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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A F	or the	e 2014 calendar year, or tax year beginning and e	ending		
Bo	heck if	C Name of organization		D Employer identifie	cation number
E	Addre chang Name	NEW YORK STATE 4-H FOUNDATION, INC.		146	021395
-	_ichang ∏initial		Room/suite		
		, 248 GRANT AVENUE	II-A	(315) 702-8242
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	321,190.
<u> </u>	Amen return Applic	AUBURN, NY 13021		H(a) Is this a group re	
L	_tion pendi	F Name and address of principal officer. THOMAS FACER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) oi	r 527		list (see instructions)
		te: WWW.NYS4HFOUNDATION.ORG		H(c) Group exemption	
	orm of	forganization; X Corporation Trust Association Other Summary	L Year	r of formation: 1949 N	1 State of legal domicile NY
	1	Briefly describe the organization's mission or most significant activities TO CU	JLTIV	ATE, SECURE,	AND
Governance		STEWARD FINANCIAL RESOURCES TO SUPPORT TH	IE COI	RNELL COOPER	ATIVE
Ĕ	2	Check this box	ed of mor	e than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
, s	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	2
* = -	6	Total number of volunteers (estimate if necessary)		6	30
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u></u>	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
71777			_	Prior Year	Current Year
် မ	8	Contributions and grants (Part VIII, line 1h)	ļ	160,576.	245,129.
֓֞֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	9	Program service revenue (Part VIII, line 2g)		39,840.	19,336.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	39,456.	31,345.
د ت	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	21,138.	16,706.
¥	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		261,010.	312,516.
5	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	41,701.	43,131.
i	l	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
ès	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		118,664.	118,137.
ë	ŀ	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l	Total fundraising expenses (Part IX, column (D), line 25))9 ·	100 201	0.40 0.50
_	1	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		177,301.	249,952.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		337,666.	411,220.
_ v	19	Revenue less expenses. Subtract line 18 from line 12 NOV 2 3 2015		<76,656.	
Net Assets or Fund Balances				< 76,656. eginning of Current Year 1,159,670.	End of Year
ASS Ball	20	Total assets (Part X, line 16)	<u> </u>	1,159,670. 509,059.	1,076,575.
Eét Gét	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	-	650,611.	517,176. 559,399.
	irt II	Signature Block		050,011.	339,399.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	ments, and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is
1100,	, 001101	E A C 88	ion propero	11/12/15	
Sign	n	Signature of officer		Date	
Her		Emmaline A. Long, Char			
	_	Type or print name and title			
		Print/Type preparer's name Poparer's signatura	7	Date Check	PTIN
Paid	1	JERRY E. MICKELSON	an-	11/06/15 self-employ	P00011118
	arer	Firm's name CDLM & COMPANY QPA'S/LLP	I	Firm's EIN	16-1171627
•	Only	Firm's address 401 E. STATE ST. SUPTE 500			
	-	ITHACA, NY 14850		Phone no. 6 0	7-272-4444
Ma	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 11-0		ns.		Form 990 (2014)

	990 (2014) NEW YORK STATE 4-H FOUNDATION, INC. 14-6021395 Page 2	<u>!</u>
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	_
•	THE NYS 4-H FOUNDATION CULTIVATES, SECURES, AND STEWARDS FINANCIAL	
	RESOURCES TO SUPPORT THE CORNELL COOPERATIVE EXTENSION NEW YORK STATE	-
	4-H PROGRAM IN DEVELOPING AND DELIVERING SUPERIOR 4-H YOUTH	-
		-
	DEVELOPMENT PROGRAMS.	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	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 \$259,490. including grants of \$43,131.) (Revenue \$19,336.))
	DISBURSEMENT OF GRANTS FOR HIGH-IMPACT EDUCATION, LEADERSHIP,	_
	CITIZENSHIP, AND YOUTH DEVELOPMENT 4-H PROGRAMS IN NEW YORK STATE.	_
		_
		_
		-
		-
		-
		-
		_
		_
		_
		_
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		_
		-
		-
		-
		_
		_
		_
		_
		-
		-
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		-
		-
		-
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O)	_
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	250 400	-
<u></u>	Form 990 (2014	<u>-</u>
	10111	

