: Elot	evente with groot receip	ots greater than \$5,000.	
			(a) Event #1 COUNTY EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
a)			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	213,709.			213,709.	
_	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	213,709.			213,709.	
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Jirect I	7	Food and beverages					
]	8	EntertainmentOther direct expenses				96,267.	
	10	Direct expense summary. Add lines 4 through			>	96,267.	
	11	Net income summary. Subtract line 10 from li	ine 3, column (d))	117,442.	
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	ı	() Dull tobe (instant		(n =	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue			30,461.	30,461.	
ses	2	Cash prizes					
Expen	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses			6,955.	6,955.	
	6	Volunteer labor	Yes % No	Yes % No	X Yes 100.00 % No		
	7 Direct expense summary. Add lines 2 through 5 in column (d) 6 , 955.						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	23,506.	
а	Is t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain: ARIZONA PERMITS ARAGRAPH 4, TO CONDUCT	ctivities in each of these ORGANIZATION	states? S EXEMPT UND	ER ARS 43-12		
	L	ICENSE IS NOT REQUIRED.					
		ere any of the organization's gaming licenses re Yes," explain:	•	_		Yes X No	

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Schedule G (Form 990 or 990-EZ) 2014

ARIZONA 4-H YOUTH FOUNDATION

Sch		7083384	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No 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	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	1 11 0 0	
	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	X 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 \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ▶ N/A		
	Gaming manager compensation ▶ \$		
	<u></u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	… └── Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10	0b, 15b,
			_

ARIZONA 4-H YOUTH FOUNDATION

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

ARIZONA 4-H YOUTH FOUNDATION

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

C/O UNIVE	RSITY OF	ARIZONA					23-7083384
Part I General Information on Grants a	and Assistance					•	
Does the organization maintain records criteria used to award the grants or ass	stance?						
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1		1	•
3 Enter total number of other organization							

ARIZONA 4-H YOUTH FOUNDATION

Schedule I (Form 990) (2014) C/O UNIVERSITY OF ARIZONA

23-7083384

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	38	46,800.	0.		
Part IV Supplemental Information. Provide the information re		e 2, Part III, column	l ı (b), and any other a	l dditional information.	
PART I, LINE 2:					
SCHOLARSHIPS ARE PAID DIRECTLY TO	THE COLL	EGE OR UNI	VERSITY AT	TENDED BY THE	
RECIPIENT. ANY UNUSED FUNDS ARE	RETURNED	TO THE FOU	UNDATION.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 23-7083384

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

MORE THAN 9,000 ARIZONA YOUTH ARE ENROLLED MEMBERS OF 4-H COMMUNITY THEY ARE SUPPORTED BY MORE THAN 2,000 ADULT VOLUNTEER CLUBS IN ARIZONA. 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) (2014)

Name of the organization ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA

Employer identification number 23-7083384

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

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

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

EXPENSES, AND ASSETS OF THESE CLUBS AND AFFILIATED ORGANIZATIONS ARE

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

ORGANIZATIONS IS ATTACHED TO THIS RETURN.

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

DOUG WRIGHT AND EMILY VANCE ARE BROTHER AND SISTER.

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

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

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

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

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

AFTER EXERCISING DUE DILIGENCE, THE BOARD OF DIRECTORS SHALL DETERMINE

Name of the organization ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA	Employer identification number 23-7083384
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 ADVAN	TAGEOUS
TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, TH	E DIRECTORS SHALL
DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTO	RS WHETHER TO
ENTER INTO THE TRANSACTION OR ARRANGEMENT WITH THE INTERE	STED PERSON.
IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE	A DIRECTOR HAS
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERE	ST, IT SHALL
INFORM THE DIRECTOR OF THE BASIS FOR SUCH BELIEF AND AFFO	RD THE DIRECTOR AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	IF, AFTER HEARING
THE DIRECTOR'S RESPONSE AND AFTER MAKING FURTHER INVESTIG	ATION AS WARRANTED
BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS DETERMINES T	HE DIRECTOR HAS
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTE	REST, IT SHALL
TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	IAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMEN	TS ARE ALSO
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	

