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Form **990**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 black lung  
benefit trust or private foundation)

OMB No 1545-0047

**2012**Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated
- ☐ Amended  
return
- ☐ Applica-  
tion  
pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**325 FORBES BUILDING**

Room/suite

City, town, or post office, state, and ZIP code

**TUCSON, AZ 85721****F** Name and address of principal officer: **DOUGLAS G. WRIGHT****SAME AS C ABOVE****D** Employer identification number**23-7083384****E** Telephone number**(520) 621-7211****G** Gross receipts \$ **1,230,925.****H(a)** Is this a group return  
for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **AG.ARIZONA.EDU/4-H FOUNDATION****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1970** **M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE ADVOCACY, SUSTAINED FUNDING SUPPORT AND INCREASED OPPORTUNITIES FOR ARIZONA 4-H.</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3		13			
4 Number of independent voting members of the governing body (Part VI, line 1b)		4		13			
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5		0			
6 Total number of volunteers (estimate if necessary)		6		20			
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a		0.			
7b Net unrelated business taxable income from Form 990-T, line 34		7b		0.			
		<b>Prior Year</b>		<b>Current Year</b>			
8 Contributions and grants (Part VIII, line 1h)		359,396.		208,475.			
9 Program service revenue (Part VIII, line 2g)		464.		309,238.			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		595.		73.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, and 11a)		1,084,353.		31,154.			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,444,808.		548,940.			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		169,553.		158,630.			
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.			
16a Professional fundraising fees (Part IX, column (A), line 11)		0.		0.			
b Total fundraising expenses (Part IX, column (D), line 25)		19,969.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,291.		523,781.			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		663,844.		682,411.			
19 Revenue less expenses Subtract line 18 from line 12		780,964.		-133,471.			
		<b>Beginning of Current Year</b>		<b>End of Year</b>			
20 Total assets (Part X, line 16)		3,144,128.		3,409,012.			
21 Total liabilities (Part X, line 26)		2,694.		224,930.			
22 Net assets or fund balances. Subtract line 21 from line 20		3,141,434.		3,184,082.			

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	<i>Richard Yngve</i>	Date	8-15-14
	RICHARD YNGVE, TREASURER Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KELLY L. MELTZER, CPA	<i>Kelly L. Meltzer</i>	8-15-14	P00633511
	Firm's name ▶ BEACHFLEISCHMAN PC	Firm's EIN ▶ 86-0683059		
	Firm's address ▶ P.O. BOX 64130			
	TUCSON, AZ 85728-4130	Phone no. 520-321-4600		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED SEP 02 2014

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

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

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?

☐ Yes ☒ No

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 ☒ 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.

4a (Code ) (Expenses \$ 242,648. including grants of \$ 39,900. ) (Revenue \$ 190. )

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,  
2013, THE FOUNDATION FUNDED SCHOLARSHIPS, CAMPS, EXHIBITIONS,  
CONFERENCES AND FORUMS FOR ARIZONA 4-H YOUTH.

4b (Code ) (Expenses \$ 380,425. including grants of \$ 118,730. ) (Revenue \$ 231,393. )

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 \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 623,073.

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**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)? <i>If "Yes," complete Schedule A.</i>	<b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		<b>X</b>
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? <i>If "Yes," complete Schedule C, Part III.</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part I.</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IV.</i>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<b>X</b>	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part VII.</i>	<b>X</b>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	<b>X</b>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<b>X</b>	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		<b>X</b>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<b>X</b>	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

	1a	1b	2a	7d	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	3																
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0															
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?									X								
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			0														
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).																	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?																X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.																	
<b>4a</b> 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)?																X	
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.																	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																X	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																X	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>																	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?																	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.				7d													
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																X	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																X	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>																	
<b>a</b> Did the organization make any taxable distributions under section 4966?																	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?																	
<b>10 Section 501(c)(7) organizations.</b> Enter:																	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.					10a												
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.					10b												
<b>11 Section 501(c)(12) organizations.</b> Enter:																	
<b>a</b> Gross income from members or shareholders.					11a												
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).					11b												
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?									12a								
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					12b												
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>																	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									13a								
<b>b</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												
<b>c</b> Enter the amount of reserves on hand.					13c												
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?														14a		X	
<b>b</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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**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 to any question in this Part VI