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		₹.	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
_	Schedule D, Parts XI and XII Was the organization included in consolidated independent audited financial statements for the tay year?	12a	<u>X</u> _	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	- 22
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		F	000	

Part IV Checklist of Required Schedules (continued) Ye 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X	
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X	
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X	
Part IX, column (A), line 2 ⁹ If "Yes," complete Schedule I, Parts I and III	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	- 1
Schedule J	x
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	
Schedule K If "No", go to line 25a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	+~-
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	
	-
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	
	\ v
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	
	.
· · · · · · · · · · · · · · · · · · ·	X_
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	₹.
	X
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? If "Yes," complete Schedule L, Part III	X
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)	7.7
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b	X
	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c	•
	X
· · · · · · · · · · · · · · · · · · ·	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	.
 	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31	- T
 	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	•
\(\frac{1}{2} \rightarrow \frac{1}{2} \rightarrow \fra	_ X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	- T
 	X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	\ v
`	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Jif "Yos" to line 35a, did the organization receive any payment from organization much a controlled entity.	X
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)2 if "Yes" complete Schedule R. Part V. line 2	

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X

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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

If "Yes," complete Schedule R, Part V, line 2

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

NEW YORK STATE 4-H FOUNDATION, INC. 14-6021395 Form 990 (2014) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter. a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b 13c X 14a

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

	Check if Schedule O contains a response or note to any line in this Part VI					LX			
Sec	tion A. Governing Body and Management				,				
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.2					
	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.			- 1					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	1	.2					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
_	officer, director, trustee, or key employee?			2		х			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t sunervision		† <u> </u>				
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		a capa noion	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form	000 ws	s filed?	4	╁┈┈	X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	SE13'		5	 	X			
6	Did the organization have members or stockholders?			6_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	1_	1	37			
	more members of the governing body?			7a	 	X			
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or		Ì				
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	it the		:				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	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 c	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to con	flicts?	12a 12b	1				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")								
_	in Schedule O how this was done	,		12c	х				
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 approv	al by in	denendent	1.4					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	- portooni			İ			
-	The organization's CEO, Executive Director, or top management official			15a	х				
a h	Other officers or key employees of the organization			15a	T	Х			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130	+-	- A			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mant	wth a		1				
iva	taxable entity during the year?	IIIGIII V	an a	40-	1	, v			
				16a	+-	X			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th			ŀ					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's		1				
<u> </u>	exempt status with respect to such arrangements?		-	16b	<u></u>	<u> </u>			
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY		5044 1171						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	ı (Sect	on 501(c)(3)s only	/) avaıla	ble				
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain		•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy, a	ınd fınaı	ncial				
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	d records 🕨						
	THE ORGANIZATION - (315) 702-8242								
	248 GRANT AVENUE, NO. II-A, AUBURN, NY 13021								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DREW COYNE	0.50									
TRUSTEE		X						0.	0.	0
(2) DEBORAH GRUSENMEYER	0.50									
TRUSTEE		Х	ļ			ļ		0.	0.	0
(3) THOMAS FACER	0.50								_	
CHAIR		X		Х				0.	0.	0
(4) EMMALINE LONG	0.50	<u> </u>							_	
VICE CHAIR	0.50	X		X		ļ		0.	0.	0
(5) SHIRLEY SPENCER	0.50									•
TREASURER	0.50	X	\vdash	X		<u> </u>		0.	0.	0
(6) BRIAN GILCHRIST	0.50	X							0	•
TRUSTEE	0.50	^				-		0.	0.	0
(7) CATHY LOVEJOY MALONEY	0.50	x	İ			Ì		0.	0.	0
TRUSTEE	0.50	Α.				\vdash		0.		<u>_</u>
(8) ANDREW TURNER SECRETARY	0.30	X		х				0.	0.	0
(9) JESSICA GULVIN	0.50				_	 				•
TRUSTEE	3.30	x						0.	0.	0
(10) TEISHAWN KEVELIER	0.50				-					
TRUSTEE		X						0.	0.	0
(11) CHRISTOPHER WATKINS	0.50									
TRUSTEE		\mathbf{x}						0.	0.	0
(12) TRISTAN ZUBER	0.50									
TRUSTEE		X						0.	0.	0
(13) ELIZABETH SEARLE	40.00									
DIRECTOR OF DEVELOPMENT		<u> </u>		X				64,450.	0.	3,624
		<u> </u>			L	<u> </u>				
		1								
		_	<u> </u>		<u> </u>	\vdash				
		-								
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	ļ			
	l	I	I	ı	l	1		1		