Arizona 4-H Youth Foundation EIN 27-7083384 Clubs and Affiliated Organizations Included In Form 990 Tax Year Ending September 30, 2015

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Apache County 4-H Livestock	32-0363214	PO Box 369	St. Johns	AZ	85939-0369	130,536.11	53,385.07
Concho 4-H Shooting Sports	35-2431448	PO Box 369	St. Johns	AZ	85939-0369	4,400.00	6,755.51
Southern Apache County 4-H Leaders Council	36-4718926	PO Box 369	St. Johns	AZ	85939-0369	8,001.19	6,358.68
Cochise County 4-H Council	86-0841746	450 S. Haskell Ave.	Willcox	AZ	85643-2790	305,122.65	109,937.27
Center for Academic Success	26-4714661	450 S. Haskell Ave.	Willcox	AZ	85643-2790	· -	, -
Cochise County 4-H Teen Council	42-1755643	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	-
Double Adobe 4-H	86-0643484	450 S. Haskell Ave.	Willcox	AZ	85643-2790	113.00	520.96
Douglas City 4-H	86-0450092	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	123.06
Elfrida	32-0431595	450 S. Haskell Ave.	Willcox	AZ	85643-2790	3,119.99	514.86
Kansas Settlement 4-H	86-0503057	450 S. Haskell Ave.	Willcox	AZ	85643-2790	-	257.13
San Pedro Spirits 4-H	86-0782409	450 S. Haskell Ave.	Willcox	AZ	85643-2790	5,765.50	6,010.12
San Pedro Trailblazers	86-0851408	450 S. Haskell Ave.	Willcox	AZ	85643-2790	550.30	684.39
San Simon Roadrunners 4-H	86-0787014	450 S. Haskell Ave.	Willcox	AZ	85643-2790	1,626.28	529.37
St David 4-H	26-0058810	450 S. Haskell Ave.	Willcox	AZ	85643-2790	25.32	442.05
Stewart District 4-H	86-0817116	450 S. Haskell Ave.	Willcox	AZ	85643-2790	2,745.74	3,159.14
Stronghold 4-H	13-4348236	450 S. Haskell Ave.	Willcox	AZ	85643-2790	2,586.49	1,479.44
Tombstone 4-H	37-1718030	450 S. Haskell Ave.	Willcox	AZ	85643-2790	681.08	175.62
Cataract 4-H Club	32-0342952	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	7,391.61	5,206.35
Cinder Hillbillies	86-0932480	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	14,488.25	10,322.02
Bits n' Bridles	36-4805147	2305 N. 3rd Street	Flagstaff	AZ	86004-3606	918.73	616.94
Coconino 4-H Leaders Council	86-0695834	2304 N. 3rd Street	Flagstaff	AZ	86004-3605	7,152.08	9,036.03
Lake Powell 4-H	26-0077594	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	-	177.74
Page 4-H Club	30-0720613	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	3,466.35	7,122.49
Parks in the Pines 4-H Club	26-0208874	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	1,880.50	357.66
Peaks View 4-H	37-1638725	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	2,426.84	1,589.18
Ponderosa Pines 4-H Club	37-1638926	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	809.91	2,714.46
Williams Mountaineers 4-H Club	86-1023880	2304 N. 3rd Street	Flagstaff	ΑZ	86004-3605	888.98	506.25
Gila County 4-H Leaders Council	86-6090078	PO Box 2844	Payson	ΑZ	85547-2844	72,537.83	71,285.82
Northern Gila County Community Club	46-3995937	PO Box 2844	Payson	ΑZ	85547-2844	25,806.89	10,158.93
Pleasant Valley Community	52-7967834	PO Box 2844	Payson	AZ	85547-2844	21.70	325.09
Young Riders	26-2443369	PO Box 2844	Payson	AZ	85547-2844	-	-
Graham County 4-H	35-2382056	PO Box 127	Solomon	AZ	85551-0127	35,831.05	44,650.24
Duncan Community 4-H Club	38-3856199	1684 Fairgrounds Rd.	Duncan	AZ	85534	420.00	3,057.66
Greenlee County 4-H Council	81-0608250	1684 Fairgrounds Rd.	Duncan	AZ	85534	11,312.17	27,557.91
Mighty Mountain Kids 4-H Club	36-4749728	1684 Fairgrounds Rd.	Duncan	ΑZ	85534	2,165.58	1,455.47
Best 'n Better	86-0806141	PO Box 3485	Parker	ΑZ	85344-3485	770.00	437.28
La Paz 4-H Leaders Council	86-0536255	PO Box 3485	Parker	ΑZ	85344-3485	4,742.79	6,036.07
Lower 40	86-0913214	PO Box 3485	Parker	AZ	85344-3485	3,344.70	2,418.47
McMullen Valley	86-0933078	PO Box 3485	Parker	AZ	85344-3485	10,230.50	10,900.87
Arizona Explorers 4-H	38-3818966	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	4,172.38	3,265.91
Barn Buddies 4-H	26-3888716	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,813.11	869.81
Beep Patrol 4-H	38-3857737	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	823.60	536.71