☒ X

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13	
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	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b 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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
**MARY M. PERRY - 520-621-7211**  
**325 FORBES BUILDING, UNIVERSITY OF ARIZONA, TUCSON, AZ 85721**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question 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.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TANYA BAKER TRUSTEE	2.00	X						0.	0.	0.
(2) MATTHEW BALLER TRUSTEE	2.00	X						0.	0.	0.
(3) LYRA DONE TRUSTEE	2.00	X						0.	0.	0.
(4) PAM GARZA TRUSTEE	2.00	X						0.	0.	0.
(5) BEVERLY JODER COLLIER TRUSTEE	2.00	X						0.	0.	0.
(6) BECKY KUEKER TRUSTEE	2.00	X						0.	0.	0.
(7) MATTHEW OLSON TRUSTEE	2.00	X						0.	0.	0.
(8) JANICE SHELTON TRUSTEE	2.00	X						0.	0.	0.
(9) CARLIE WIDHALM LARSEN TRUSTEE	2.00	X						0.	0.	0.
(10) CAROL WUERTZ-BEHRENS TRUSTEE	2.00	X						0.	0.	0.
(11) RICK YNGVE TRUSTEE	2.00	X						0.	0.	0.
(12) DOUGLAS G. WRIGHT PRESIDENT	20.00	X		X				0.	0.	0.
(13) WILLIAM D. MCKEON VICE PRESIDENT	5.00	X		X				0.	0.	0.
(14) DAN KLINGENBERG SECRETARY	10.00	X		X				0.	0.	0.
(15) DENISE WARKOMSKI TREASURER	5.00	X		X				0.	0.	0.



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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**ARIZONA 4-H YOUTH FOUNDATION**  
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**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	208,475.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			208,475.			
<b>Program Service Revenue</b>	<b>2 a</b> COUNTY 4-H EVENTS	Business Code	900099	309,048.	309,048.		
	<b>b</b> MANAGEMENT FEE		900099	190.	190.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			309,238.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			73.			73.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	204,520.				
	<b>b</b> Less: direct expenses	b	106,115.				
	<b>c</b> Net income or (loss) from fundraising events			98,405.			98,405.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a	26,123.				
	<b>b</b> Less: direct expenses	b	15,719.				
	<b>c</b> Net income or (loss) from gaming activities			10,404.			10,404.
	<b>10 a</b> Gross sales of inventory, less returns and allowances	a	482,496.				
	<b>b</b> Less: cost of goods sold	b	560,151.				
	<b>c</b> Net income or (loss) from sales of inventory			-77,655.	-77,655.		
	<b>Miscellaneous Revenue</b>			Business Code			
	<b>11 a</b>						
	<b>b</b>						
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				548,940.	231,583.	0.	108,882.

**ARIZONA 4-H YOUTH FOUNDATION  
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**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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	118,730.	118,730.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	39,900.	39,900.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,900.		14,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	24,714.		18,536.	6,178.
12 Advertising and promotion				
13 Office expenses	6,539.		4,920.	1,619.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	464,443.	464,443.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	13,185.		1,013.	12,172.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	682,411.	623,073.	39,369.	19,969.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ARIZONA 4-H YOUTH FOUNDATION**  
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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	799,763.	1	900,485.
	2 Savings and temporary cash investments	268,280.	2	42,058.
	3 Pledges and grants receivable, net	3,500.	3	3,500.
	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	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less. accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,056,148.	12	2,232,070.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	16,437.	15	230,899.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,144,128.	16	3,409,012.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	0.	17	7,971.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,694.	25	216,959.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,694.	26	224,930.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> <b>X</b> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	757,391.	27	771,186.
	28 Temporarily restricted net assets	254,855.	28	226,529.
	29 Permanently restricted net assets	2,129,188.	29	2,186,367.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,141,434.	33	3,184,082.
	34 <b>Total liabilities and net assets/fund balances</b>	3,144,128.	34	3,409,012.