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	, an	<u>d Hı</u>	ghe	st C	ompensated Employe	es (continued)				
	` (A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Estimated		ed
	•	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	n	ar	nount	of
		week	├──	ceran	dad	Tecto	or/trus	(ee)	from	from related			other	
		(list any hours for	recto				ŀ		the	organizations		l	pensa	
		related	D io a	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	l	rom th	
		organizations	Individual trustee or director	Institutional trustee		ag g	Highest compensated employee		(44-27 1033-141130)				janizat d relat	
		below	dual	rtiona	_	년 (stco	 ₌₌				l	anızatı	
		line)	ş	Instit	Officer	Key employee	Highe	Ē						
			l											
			ĺ				ŀ							
			_			-								
			ĺ											
									-					
			ĺ				i							
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			П				Γ							
							}							
			<u> </u>											
							<u> </u>							<u>-</u>
							_	<u> </u>						
		J	L	L.,		<u> </u>	<u></u>	L						
	Sub-total								64,450.		0.		<u>3,6</u>	24.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			<u>0.</u>
<u>d</u>	Total (add lines 1b and 1c)							>	64,450.		0.	l	3,6	24.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportabl	е			•
	compensation from the organization												· ·	0
_											1		Yes	No
3	Did the organization list any former officer			e, ke	y er	npic	yee.	or I	highest compensated e	mployee on				٠,,
	line 1a? If "Yes," complete Schedule J for											_ 3		<u> </u>
4	For any individual listed on line 1a, is the s								•	the organization				
_	and related organizations greater than \$15									.d 6		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	' - '				-		eiai	ed organization or indivi	dual for services		5		
Sec	tion B. Independent Contractors	ipiete Scriedui	e J I	or st	ucn	per	son	-				_ 5_	L	X
1	Complete this table for your five highest co	omnensated in	dene	ande	nt c	ont	racto	re t	hat received more than	\$100 000 of com	none	ation	from	
•	the organization Report compensation for										pens	allon	i Oili	
	(A)	tilo odloriodi j	-	0114	···g·		0, 11		(B)			10	 C)	
	Name and business	address	N	INC	₹.				Description of s	ervices	С		nsatio	n
													-	
														-
								\neg						
								_						
										j				
								_						
										ļ				
2	Total number of independent contractors		ot li	mıte	d to		_	stec	d above) who received in	nore than				
	\$100,000 of compensation from the organ	zation >					0						000	

					re 4-h fo	UNDATION,	INC.	14-6021	.395 Page 9
Pa	rt V	411				4 - 5 - 11411			· ·
		-	Check if Schedule O con	tains a response	e or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats Tts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S, G		С	Fundraising events	1c					
ā		d	Related organizations	1d					
S, E		е	Government grants (contribute	tions) 1e			,		
e to		f	All other contributions, gifts, gran	nts, and					
혈			similar amounts not included abo	ove 1f	245,129.				
ig u			Noncash contributions included in line	s 1a-1f \$	560.	0.45 4.00			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f		>	245,129.			
			ACRIVOU DEEG		Business Code	10 226	10 226		
Program Service Revenue	2	_	AGENCY FEES		900099	19,336.	19,336.		
e S		b			-				
E a		С.			1				
Reg		d							
Š.		e	All other program service rev		-				
_			Total. Add lines 2a-2f	enue		19,336.			
	3	ч	Investment income (including	dividende inter	rest and	17,550.			
	3		other similar amounts)	dividends, inter	est, and	31,345.			31,345.
	4		Income from investment of ta	x-exempt bond	- 1	31/313.			31,343.
	5		Royalties		>				
	_		,	(ı) Real	(ii) Personal				
	6	а	Gross rents		//				
		ь	Less rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of	(i) Securities	(ıi) Other				
			assets other than inventory						
		b	Less cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraisir including \$	ng events (not					
ě			contributions reported on line	e 1c) See					
ē			Part IV, line 18		23,322.				
ㅎ			Less direct expenses	-	8,674.	14 640			1
			Net income or (loss) from fun	-	—	14,648.			14,648.
	9	а	Gross income from gaming a						
			Part IV, line 19		3				
			Less direct expenses Net income or (loss) from gar		· L				
			Gross sales of inventory, less	-					
	.0	a	and allowances		2,058.				
		h	Less. cost of goods sold		0.				
			Net income or (loss) from sale		.	2,058.			2,058.
		Ť	Miscellaneous Reveni		Business Code	-/			<u> </u>
	11	a			1		1		
		b							
		C							
		d	All other revenue						
		е	Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions.		>	312,516.	19,336.	0.	
43200 11-07	9 - 14								Form 990 (2014)