Arizona 4-H Youth Foundation EIN 27-7083384 Clubs and Affiliated Organizations Included In Form 990 Tax Year Ending September 30, 2015

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Buckeye 4-H Livestock	86-0970203	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	2,983.00	962.72
Buckeye Valley Community	26-1183446	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Buena Vista Mavericks 4-H	20-4791721	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	8,397.94	4,283.60
Desert Hills Growing & Showing	35-2465960	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Desert Hills Wranglers 4-H	26-0085875	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	289.00	462.01
Diamonds in the Ruff	52-2389523	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	720.00	124.67
Eastern Edge 4-H	80-0643407	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	297.46	365.93
Eastside Kids 4-H	32-0092723	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	261.17
Estrella Mountain 4-H	27-1470908	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807		3.64
Firebird	35-2333862	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,508.38	1,613.48
Green Team	37-1637175	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	1,263.70	-
Kings Victory Farm 4H	32-0397736	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	225.00	128.80
Laveen 4-H Swine	26-1083747	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	3,226.00	1,538.18
Laveen Elite	86-0859221	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	-	-
Laveen Pathfinders 4-H	86-0832512	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	540.00	954.90
Lehi 4-H	35-2350434	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	1,162.00	1,629.85
Lehi Horse 4-H	45-3534113	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	1,682.00	1,526.11
Maricopa 4-H Cloggers	23-7083384	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,173.00	1,185.51
Maricopa County 4-H Dog Committee	46-3563765	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,023.50	2,048.64
Maricopa County 4-H Horse Committee	86-0830803	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	10,850.22	41,370.57
Maricopa County 4-H Livestock Committee	86-0849485	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	1,354.58	16,238.06
Maricopa County 4-H Teen Association	86-0830805	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	818.25	1,578.06
North Glendale 4-H	20-5842610	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	-	-
Odyssey 4-H	46-0893565	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	5,166.03	3,587.80
Queen Creek	91-2199097	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	19,449.75	3,477.56
Regulator's 4-H Livestock	91-2199097	4341 E. Broadway Rd.	Phoenix	ΑZ	85040-8807	1,547.00	95.31
Rio Verde	30-0347221	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	301.44	249.29
SanTan 4-H Club	46-1792409	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	1,545.00	1,617.80
Scottsdale Hot Diggity Dogs	47-2120212	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	305.22	104.02
Tumbleweeds	80-0265629	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	470.50
Waddell Hoofprints 4-H	26-0035166	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,972.48	1,843.62
Way Out West Livestock 4-H	32-0560678	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Western Spurs 4-H	61-1694714	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	2,736.94	582.92
Zoo Crew 4-H	38-3800973	4341 E. Broadway Rd.	Phoenix	AZ	85040-8807	-	-
Bent Bucket Bunch 4-H Club	26-0082640	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	47.16
Black Mt 4-H	51-0576991	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	-
Buck-N-Doe 4-H	86-0763017	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	16,302.67	789.25
Cactus Critters 4-H	86-0669993	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	1,813.65	714.16
Cedar Hill	86-1015136	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	671.33	17.11
Desert Gallopers 4-H Club	47-2221915	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	1,505.40	1,153.40
Fancy Feathers and Furs	32-0001324	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	93.92
Green River 4-H Club	35-2403294	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	-	-