Form **990** (2012)

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

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	548,940.
2	Total expenses (must equal Part IX, column (A), line 25)	2	682,411.
3	Revenue less expenses Subtract line 2 from line 1	3	-133,471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,141,434.
5	Net unrealized gains (losses) on investments	5	176,119.
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	3,184,082.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Yes	No
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 on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Employer identification number  
**23-7083384**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 9 ☐ 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).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) ☐ A family member of a person described in (i) above?
- (iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?
- h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

## ARIZONA 4-H YOUTH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2012 C/O UNIVERSITY OF ARIZONA

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	117,502.	63,689.	119,421.	359,396.	208,475.	868,483.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	117,502.	63,689.	119,421.	359,396.	208,475.	868,483.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						150,313.
6 Public support. Subtract line 5 from line 4						718,170.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	117,502.	63,689.	119,421.	359,396.	208,475.	868,483.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,181.	47,050.	3,208.	595.	73.	103,107.
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 IV.)			556.			556.
11 Total support. Add lines 7 through 10						972,146.
12 Gross receipts from related activities, etc. (see instructions)					12	2,685,076.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	73.87 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	63.16 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**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. ▶ See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
InspectionName of the organization **ARIZONA 4-H YOUTH FOUNDATION**  
**C/O UNIVERSITY OF ARIZONA**Employer identification number  
**23-7083384****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

## ARIZONA 4-H YOUTH FOUNDATION

Schedule D (Form 990) 2012

C/O UNIVERSITY OF ARIZONA

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,362,329.	2,202,031.	1,988,251.	1,855,693.	2,103,873.
b Contributions	18,110.	188,898.	26,075.	14,625.	80,858.
c Net investment earnings, gains, and losses	114,773.	103,831.	246,224.	129,045.	-269,548.
d Grants or scholarships	39,900.	20,250.	26,000.	5,000.	15,950.
e Other expenditures for facilities and programs	42,614.	90,467.	32,519.	6,112.	43,540.
f Administrative expenses					
g End of year balance	2,412,698.	2,384,043.	2,202,031.	1,988,251.	1,855,693.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 91.00 %

c Temporarily restricted endowment ☐ 9.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

0.

Schedule D (Form 990) 2012

## ARIZONA 4-H YOUTH FOUNDATION

Schedule D (Form 990) 2012

C/O UNIVERSITY OF ARIZONA

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**Part VII Investments - Other Securities.** 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	2,232,070.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,232,070.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	13,940.
(2) INTERFUND RECEIVABLES	216,959.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	230,899.

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERFUND PAYABLES	216,959.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	216,959.

2. FIN 48 (ASC 740) Footnote 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 ☒

## ARIZONA 4-H YOUTH FOUNDATION

Schedule D (Form 990) 2012

C/O UNIVERSITY OF ARIZONA

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: PERMANENT ENDOWMENT FUNDS ARE INVESTED IN PERPETUITY**

**TO PROVIDE A PERMANENT SOURCE OF INCOME FOR FOUNDATION OPERATIONS AND PROGRAM SUPPORT. TERM ENDOWMENT FUNDS ARE UTILIZED FOR THE PURPOSES INTENDED BY THE DONOR.**

**PART X, LINE 2: FINANCIAL STATEMENTS FIN 48 (ASC 740) FOOTNOTE: 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**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

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. WITH LIMITED EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2010 FOR FEDERAL AND 2009 FOR STATE. 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.

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.**

OMB No 1545-0047

2012

### Open To Public Inspection

Employer identification number  
23-7083384

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- q ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

## ARIZONA 4-H YOUTH FOUNDATION

Schedule G (Form 990 or 990-EZ) 2012 C/O UNIVERSITY OF ARIZONA

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**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	(d) Total events (add col. (a) through col. (c))
		COUNTY EVENTS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	204,520.			204,520.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	204,520.			204,520.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	106,115.			106,115.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 106,115 )
	11 Net income summary. Combine line 3, column (d), and line 10				98,405.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			26,123.	26,123.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			15,719.	15,719.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( 15,719 )
	8 Net gaming income summary. Combine line 1, column d, and line 7				10,404.

9 Enter the state(s) in which the organization operates gaming activities. AZ

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☒ Nob If "No," explain ARIZONA PERMITS ORGANIZATIONS EXEMPT UNDER ARS 43-1201, PARAGRAPH 4, TO CONDUCT RAFFLES SUBJECT TO CERTAIN RESTRICTIONS. A LICENSE IS NOT REQUIRED.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain \_\_\_\_\_

\*\* SEE PART IV FOR COMPLETE EXPLANATIONS

## ARIZONA 4-H YOUTH FOUNDATION

Schedule G (Form 990 or 990-EZ) 2012 C/O UNIVERSITY OF ARIZONA

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- 11 Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | %        |
| b An outside facility         | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► N/A

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☒
- No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► N/A

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).