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	22 121	22 121		
	and domestic governments. See Part IV, line 21	33,131.	33,131.		·····
2	Grants and other assistance to domestic	10 000	10 000		
_	individuals See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	68,074.	6,802.	27,201.	34,071
e	trustees, and key employees Compensation not included above, to disqualified	00,074.	0,002.	21,201.	34,071
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,974.	3,395.	13,575.	17,004
8	Pension plan accruals and contributions (include	33,714.	3,333.	13,373.	17,004
0	section 401(k) and 403(b) employer contributions)	980.	98.	392.	490
9	Other employee benefits	6,407.	640.	2,560.	3,207
10	Payroll taxes	8,702.	870.	3,477.	4,355
11	Fees for services (non-employees)	07,020	0,00		1,555
	Management				
ь	Legal				
	Accounting	8,000.	439.	5,362.	2,199
d					
e	D (1 ()				
f	Investment management fees				
g					
J	column (A) amount, list line 11g expenses on Sch O.)	10,757.	591.	7,211.	2,955
12	Advertising and promotion				
13	Office expenses	25,505.	2,324.	11,668.	11,513
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				
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 0.)				
а	STATE-WIDE PROGRAMMING	200,870.	200,870.		
ь	DED CONTELL AND CODDODATE	2,685.	258.	1,127.	1,300
c	OTHER	1,406.		1,406.	
d	DEDUCE MALE AND DIDENAL	495.	49.	198.	248
	All other expenses	234.	23.	94.	117
25	Total functional expenses Add lines 1 through 24e	411,220.	259,490.	74,271.	77,459
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)				

Form 990 (2014)
Part X | Balance Sheet

Part >		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	24,297.	1	13,988.
2	2	Savings and temporary cash investments	58,322.	2	43,082.
3	3	Pledges and grants receivable, net		3	27,500.
4	1	Accounts receivable, net	200.	4	
5	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	
e	3	Loans and other receivables from other disqualified persons (as defined under			
İ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7 .	7	Notes and loans receivable, net		7	
₹ 8	3	Inventories for sale or use		8	
9	9	Prepaid expenses and deferred charges	584.	9	
10)a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
11	1	Investments - publicly traded securities	1,076,267.	11	992,005.
12	2	Investments - other securities See Part IV, line 11		12	
13	3	Investments · program-related See Part IV, line 11		13	
14	1	Intangible assets		14	
15	5	Other assets See Part IV, line 11		15	
16	3	Total assets. Add lines 1 through 15 (must equal line 34)	1,159,670.	16	1,076,575.
17	7	Accounts payable and accrued expenses	34,537.	17	36,768.
18	3	Grants payable	129,763.	18	107,992.
19	•	Deferred revenue		19	
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	2	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	3	Secured mortgages and notes payable to unrelated third parties		23	
24	1	Unsecured notes and loans payable to unrelated third parties		24	
25	5	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	344,759.		372,416.
26	5	Total liabilities. Add lines 17 through 25	509,059.	26	517,176.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\text{X}\) and			
Ses		complete lines 27 through 29, and lines 33 and 34.	402 524		486 205
27		Unrestricted net assets	<403,531.		<476,325.
28		Temporarily restricted net assets	147,410.	28	112,685.
<u> </u>	9	Permanently restricted net assets	906,732.	29	923,039.
2		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
30		Capital stock or trust principal, or current funds		30	
ő 31		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 25 25 32 33 33 33 33 33 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated income, or other funds	CEO C11	32	FF0 200
3.		Total net assets or fund balances	650,611.	33	559,399.
34	4	Total liabilities and net assets/fund balances	1,159,670.	34	1,076,575.