Arizona 4-H Youth Foundation EIN 27-7083384 Clubs and Affiliated Organizations Included In Form 990 Tax Year Ending September 30, 2015

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Interstate Exchange 4-H Club	86-0755286	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	18,370.93	13,018.90
Jolly Ranchers 4-H Club	45-4899694	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	-	-
Mavericks 4-H Club	32-0451607	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	2,877.37	1,700.22
Mohave Co 4-H Leaders Council	94-2503733	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	260,615.38	253,437.42
Mohave Rebels 4H	38-3916934	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	3,316.14	898.92
Mohave Sharp Shooters	90-0012792	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	0.36	1,124.66
Our World 4-H Club (DBA BlueWater)	80-0533165	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	120.97	-
Stockton Hill Herd 4-H	27-0133889	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	1,534.00	12.34
Thundering Hooves 4-H Club	20-8020335	101 E. Beale St., Suite A	Kingman	ΑZ	86401-5808	1,083.72	446.75
Wranglers	46-0593457	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	270.37	1,341.81
All Seasons 4-H	37-1692645	PO Box 668	Holbrook	AZ	86025-0668	2,408.75	1,130.47
Linden Dusters Horse 4-H Club	83-0498737	PO Box 668	Holbrook	AZ	86025-0668	4,591.00	1,925.54
Malapai 4-H Club	76-0841810	PO Box 668	Holbrook	AZ	86025-0668	-	409.63
Mountain Wranglers 4-H Club	32-0392534	PO Box 668	Holbrook	AZ	86025-0668	-	287.00
Rodeo Trash 4-H Horse Club	38-3833308	PO Box 668	Holbrook	AZ	86025-0668	2,960.00	2,660.00
Seba Dalkai Frontiers	01-0921589	PO Box 668	Holbrook	AZ	86025-0668	3,513.86	100.33
White Mountain 4-H	27-2131506	PO Box 668	Holbrook	AZ	86025-0668	-	-
Arivaca 4-H Club	86-0812436	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	1,800.00	863.90
Arizona Assoc. of Ext 4-H Agents (Kirk Astroth)	32-0471123	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	420.89	36,792.47
Blazing Caballos	35-2281786	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	-	456.67
Catalina Mountaineers	86-1040633	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	5,333.75	907.42
Collegiate 4-H Club	61-1693589	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	1,617.50	1,904.89
Crazy Heart Riders	46-1008460	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	-	207.77
El Chaparral	86-1010653	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	4,050.00	1,118.27
Little Rascals	86-0617696	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	4,456.00	1,474.89
Littletown Ranchers	20-3617912	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	7,101.79	2,084.56
Marana Stockmen	86-0591017	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	-	-
Northwest Outriders	57-1186271	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	7,417.00	1,729.66
Northwest Tucson Trailblazers 4-H	35-2486547	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	511.00	291.75
Paws for the Cause	06-1835369	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,478.90	4,685.17
Pima County 4-H Executive Council	86-6053430	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	48,366.36	74,035.97
Pima County 4-H Horse Advisory Board	86-0891368	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	39,538.98	34,325.00
Pima County Pathfinders	86-1019163	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	-
Pusch Ridge Riders	86-0598373	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	9,784.00	9,232.88
Rillito Riders	86-0689570	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	940.73	1,535.20
Sahuarita Community	54-2161634	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	8.004.19	4.319.26
Santa Rita Settlers	71-0921776	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	-	- 1,010.20
Sierrita Mountain Livestock	86-0468561	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	4,128.13	1,927.61
Silver Spurs 4-H Club	86-0891368	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	5,325.03	1,445.51
Silverbell Riders	86-0818676	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	9,805.30	446.66
Sombrero Peak	42-1549663	4210 N. Campbell Ave.	Tucson	AZ	85719-1109	3,110.00	2,445.30
South East Ranchers	26-3092649	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	2.823.24	1,764.86
Count Last Italionors	20 0002040	12 TO TH. Gampbell Ave.	1 403011	, _	307 10-1103	2,020.24	1,707.00