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

23-7083384

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Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance.
SCHOLARSHIPS	33	39,900.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS ARE PAID DIRECTLY TO THE COLLEGE

OR UNIVERSITY ATTENDED BY THE RECIPIENT. ANY UNUSED FUNDS ARE RETURNED TO

THE FOUNDATION.

**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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
23-7083384

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BASED ON THE NEEDS AND STRENGTHS OF YOUTH, THEIR FAMILIES AND  
COMMUNITIES. YOUTH HAVE THE OPPORTUNITY TO PARTICIPATE IN 4-H  
EXPERIENCES THAT STRENGTHEN A YOUNG PERSON'S SENSE OF BELONGING,  
GENEROSITY, INDEPENDENCE AND MASTERY.

MORE THAN 9,000 ARIZONA YOUTH ARE ENROLLED MEMBERS OF 4-H COMMUNITY  
CLUBS IN ARIZONA. THEY ARE SUPPORTED BY MORE THAN 2,000 ADULT VOLUNTEER  
LEADERS. ANOTHER 184,000 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](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.  
232211  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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 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  
 WHETHER THE FOUNDATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE  
 ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD  
 NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS  
 TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, THE DIRECTORS SHALL  
 DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER TO

Name of the organization ARIZONA 4-H YOUTH FOUNDATION  
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Employer identification number  
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ENTER INTO THE TRANSACTION OR ARRANGEMENT WITH THE INTERESTED PERSON.

IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE A DIRECTOR HAS  
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL  
INFORM THE DIRECTOR OF THE BASIS FOR SUCH BELIEF AND AFFORD THE DIRECTOR AN  
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING  
THE DIRECTOR'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED  
BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS DETERMINES THE DIRECTOR HAS  
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL  
TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON  
REQUEST. FINANCIAL STATEMENTS 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, 2013