orm	1990 (2014) NEW YORK STATE 4-H FOUNDATION, INC.	14-602	21395	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 16.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	41:	L <u>, 2</u>	20.		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	650),6	11.		
5	Net unrealized gains (losses) on investments	5		7,4	<u>92.</u>		
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	559	3,3	99.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	 ○					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

ZU 14

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Insp

lan	ne of t	he organization						Employer	identification number	
		NEW	YORK STATE	4-H_FOUNDAT	ION,	INC.		1	4-6021395	
Pa	rt I	Reason for Public				s part.) Se	e instruction			
he	organ	zation is not a private found	dation because it is ((For lines 1 through 11, c	heck only	one box)				
1		A church, convention of ch)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz					•)(iii). Enter	the hospital's name,	
		city, and state	•					., .	•	
5		An organization operated f	or the benefit of a co	llege or university owner	d or operat	ed by a g	overnmental (unit describ	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II)							
6		A federal, state, or local go	vernment or government	nental unit described in	section 17	'O(b)(1)(A)	(v).			
7	\mathbf{X}	¬								
		section 170(b)(1)(A)(vi). (C	complete Part II.)		•					
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from	
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment	
		income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	red by the or	ganization	after June 30, 1975	
		See section 509(a)(2). (Co	mplete Part III)							
10		An organization organized	and operated exclus	ively to test for public sa	fety See :	section 50	9(a)(4).			
11		An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to c	arry out the	purposes of one or	
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section	509(a)(3). C	Check the box in	
		lines 11a through 11d that	describes the type of	of supporting organization	n and com	iplete lines	s 11e, 11f, an	d 11g		
а	· L_	Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	anızatıon(s),	typically by	giving	
		the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	upporting	
		organization. You must	complete Part IV, Se	ections A and B.						
b	. L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization	on(s), by ha	ving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
	_	organization(s) You mus	st complete Part IV,	Sections A and C.						
C	· L	Type III functionally into	e grated. A supportin	g organization operated	ın connec	tion with, a	and functiona	illy integrate	ed with,	
	_	its supported organization	on(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.			
C	١ ـــــ	Type III non-functionall	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally in	-		•		-	d an attent	veness	
	_	requirement (see instruc	-	•	-					
е		Check this box if the org					Type I, Type	II, Type III		
		functionally integrated, o		onally integrated support	ing organi	zation				
f		er the number of supported	•							
9		ride the following information i) Name of supported	n about the supporte		(iv) Is the o	rganization	(v) Amount o	f monetary	(vi) Amount of	
	,	organization	(, c	(described on lines 1-9	listed	n your	support	•	other support (see	
		•		above or IRC section	governing o	No No	Instruc	tions)	Instructions)	
				(see instructions))	163	140	-			
]						
			<u> </u>							
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]					
Γot	al									
	_				•					

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NEW YORK STATE 4-H FOUNDATION, INC. 14-6021395 Page 2

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)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and		, \.							
	membership fees received (Do not	}								
	include any "unusual grants ")	118.156	153.216.	213.791.	160.576.	245.129.	890,868.			
2	Tax revenues levied for the organ-						0007000			
_	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities				• • • • • • • • • • • • • • • • • • • •					
3	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	118,156.	153,216.	213,791.	160,576.	245,129.	890,868.			
	The portion of total contributions	110,130.	133,210.	213,131.	100,570.	243,123.	030,000.			
3	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,						161 000			
_	column (f)						161,892.			
	Public support. Subtract line 5 from line 4					j	728,976.			
	Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4	118,156.	153,216.	213,791.	160,576.	245,129.	890,868.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	42,661.	38,236.	34,047.	36,646.	31,345.	182,935.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carned on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI)		·							
11	Total support. Add lines 7 through 10						1073803.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12	248,995.			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)				
	organization, check this box and stor	here								
Sec	ction C. Computation of Publ	ic Support Per	rcentage							
14	Public support percentage for 2014 (I	line 6, column (f) di	vided by line 11, o	olumn (f))		14	67.89 %			
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	57.21 %			
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$			
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons			
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization					
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the)			
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	cly supported orga	inization	ightharpoons			
18	Private foundation. If the organization		-		· · · · · ·		s			
	<u> </u>						or 990-F7) 2014			