Arizona 4-H Youth Foundation EIN 27-7083384 Clubs and Affiliated Organizations Included In Form 990 Tax Year Ending September 30, 2015

Star Pass Riders	Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Sunksik Riders 80-0848738 4210 N. Campbell Alve. Tucson AZ 85719-1109 1,604.00 555.85	Star Pass Riders	86-0744757	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	330.00	669.92
Sunset Riders Sep-0741399 4210 N. Campbell Ave. Tucson AZ 85719-1109 1,604.00 555.85	Sundowners	86-0594126	4210 N. Campbell Ave.	Tucson		85719-1109	887.39	4.35
Sweetwater Ritling Team	Sunkist Riders	80-0848738	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	898.37	-
Tanque Verde Community Club		86-0741399	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	1,604.00	555.85
Tangue Verde Livestock	Sweetwater Riding Team	27-0996308	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	612.00	219.39
Time Homesteaders	Tanque Verde Community Club	27-2305373	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	4,625.00	1,752.92
Triple SAE	Tanque Verde Livestock	86-0472466	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	0.64	2,593.58
Tucson Village Farm	Tierra Homesteaders	75-3237193	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	5,022.75	444.48
Vali Community 4+l Club 44-0809220 4210 N. Campbell Ave. Tucson AZ 85719-1109 1,900.59 298.59 Vali Vaqueros 84-1571916 4210 N. Campbell Ave. Tucson AZ 85719-1109 4,850.11 2,071.74 Whestone Ranchers 90-0403847 4210 N. Campbell Ave. Tucson AZ 85719-1109 300.60 300.60 Wirightstown Wranglers 86-1001770 4210 N. Campbell Ave. Tucson AZ 85719-1109 300.60 300.60 Bella Vista 77-064899 820 E. Cottonwood Lane, Bidg. C Casa Grande AZ 85122-2726 1,694.34 2,382.05 Casa Grande Lambchops 4-H Club 45-4631833 820 E. Cottonwood Lane, Bidg. C Casa Grande AZ 85122-2726 1,694.34 2,382.05 Country Kickers 4-H 35-2512700 821 E. Cottonwood Lane, Bidg. C Casa Grande AZ 85122-2726 9,075.73 1,690.14 Kearny Koyotes 86-1017424 820 E. Cottonwood Lane, Bidg. C Casa Grande AZ 85122-2726 6,072.03 2,678.06 M	Triple S&E	22-3872196	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	3,362.44	2,534.95
Vall Vaqueros 84-1571916 4210 N. Campbell Ave. Tucson AZ 85719-1109 300.60 30	Tucson Village Farm	45-4198512	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	-	-
Whetstone Ranchers 90-0403847 4210 N. Campbell Ave. Tucson AZ 85719-1109 300.60 300.60 Wrightstown Wranglers 86-1001770 4210 N. Campbell Ave. Tucson AZ 85719-1109 2 2,480.34 714.12 Big Shots 32-0197686 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 1,694.34 2,362.05 Coslidge Clovers 20-5880505 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 36.06.75 1,650.14 Country Kickers 4-H 20-5880505 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 906.75 1,650.14 Country Kickers 4-H 20-5880505 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 906.75 1,650.14 Country Kickers 4-H 20-5881668 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 6,072.03 2,678.06 Kearny Koyotes 86-1041304 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 6,072.03 2,678.06 </td <td>Vail Community 4-H Club</td> <td>46-0809220</td> <td>4210 N. Campbell Ave.</td> <td>Tucson</td> <td>ΑZ</td> <td>85719-1109</td> <td>1,900.59</td> <td>298.59</td>	Vail Community 4-H Club	46-0809220	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	1,900.59	298.59
Wrightstown Wranglers 86-1001770 4210 N. Campbell Ave. Tucson AZ 85719-1109 -	Vail Vaqueros	84-1571916	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	4,850.11	2,071.74
Bella Vista 77-0645939 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 2,480.34 714.125 32-0157686 32-0197686 32-0197686 32-0197686 32-0197686 32-015	Whetstone Ranchers	90-0403847	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	300.60	300.60
Big Shots 32-0197686 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 3.2.00 49.3.50	Wrightstown Wranglers	86-1001770	4210 N. Campbell Ave.	Tucson	ΑZ	85719-1109	-	-
Casa Grande Lambchops 4-H Club 45-4631833 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 32.00 493.50 Coolidge Clovers 20-50805055 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-27726 906.75 1,650.14 Country Kickers 4-H 35-2512700 821 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-27726 906.75 1,650.14 Desert Horses of the Southwest: 26-1108686 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-27726 6,072.03 2,678.06 Kearny Koyotes 86-1041304 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 6,072.03 2,678.06 Maricopa Trailblazers 86-101724 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 771.50 221.02 Pinal County 4-H Advisory Council 20-5471693 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122-2726 771.50 221.02 Valley Farmers 4-H Club 86-1039255 820 E. Cottonwood Lane, Bldg, C Casa Grande AZ 85122	Bella Vista	77-0645939	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	2,480.34	714.12