Club or Affiliated Organization	EIN #	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Southern Apache County 4-H Leaders Council	36-4718926	PO Box 369	St Johns	AZ	85939-0369	6,906	3,824
Concho 4-H Shooting Sports	35-2431448	PO Box 369	St Johns	AZ	85939-0369	7,500	2,871
Apache County 4-H Livestock	32-0363214	PO Box 369	St Johns	AZ	85939-0369	75,837	6,550
Cochise County 4-H Council	86-0841746	450 S Haskell Ave	Willcox	AZ	85643-2790	69,641	78,008
Center for Academic Success	26-4714661	450 S Haskell Ave	Willcox	AZ	85643-2790	0	0
Cochise County 4-H Teen Council	42-1755643	450 S Haskell Ave	Willcox	AZ	85643-2790	0	0
Double Adobe 4-H	86-0643484	450 S Haskell Ave	Willcox	AZ	85643-2790	1,301	582
Douglas City 4-H	86-0450092	450 S Haskell Ave	Willcox	AZ	85643-2790	350	248
Kansas Settlement 4-H	86-0503057	450 S Haskell Ave	Willcox	AZ	85643-2790	100	257
San Pedro Spirits 4-H	86-0782409	450 S Haskell Ave	Willcox	AZ	85643-2790	3,687	3,543
San Pedro Trailblazers	86-0851408	450 S Haskell Ave	Willcox	AZ	85643-2790	251	220
San Simon Roadrunners 4-H	86-0787014	450 S Haskell Ave	Willcox	AZ	85643-2790	841	981
St David 4-H	26-0058810	450 S Haskell Ave	Willcox	AZ	85643-2790	325	647
Stewart District 4-H	86-0817116	450 S Haskell Ave	Willcox	AZ	85643-2790	796	726
Stronghold 4-H	13-4348236	450 S Haskell Ave	Willcox	AZ	85643-2790	1,632	570
Tombstone 4-H	37-1718030	450 S Haskell Ave	Willcox	AZ	85643-2790	313	114
Cataract 4-H Club	32-0342952	2304 N 3rd Street	Flagstaff	AZ	86004-3605	4,141	554
Cinder Hillbillies	86-0932480	2304 N 3rd Street	Flagstaff	AZ	86004-3605	5,218	3,203
Coconino 4-H Leaders Council	86-0695834	2304 N 3rd Street	Flagstaff	AZ	86004-3605	90	5,266
Lake Powell 4-H	26-0077594	2304 N 3rd Street	Flagstaff	AZ	86004-3605	10,007	2,354
Page 4-H Club	30-0720613	2304 N 3rd Street	Flagstaff	AZ	86004-3605	10,519	4,968
Parks in the Pines 4-H Club	26-0208874	2304 N 3rd Street	Flagstaff	AZ	86004-3605	500	331
Peaks View 4-H	37-1638725	2304 N 3rd Street	Flagstaff	AZ	86004-3605	1,000	578
Ponderosa Pines 4-H Club	37-1638926	2304 N 3rd Street	Flagstaff	AZ	86004-3605	2,158	1,404
Williams Mountaineers 4-H Club	86-1023880	2304 N 3rd Street	Flagstaff	AZ	86004-3605	1,337	919
Pleasant Valley Community	52-7967834	PO Box 2844	Payson	AZ	85547-2844	0	833
Young Riders	26-2443369	PO Box 2844	Payson	AZ	85547-2844	0	0
Gila County 4-H Leaders Council	86-5090078	PO Box 2844	Payson	AZ	85547-2844	46,124	25,464
Graham County 4-H	35-2382056	PO Box 127	Solomon	AZ	85551-0127	20,563	31,259
Greenlee County 4-H	81-0608250	1684 Fairgrounds Rd	Duncan	AZ	85534	15,775	26,614
Duncan Community Club	38-3856199	1684 Fairgrounds Rd	Duncan	AZ	85534	1,594	2,427
Mighty Mountain Kids	36-4749728	1684 Fairgrounds Rd	Duncan	AZ	85534	1,493	518
Best 'n Better	86-0806141	PO Box 3485	Parker	AZ	85344-3485	976	993
McMullen Valley	86-0922078	PO Box 3485	Parker	AZ	85344-3485	4,349	2,103
Lower 40	86-0913214	PO Box 3485	Parker	AZ	85344-3485	1,855	410
La Paz 4-H Leaders Council	86-0536255	PO Box 3485	Parker	AZ	85344-3485	801	3,165
Arizona Explorers 4-H	38-3818966	4341 E Broadway Rd	Phoenix	AZ	85040-8807	5,195	1,160
Barn Buddies 4-H	26-3888716	4341 E Broadway Rd	Phoenix	AZ	85040-8807	1,744	984
Beep Patrol 4-H	38-3857737	4341 E Broadway Rd	Phoenix	AZ	85040-8807	1,748	416
Buckeye Valley Community	26-1183446	4341 E Broadway Rd	Phoenix	AZ	85040-8807	2,073	1,420
Buckeye 4-H Livestock	86-0970203	4341 E Broadway Rd	Phoenix	AZ	85040-8807	3,505	2,627
Buena Vista Mavericks 4-H	20-4791721	4341 E Broadway Rd	Phoenix	AZ	85040-8807	8,689	4,114
Desert Hill Wranglers 4-H	26-0085875	4341 E Broadway Rd	Phoenix	AZ	85040-8807	214	556
Diamonds in the Ruff	52-2389523	4341 E Broadway Rd	Phoenix	AZ	85040-8807	617	81
Eastern Edge 4-H	80-0643407	4341 E Broadway Rd	Phoenix	AZ	85040-8807	508	113

Arizona 4-H Youth Foundation  
 EIN 27-7083384  
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 Tax Year Ending September 30, 2013