432022 09-17-14

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						-
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities						,
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		·				
	3 received from disqualified persons						
ŧ	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						
	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support				*		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				1		
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)		<u> </u>		<u>L</u>		
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	's first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here	-	<u> </u>	·			
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (I	line 8, column (f) c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20)14 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from :	2013 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	
ŧ	33 1/3% support tests - 2013. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The orga	anization qualifies	as a publicly sup	ported organization	ightharpoons
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	▶□

Supporting Organizations

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

Section A. All S	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
	}	
3b		
- 55		
3c		
4a		
4b		
4c		
5a		
34		
5b		
5c		
	r	
6		
_		
7		
8		
9a		
- 52		
9b		
9c		
		
10a		
10b		
n 990 or 99	0-EZ)	2014

	edule A (Form 990 or 990 EZ) 2014 NEW YORK STATE 4-H FOUN			<u>14-6021395 Page (</u>
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		`
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integra	ted Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NEW YORK STATE 4-H FOUNDATION, INC. 14-60<u>21395 Page 7</u> Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3) and 4c Breakdown of line 7: 8 d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NEW YORK STATE 4-H FOUNDATION, INC. 14-6021395 P Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)	
Also complete this part for any additional information (See instructions)	
Na	

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	NEW YORK STATE 4-H FOUNDATION, INC.	14-6021395
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ŭ	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Pai	tt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	v important land area
	Protection of natural habitat Preservation of a misconcair Preservation of a certified h	
	Preservation of open space	istoric structure
_	·	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year	Held at the End of the Tax Year
_	Tetal number of consequences accompate	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С.	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 orga	inization 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	·
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?	└ Yes
9	in Part XIII, describe how the organization reports conservation easements in its revenue and expense state	· ·
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	rganization's accounting for
Da	_conservation easements rt III │ Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Га		Sillilai Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	·
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	T public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	•
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public si	ervice, provide the following amounts
	relating to these items	_
	(i) Revenue 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.	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

			H FOUNDATI						Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Ti	easures, or	Othe	r Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that a	ire a si	gnıficant	use of its	collection	ı ıtems
	(check all that apply)								
а	Public exhibition	c	Loan or exc	hange program	ıs				
b	Scholarly research	6	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization	's exen	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other	sımılar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organization	on answered "Yo	es" to f	Form 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other asse	ts not	ıncluded			_
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d		·	
е	Distributions during the year	-				1e			
f	Ending balance					1f	L		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial accour	nt liabilr	ty?		Yes	No
1	if "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	the organization ar	swered "Yes" to Fo	orm 990, Part IV	, line 10	0.			
		(a) Current year	(b) Prior year	(c) Two years t	oack ((d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,056,395.	1,077,567	1,019	657.	1,0	018,739.		958,496.
b	Contributions	163,425.	119,585	141,	725.		87,148.		56,367.
c	Net investment earnings, gains, and losses	27,302.	60,245	45,	156.		<24,847.	>	51,504.
d	Grants or scholarships				_				
е	Other expenditures for facilities			İ					
	and programs	209,145.	201,002	128.	971.		61,383.		47,628.
f	Administrative expenses								
g	End of year balance	1,037,977.	1,056,395		567.	1,0	019,657.	1,	018,739.
2	Provide the estimated percentage of the curr		ce (line 1g, column (a)) held as					
	Board designated or quasi-endowment	.22	_%						
	Permanent endowment ► 88.92	%							
С	Temporarily restricted endowment ▶1	······································							
	The percentages in lines 2a, 2b, and 2c should be should								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administere	d for th	ne organi	zation	г	
	by								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations	that ad an exercise 1	on Cabadole DO					3a(ii)	X_
	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	•						_3b	
Par	t VI Land, Buildings, and Equipm		ownent lungs		·				
	Complete if the organization answere) Part IV line 11a 9	See Form 990 P	art Y l	ine 10			
		(a) Cost or o	· 1	t or other			od T	(d) Post	
	Description of property	basis (investi	1 ,	(other)	• •	cumulate reciation		(d) Book	. value
1-	Land	2233 (11146311		(-4.0.)	чер		•		
	Buildings		+						
	Leasehold improvements			 					
	Equipment			+-				_	
	Other		-	 					
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, column (B). line	10c)					0.