Coolidge Clovers	Big Shots	32-0197686	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	1,694.34	2,362.05
Country Kickers 4-H 35-2512700 821 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2727 4,373.00 941.86	Casa Grande Lambchops 4-H Club	45-4631833	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	32.00	493.50
Desert Horses of the Southwest:	Coolidge Clovers	20-5080505	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	906.75	1,650.14
Desert Horses of the Southwest:	•	35-2512700		Casa Grande	ΑZ	85122-2727	4,373.00	941.86
Maricopa Rattlers 20-8837543 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - 162.63 Maricopa Trailblazers 86-1017724 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 771.50 221.02 Pinal County 4-H Advisory Council 20-5471693 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 44,743.27 49,859.01 Superstition Mountain 86-1039255 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - Valley Farmers 4-H Club 20-1718798 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - Arizona State 4-H Horse Committee 47-1168812 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - 196.38 Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85122-2726 2,550.33 7,564.47 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16<	Desert Horses of the Southwest:	26-1108686	<u> </u>	Casa Grande	ΑZ	85122-2726	1,623.65	-
Maricopa Trailblazers 86-1017724 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 771.50 221.02 Pinal County 4-H Advisory Council 20-5471693 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 44,743.27 49,859.01 Superstition Mountain 86-1039255 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - Tri-Valley. 26-0760768 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - Valley Farmers 4-H Club 20-1718798 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - - - Arizona State 4-H Horse Committee 47-1169812 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 22,560.33 7,564.47 Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51	Kearny Koyotes	86-1041304	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	6,072.03	2,678.06
Pinal County 4-H Advisory Council 20-5471693 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 44,743.27 49,859.01	Maricopa Rattlers	20-8837543	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	162.63
Pinal County 4-H Advisory Council 20-5471693 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 44,743.27 49,859.01	Maricopa Trailblazers	86-1017724	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	771.50	221.02
Superstition Mountain 86-1039255 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726	Pinal County 4-H Advisory Council	20-5471693	•	Casa Grande	ΑZ	85122-2726	44,743.27	49,859.01
Valley Farmers 4-H Club 20-1718798 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 - 196.38 Arizona State 4-H Horse Committee 47-1169812 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 22,560.33 7,564.47 Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51 San Rafael 37-1558838 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 <	Superstition Mountain	86-1039255	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	-
Arizona State 4-H Horse Committee 47-1169812 820 E. Cottonwood Lane, Bldg. C Casa Grande AZ 85122-2726 22,560.33 7,564.47 Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51 San Rafael 37-1558838 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 382.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott <td< td=""><td>Tri-Valley.</td><td>26-0760768</td><td>820 E. Cottonwood Lane, Bldg. C</td><td>Casa Grande</td><td>ΑZ</td><td>85122-2726</td><td>-</td><td>-</td></td<>	Tri-Valley.	26-0760768	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	-
Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51 San Rafael 37-1558838 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 4	Valley Farmers 4-H Club	20-1718798	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	-	196.38