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Eastside Kids 4-H	32-0092723	4341 E Broadway Rd	Phoenix	AZ	85040-8807	253	281
Firebird	35-2333862	4341 E Broadway Rd	Phoenix	AZ	85040-8807	3,636	2,536
Green Team	37-1637175	4341 E Broadway Rd.	Phoenix	AZ	85040-8807	1,902	663
Laveen 4-H Swine	26-1083747	4341 E Broadway Rd	Phoenix	AZ	85040-8807	2,808	113
Laveen Pathfinders 4-H	86-0832512	4341 E Broadway Rd	Phoenix	AZ	85040-8807	330	593
Lehi 4-H	35-2350434	4341 E Broadway Rd	Phoenix	AZ	85040-8807	1,706	2,042
Lehi Horse 4-H	45-3534113	4341 E Broadway Rd	Phoenix	AZ	85040-8807	458	17
Maricopa 4-H Cloggers	23-7083384	4341 E Broadway Rd.	Phoenix	AZ	85040-8807	3,371	1,500
North Glendale 4-H	20-5842610	4341 E Broadway Rd	Phoenix	AZ	85040-8807	0	1,308
Queen Creek	91-2199097	4341 E Broadway Rd	Phoenix	AZ	85040-8807	21,017	315
Rio Verde	30-0347221	4341 E Broadway Rd	Phoenix	AZ	85040-8807	100	575
Tumbleweeds	80-0265629	4341 E Broadway Rd.	Phoenix	AZ	85040-8807	314	585
Waddell Hoofprints 4-H	26-0035166	4341 E Broadway Rd	Phoenix	AZ	85040-8807	1,648	
Way Out West Livestock 4-H	32-0560678	4341 E Broadway Rd.	Phoenix	AZ	85040-8807	0	48
Zoo Crew 4-H	38-3800973	4341 E Broadway Rd	Phoenix	AZ	85040-8807	0	
Maricopa County 4-H Canine Committee	46-3563765	4341 E Broadway Rd	Phoenix	AZ	85040-8807	1,490	1,274
Maricopa County 4-H Livestock Committee	86-0849485	4341 E Broadway Rd	Phoenix	AZ	85040-8807	14,499	14,519
Maricopa County 4-H Teen Association	86-0830805	4341 E Broadway Rd.	Phoenix	AZ	85040-8807	150	2,113
Maricopa County 4-H Horse Committee	86-0830803	4341 E. Broadway Rd	Phoenix	AZ	85040-8807	35,903	28,514
Desert Hills Growing & Showing	35-2465960	4341 E Broadway Rd	Phoenix	AZ	85040-8807	25	25
Western Spurs 4-H	61-1694714	4341 E Broadway Rd	Phoenix	AZ	85040-8807	904	312
Laveen Elite	86-0859221	4341 E Broadway Rd	Phoenix	AZ	85040-8807	832	749
Buck-N-Doe 4-H	86-0763017	101 E Beale St., Suite A	Kingman	AZ	86401-5808	11,332	479
Bent Bucket Bunch 4-H Club	26-0082640	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	0	1,112
Fancy Feathers and Furs	32-0001324	101 E Beale St., Suite A	Kingman	AZ	86401-5808	70	23
Jolly Ranchers 4-H Club	45-4899694	101 E Beale St., Suite A	Kingman	AZ	86401-5808	2,412	1,715
Mohave Sharp Shooters	90-0012792	101 E. Beale St., Suite A	Kingman	AZ	86401-5808	725	3,263
Cactus Critters 4-H	86-0669993	101 E Beale St., Suite A	Kingman	AZ	86401-5808	2,039	132
Our World 4-H Club	80-0533165	101 E Beale St., Suite A	Kingman	AZ	86401-5808	89	714
Thundering Hooves 4-H Club	20-8020335	101 E Beale St., Suite A	Kingman	AZ	86401-5808	74	98
Black Mt 4-H	51-0576991	101 E Beale St., Suite A	Kingman	AZ	86401-5808	654	29
Green River 4-H Club	35-2403294	101 E Beale St., Suite A	Kingman	AZ	86401-5808	206	839
Stockton Hill Herd 4-H	12-2105320	101 E Beale St., Suite A	Kingman	AZ	86401-5808	2,574	10
Mohave Co 4-H Leaders Council	94-2503733	101 E Beale St., Suite A	Kingman	AZ	86401-5808	193,190	212,923
Cedar Hill	86-1015136	101 E Beale St., Suite A	Kingman	AZ	86401-5808	3,949	301
Interstate Exchange 4-H Club	86-0755286	101 E Beale St., Suite A	Kingman	AZ	86401-5808	17,338	5,703
Wranglers	46-0593457	101 E Beale St., Suite A	Kingman	AZ	86401-5808	1,530	103
Seba Dalkai Frontiers	01-0921589	PO Box 668	Holbrook	AZ	86025-0668	2,364	809
Rodeo Trash 4-H Horse Club	38-3833308	PO Box 668	Holbrook	AZ	86025-0668	3,122	2,952
White Mountain 4-H	27-2131506	PO Box 668	Holbrook	AZ	86025-0668	676	35
All Seasons 4-H	37-1692645	PO Box 668	Holbrook	AZ	86025-0668	24	9
Linden Dusters Horse 4-H Club	83-0498737	PO Box 668	Holbrook	AZ	86025-0668	3,460	574
Malapai 4-H Club	76-0841810	PO Box 668	Holbrook	AZ	86025-0668	900	1,049
Mountain Wranglers 4-H Club	32-0392534	PO Box 668	Holbrook	AZ	86025-0668	750	2
Anvaca 4-H Club	86-0812436	4210 N Campbell Ave.	Tucson	AZ	85719-1109	1,775	540