Schedule D (Form 990) 2014

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

372,416.

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

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 NEW YORK STATE 4-H FOUNDAT				6021395	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	th Revenue per R	leturr	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			· · · · · ·	224	702
1	Total revenue, gains, and other support per audited financial statements			1	334	<u>,793.</u>
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a	7,492.			
b	Donated services and use of facilities	2b	6,111.	1		
c	Recoveries of prior year grants	2c	<u></u>	1		
d	0.1 10 1 5 1/111	2d	8,674.	1		
е	Add lines 2a through 2d			2e	22	,277.
3	Subtract line 2e from line 1			3		,516.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		.u. F	5		<u>,516.</u>
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ıtn Expenses per	Hetu	ım.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	426	005
1	Total expenses and losses per audited financial statements			1	426	<u>,005.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	C 111			
a		2a	6,111.	1 1		
b	Prior year adjustments Other losses	2b		1 1		
c		2c 2d	8,674.	1 1		
d e	Add lines 2a through 2d	20	0,074.	2e	14	,785.
3	Subtract line 2e from line 1			3		,220.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					, 220.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b		1		
c				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	411	,220.
Pa	rt XIII Supplemental Information.					
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	•		4, Part	X, line 2, Part 2	XI,
<u>PA</u>	RT V, LINE 4:				,-	
TO	FUND FUTURE PROGRAMS IN ACCORDANCE WITH TH	IE OR	GANIZATION'	S T	AX EXEMI	PT_
PU:	RPOSE.					
PA.	RT X, LINE 2:					·-
	E FOUNDATION'S FORM 990, RETURN OF ORGANIZA			M I	NCOME TA	AX ,
FO	R THE YEARS ENDING 2013, 2012 AND 2011 ARE	SUBJ	ECT TO EXAM	IINA	TION BY	THE
<u>IR</u>	S, GENERALLY FOR THREE YEARS AFTER THEY WEE	RE FI	LED.			
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:	<u> </u>				·
FU	NDRAISING EXPENSES				8	<u>,674.</u>

Schedule D (Form 990) 2014 Part XIII Supplemental Information	NEW YORK STATE 4-H FOUNDATION, INC.	14-6021395 Page 5
•	OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE		8,674.
•		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Pepartment of the Treasury Internal Revenue Service		organization entered more than the second of	90 or Fo	rm 99	0-EZ.	ov/form	- 1	Open to Public Inspection
lame of the organization								entification number
	NEW YOR	K STATE 4-H FOUND	OITAC	N,	INC.	1	4-6023	1395
	sing Activities complete this par	Complete if the organization ansit	wered "Y	es" to	Form 990, Part IV, I	ıne 17. F	orm 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the follow	wing acti	vities	Check all that apply			
a Mail solicitat	tions				overnment grants			
b Internet and	email solicitations			-	nment grants			
c Phone solici		g Spec	ial fundra	ısıng	events			
d In-person so								
		or oral agreement with any individu						
		art VII) or entity in connection with					Ye	
		ividuals or entities (fundraisers) pu	irsuant to	agre	ements under which	the fund	Iraiser is to	be
compensated at le	east \$5,000 by the	organization			,			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have co or con contribu	aiser istody trol of	(iv) Gross receipts from activity	tò (or re fun	ount paid etained by) draiser in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
						1		
								
 	····		<u> </u>					
			<u> </u>					
			1					
					· - ·			
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- atal								
otal 3 List all states in wh or licensing	ich the organizatio	on is registered or licensed to solic	it contrib	utions	s or has been notified	d it is exe	empt from i	registration
- or meerioning	·. -		-					
·								
								