Mustang 4-H Club 86-1009447 489 N. Arroyo Blvd. Nogales AZ 85621-2644 4,857.00 5,946.16 Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51 San Rafael 37-1558838 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 4	Arizona State 4-H Horse Committee	47-1169812	820 E. Cottonwood Lane, Bldg. C	Casa Grande	ΑZ	85122-2726	22,560.33	7,564.47
Rattlesnakes 42-1752645 489 N. Arroyo Blvd. Nogales AZ 85621-2644 70.23 361.51 San Rafael 37-1558838 489 N. Arroyo Blvd. Nogales AZ 85621-2644 2,965.34 2,046.22 Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Counci	Mustang 4-H Club	86-1009447	•	Nogales	ΑZ	85621-2644	4,857.00	5,946.16
Santa Cruz County Leaders 23-7083384 489 N. Arroyo Blvd. Nogales AZ 85621-2644 159,868.00 38,652.00 Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,0043.71 184,727.3	•	42-1752645	•	•	ΑZ	85621-2644	70.23	361.51
Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79 </td <td>San Rafael</td> <td>37-1558838</td> <td>489 N. Arroyo Blvd.</td> <td>Nogales</td> <td>ΑZ</td> <td>85621-2644</td> <td>2,965.34</td> <td>2,046.22</td>	San Rafael	37-1558838	489 N. Arroyo Blvd.	Nogales	ΑZ	85621-2644	2,965.34	2,046.22
Chino Valley Breakaway Latigos 4-H 20-3431096 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,298.93 1,621.18 Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79 </td <td>Santa Cruz County Leaders</td> <td>23-7083384</td> <td>489 N. Arroyo Blvd.</td> <td>•</td> <td>ΑZ</td> <td>85621-2644</td> <td>159,868.00</td> <td>38,652.00</td>	Santa Cruz County Leaders	23-7083384	489 N. Arroyo Blvd.	•	ΑZ	85621-2644	159,868.00	38,652.00
Lonesome Valley Wranglers 20-0430891 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 6,188.00 338.22 Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	•	20-3431096	•	•	ΑZ	86305-2318		,
Shamrock Hustlers 86-0941627 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,232.53 832.81 Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79		20-0430891		Prescott		86305-2318		338.22
Triangle 4-H Club 20-3431230 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 1,840.60 892.37 Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	, ,	86-0941627					,	832.81
Verde Valley 4-H 47-1816006 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 750.05 261.35 Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	Triangle 4-H Club	20-3431230		Prescott	ΑZ	86305-2318	,	892.37
Yavapai County Horse Committee 32-0307595 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,367.80 1,635.93 Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	•	47-1816006	, 3					
Yavapai County Leaders Council w/Trust Fund 32-0321405 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 3,706.17 184,727.36 Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	,	32-0307595	, 6					
Yavapai County 4-H 86-6086079 840 Rodeo Drive, Bldg. C Prescott AZ 86305-2318 36,043.71 56,471.79	·						· ·	,
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Desert Dogs 90-0208463 2200 W. 28th St., Suite 102 Yuma AZ 85364-6936 - 164.94			•				-	

Arizona 4-H Youth Foundation EIN 27-7083384 Clubs and Affiliated Organizations Included In Form 990 Tax Year Ending September 30, 2015

Club or Affiliated Organization	EIN#	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Desert Herdsmen	86-0678453	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	415.00	879.19
Desert Pride	20-5702981	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	1,635.00	508.14
Dome Valley	71-1011664	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	1,867.67	2,060.02
Gila Barn Busters	86-1030812	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	1,691.00	68.32
Hi-Award	86-0824289	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	1,160.00	128.98
Little Rascals	35-2401473	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	316.25	1,139.95
Mohawk Valley	26-1493251	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	3,818.10	345.94
Up & Coming	86-1023271	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	1,509.20	200.87
Yuma Moos	86-1015447	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	9,233.00	8,152.52
Yuma Mesa Jackrabbits 4-H Club	90-0126568	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	13,098.91	1,738.07
Yuma Shooting Sports	30-0637790	2200 W. 28th St., Suite 102	Yuma	ΑZ	85364-6936	826.76	1,880.20
Yuma Valley Achievers	48-1263904	2200 W. 28th St., Suite 102	Yuma	AZ	85364-6936	2,620.00	728.35
Total						1,615,376.13	1,354,730.48