Arizona 4-H Youth Foundation  
 EIN 27-7083384  
 Clubs and Affiliated Organizations Included in Form 990  
 Tax Year Ending September 30, 2013

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Catalina Mountaineers	86-1040633	4210 N Campbell Ave	Tucson	AZ	85719-1109	4,226	561
El Chaparral	86-1010653	4210 N Campbell Ave	Tucson	AZ	85719-1109	7,824	583
Pima County 4-H Executive Council	86-6053430	4210 N Campbell Ave	Tucson	AZ	85719-1109	36,927	48,121
Pima County 4-H Horse Advisory Board	86-0891368	4210 N Campbell Ave	Tucson	AZ	85719-1109	49,417	29,970
Littletown Ranchers	20-3617912	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,246	521
Northwest Outriders	57-1186271	4210 N Campbell Ave	Tucson	AZ	85719-1109	1,160	681
Paws for the Cause	06-1835369	4210 N Campbell Ave	Tucson	AZ	85719-1109	2,835	3,353
Pima County Pathfinders	86-1019163	4210 N Campbell Ave	Tucson	AZ	85719-1109	0	
Pusch Ridge Riders	86-0598373	4210 N Campbell Ave	Tucson	AZ	85719-1109	7,051	2,542
Rillito Riders	86-0689570	4210 N Campbell Ave	Tucson	AZ	85719-1109	558	1,491
Robles Ranchers	26-0775602	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,199	(14)
Sahuarita Community	54-2161634	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,696	3,314
Santa Rita Settlers	71-0921776	4210 N Campbell Ave	Tucson	AZ	85719-1109	0	
Sierrita Mountain Livestock	86-0468561	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,769	3,754
Silver Spurs 4-H Club	86-0891368	4210 N Campbell Ave	Tucson	AZ	85719-1109	4,010	1,790
Silverbell Riders	86-0818676	4210 N Campbell Ave	Tucson	AZ	85719-1109	9,098	586
Sombrero Peak	42-1549663	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,084	1,831
Southeast Ranchers	26-3092649	4210 N Campbell Ave	Tucson	AZ	85719-1109	1,939	1,525
Star Pass Riders	86-0744757	4210 N Campbell Ave	Tucson	AZ	85719-1109	245	148
Sundowners	86-0594126	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,848	691
Sunset Riders	86-0741399	4210 N Campbell Ave	Tucson	AZ	85719-1109	400	242
Sweetwater Riding Team	27-0996308	4210 N Campbell Ave	Tucson	AZ	85719-1109	970	307
Tanque Verde Community Club	86-0742480	4210 N Campbell Ave	Tucson	AZ	85719-1109	5,924	4,065
Tanque Verde Livestock	86-0472466	4210 N Campbell Ave	Tucson	AZ	85719-1109	987	4,124
Tierra Homesteaders	75-3237193	4210 N Campbell Ave	Tucson	AZ	85719-1109	4,318	603
Tucson Village Farm	45-4198512	4210 N Campbell Ave	Tucson	AZ	85719-1109	0	
Vail Vaqueros	84-1571916	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,895	2,054
Whetstone Ranchers	90-0403847	4210 N Campbell Ave	Tucson	AZ	85719-1109	1,005	441
Wrightstown Wranglers	86-1001770	4210 N Campbell Ave	Tucson	AZ	85719-1109	0	
Triple S&E	22-3872196	4210 N Campbell Ave	Tucson	AZ	85719-1109	3,206	1,487
Blazing Caballos	35-2281786	4210 N Campbell Ave	Tucson	AZ	85719-1109	1,304	287
Crazy Heart Riders	46-1008460	4210 N Campbell Ave	Tucson	AZ	85719-1109	2,413	454
Little Rascals	86-0617696	4210 N Campbell Ave	Tucson	AZ	85719-1109	2,057	1,461
Marana Stockmen	86-0591017	4210 N Campbell Ave	Tucson	AZ	85719-1109	275	43
Sunkist Riders	80-0848738	4210 N Campbell Ave	Tucson	AZ	85719-1109	859	8
Vail Community 4-H Club	46-0809220	4210 N Campbell Ave	Tucson	AZ	85719-1109	375	58
Bella Vista	77-0645939	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	2,206	947
Big Shots	32-0197686	820 E Cottonwood Lane, Bldg. C	Casa Grande	AZ	85122-2726	5,208	2,339
Casa Grande Lambchops 4-H Club	45-4631833	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	4,415	359
Coolidge Clovers	20-5080505	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	500	941
Desert Horses of the Southwest	26-1108686	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	56	98
Kearny Koyotes	86-1041304	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	1,409	995
Maricopa Rattlers	20-8837543	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	250	163
Maricopa Trailblazers	86-1017724	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	702	154
Pinal County 4-H Advisory Council	20-5471693	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	32,225	29,199