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		5344-A-8	-					
 								
.HA For Paperwork R	eduction Act Not	ice, see the Instructions for Forr	n 990 or	990-l	EZ. S	Schedule	G (Form 9	990 or 990-EZ) 2014

	art II Fundraising Events. Complete if to fundraising event contributions and g	he organization answered	"Yes" to Form 990, Par	rt IV, line 18, or reported	·
		(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	23,322.			23,322.
	2 Less Contributions			;	
_	3 Gross income (line 1 minus line 2)	23,322.			23,322.
	4 Cash prizes				
g	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	6,111.			6,111.
Direct E	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,563.			2,563.
	10 Direct expense summary. Add lines 4 through			>	8,674.
Pa	11 Net income summary Subtract line 10 from art III Gaming. Complete if the organization		990 Part IV June 19 or	reported more than	14,648.
	\$15,000 on Form 990-EZ, line 6a.	ranswered res to rollin	330,1 art 14, mic 13, or	reported more than	
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Re	1 Gross revenue				
	1 Gross revenue				
Expenses	2 Cash prizes				
Expe	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
		Yes %	Yes%	Yes %	
	6 Volunteer labor	∟ No	No	No No	
	7 Direct expense summary Add lines 2 through	gh 5 in column (d)		•	
	8 Net gaming income summary Subtract line	7 from line 1, column (d)		•	
					
	.,	_			
	a Is the organization licensed to conduct gaming of "No," explain		states?		Yes No
	a Were any of the organization's gaming licenses of If "Yes," explain		-	year?	Yes No
			-		

Sch	edule G (Form 990 or 990-EZ) 2014 NEW YORK STATE 4-H FOUNDATION, INC. 14-	<u> 5021395</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		·
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of convices provided		
	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	L No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 1	0b, 15b,
	roo, ro, and rro, as applicable ride provide any additional information (see including).		· · · ·
		 	
		·	·
4320	983 08-28-14 Schedule G (For	m 990 or 990	D-EZ) 2014
	3.3		

Schedule G	i (Form 990 or 990-EZ)	NEW	YORK :	STATE	4-H	FOUNDATION,	INC.	14-6021395	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inf	ormation	(continued)					
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									•
								Schedule G (Form 990 or	990-EZ)

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SCHEDULE 1 (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

2014	Open to Public Inspection
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OMB No 1545-0047

Employer identification number

ž 14-6021395 (h) Purpose of grant STANDARDBRED PROGRAM or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 30,131 cash grant INC. FOUNDATION (c) IRC section ıf applicable 501(C)(3) NEW YORK STATE 4-H 15-0532082 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EXTENSION - 373 PINE TREE ROAD -CORNELL UNIVERSITY COOPERATIVE or government ITHACA NY 14853 Part II Parti

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

(f) Description of non cash assistance (e) Method of valuation (book, FMV, appraisal, other) A FINANCIAL REPORT, AND CERTIFICATION Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 10,000, 35 OF FUNDS USED AT THE COMPLETION OF THE GRANT PERIOD (c) Amount of cash grant (b) Number of recipients EACH GRANTEE PROVIDES A FINAL REPORT, (a) Type of grant or assistance ~ LINE SCHOLARSHIPS PART I

Schedule I (Form 990) (2014)

432102 10-15-14

Page 2

14-6021395

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

NEW YORK STATE 4-H FOUNDATION,

Schedule | (Form 990) (2014)
| Part III | Grants and Other

INC.

SCHEDULE O

. . .

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

NEW YORK STATE 4-H FOUNDATION, INC 14-6021395 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXTENSION NEW YORK STATE 4-H PROGRAM IN DEVELOPING AND DELIVERING SUPERIOR 4-H YOUTH DEVELOPMENT PROGRAMS. FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING FOR FORMAL BOARD MEMBER REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AT A BOARD MEETING, AND EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST FORM IDENTIFIES ANY POTENTIAL CONFLICT OF INTEREST, AND INDICATES THAT THEY AGREE TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS INCLUDED REVIEW OF SALARIES FOR COMPARABLE POSITION IN FUND DEVELOPMENT WITH OTHER NONPROFITS, AND WITH SIMILAR POSITIONS WITH 4-H FOUNDATIONS NATIONALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED

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432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

A 1 1 E