Arizona 4-H Youth Foundation  
EIN 27-7083384  
Clubs and Affiliated Organizations Included In Form 990  
Tax Year Ending September 30, 2013

Club or Affiliated Organization	EIN #	Street Address	City	State	ZIP Code	Income Included in Form 990	Assets Included in Form 990
Superstition Mountain	86-1039255	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	0	0
Tri-Valley	26-0760768	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	0	140
Valley Farmers 4-H Club	20-1718798	820 E Cottonwood Lane, Bldg C	Casa Grande	AZ	85122-2726	0	3,691
Rattlesnakes	42-1752645	489 N Arroyo Blvd	Nogales	AZ	85621-2644	0	393
San Rafael	37-1558838	489 N Arroyo Blvd	Nogales	AZ	85621-2644	1,300	2,234
Mustang 4-H Club	86-1009447	489 N Arroyo Blvd	Nogales	AZ	85621-2644	1,970	3,508
Santa Cruz County Leaders	23-7083384	489 N Arroyo Blvd	Nogales	AZ	85621-2644	119,061	12,336
Chino Valley Breakaway Latigos 4-H	20-3431096	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	800	284
Yavapai County 4-H	86-6086079	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	140,500	20,719
Shamrock Hustlers	86-0941627	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	1,210	825
Hassayampa	86-0578723	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	215	1,152
Triangle 4-H Club	20-3431230	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	1,056	629
Lonesome Valley Wranglers	20-0430891	840 Rodeo Drive, Bldg C	Prescott	AZ	86305-2318	1,741	814
Animals R Us	86-0953878	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	200	541
Desert Dogs	90-0208463	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	0	165
Desert Herdsmen	86-0678453	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	460	1,283
Desert Pride	20-5702981	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	3,373	124
Dome Valley	71-1011664	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,756	1,658
Gila Barn Busters	86-1030812	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,054	328
Hi-Award	86-0824289	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	389	361
Little Rascals	35-2401473	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,415	1,172
Mohawk Valley	26-1493251	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,152	203
Up & Coming	86-1023271	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	0	1,084
Yuma Moos	86-1015447	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	6,431	4,759
Yuma Mesa Jackrabbits 4-H Club	90-0126568	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	8,424	1,174
Yuma Shooting Sports	30-0637790	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,366	1,263
Yuma Valley Achievers	48-1263904	2200 W 28th St, Suite 102	Yuma	AZ	85364-6936	1,580	79
<b>TOTAL</b>						<b>1,179,408</b>	<b>728,666</b>

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>ARIZONA 4-H YOUTH FOUNDATION C/O UNIVERSITY OF ARIZONA</b>	Employer identification number (EIN) or <b>23-7083384</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>325 FORBES BUILDING</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TUCSON, AZ 85721</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JIM LOVELACE OF BEACHFLEISCHMAN PC**

- The books are in the care of ► **1985 E. RIVER ROAD, SUITE 201 - TUCSON, AZ 85718**  
Telephone No. ► **520-321-4600** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions
File by the due date for filing your return See instructions	ARIZONA 4-H YOUTH FOUNDATION	Employer identification number (EIN) or
	C/O UNIVERSITY OF ARIZONA	23-7083384
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	325 FORBES BUILDING	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TUCSON, AZ 85721	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

MARY M. PERRY - 325 FORBES BUILDING, UNIVERSITY OF

- The books are in the care of ☒ ARIZONA - TUCSON, AZ 85721

Telephone No. ☒ 520-621-7211FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until AUGUST 15, 2014.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning OCT 1, 2012, and ending SEP 30, 2013.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS NEEDED TO COMPILE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title ☒ CPADate 5-13-14

Form 8868 (Rev. 1-2013)