## **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** 

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.

	For the	2016 caler	ndar year, or tax year beginning , 2016, and ending			, 20		
<u>``</u> В			C Name of organization California Foundation for Agriculture in the Classroom	D Employer identification number				
	Address		Doing business as		68-0100601			
=		· ·	Number and street (or P O box if mail is not delivered to street address)  Room/suit		E Telephone number			
	Name ch	•	2300 River Plaza Drive	Ĭ	E roiopiio.			
=	Initial reti	-	City or town, state or province, country, and ZIP or foreign postal code			916-561-5520		
=		m/terminated			C Gross es	acusta £	4 454 102	
=	Amended		Sacramento CA 95833-3293	1	<b>G</b> Gross re		1,154,103	
لــا	Applicati		F Name and address of principal officer: Kenneth Watkins III, Chairman of the			subordinates?    Yes	_	
			Board, 2300 River Plaza Dr, Sacramento CA 95833			s included? 🔲 Yes ı list (see instruction		
<u> </u>		mpt status.	✓ 501(c)(3)	⊢		•	113)	
<u>J</u>	Website		defaite.org	H(c) Group				
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	on 1986	M State	of legal domicile	CA	
- 12	art I	Summa			<u> </u>			
4	1	<del>-</del>	scribe the organization's mission or most significant activities: Mission	: 10 increa	se awarer	ness and		
Governance	ł	understan	ding of agriculture among California's educators and students.					
Ē		Ob 1 41-2		£	050/ . 6			
Š			s box \( \subseteq \subseteq \) if the organization discontinued its operations or disposed o			its net assets.	_	
Ğ	1		f voting members of the governing body (Part VI, line 1a)				9	
80	1		f independent voting members of the governing body (Part VI, line 1b)				7	
ij	1		ber of individuals employed in calendar year 2016 (Part V, line 2a)		5		11	
Activities &	,		ber of volunteers (estimate if necessary)		6		360	
⋖	1		elated business revenue from Part VIII, column (C), line 12		7a	<u> </u>	0	
	b	Net unrela	ated business taxable income from Form 990-T, line 34	Delay V	7b	Current V	0	
				Prior Yo		Current Y		
ne	1		ons and grants (Part VIII, line 1h)		784,369	<del>-</del>	923,918	
Revenue	9	-	service revenue (Part VIII, line 2g)		114,599		159,868	
È	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	64,607		39,305		
3	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(8,794)		<u>(15,591)</u>	
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		954,781		<u>1,107,500</u>	
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		11,168		10,952	
ä	14		oald to or for members (Part IX, column (A), line 4)		0		0	
Se Se	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		376,242		464,560	
_≌ _	16a		nal fundraising fees (Part IX, column (A), line 11e)		68,198		90,432	
Expenses	b		draising expenses (Part IX, column (D), June 25) ► 206,606					
	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 112-24e)		483,151		<u>557,127</u>	
<u></u>	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column-(A), line 25)		938,759		1,123,071	
- <del>(1-4)</del>	19	Revenue	less expenses. Subtract line 18 from line 12		16,022		(15,571)	
Net Assétsjon			(E) (O) F	Beginning of C	urrent Year	End of Y	ear ————	
Ssét	20		ets (Part X, line 16)		1,7 <u>47,</u> 099		1,776,172	
A P	21		lities (Part X, line 26)		101,550		89,858	
			s or fund balances. Subtract line 21 from line 20		1,64 <u>5,</u> 549	l	1,686,314	
Ľ	art II	Signat	ure Block					
			y, I declare that I have examined this return, including accompanying schedules and stater etc. Declaration of preparer (other than officer) is based on all information of which preparer			my knowledge an	d belief, it is	
		it, and comple		Tias arry know	<del></del> +-	. [	<del></del>	
O: .			Mark Hausa			4/2017		
Sig		Signa	ature of officer	Ů.	ate			
He	ere		Mark Dawson Measur Secretory					
		<del>- 17 - 12 -</del>	or print name and title	<u> </u>	,	I DTO		
Pa	id	Frintriy	pe preparer's name Preparer's signature Da	te	Check			
	epare	er			self-em	ployed		
	se Onl	ly Firm's na		Fire	m's EIN ▶	<del> </del>	<del></del>	
		Firm's a	ddress •	Ph	one no			
Ma	ly the IF	RS discuss	this return with the preparer shown above? (see instructions)			∐Y∈	s 🔲 No	

For Paperwork Reduction Act Notice, see the separate instructions.

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	To increase awareness and understanding of agriculture among California's educators and students
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?
4	If "Yes," describe these changes on Schedule O.  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 \$
	TEACHER RESOURCES: Distribution of an educational newspaper supplement for students in grades 3-8, "What's Growin' On?"  The supplement was distributed to teachers in California and inserted into multiple newspaper subscriptions. Readership was more
	than one million. The edition focused on California's top ten commodities.
	Numerous lesson plans were researched, developed and updated including: Ag-Bites, Farm to You, Bee fact sheet, Poultry fact sheet
	Pork fact sheet, Lettuce fact sheet, Pickle/Cucumber fact sheet, and new Taste and Teach program.
4b	(Code:) (Expenses \$150,351 including grants of \$0) (Revenue \$0)
	GRANT PROGRAMS: The Specialty Crop Block Grant program funded the development of lesson fact sheets on invasive species.  The Fertilizer Research and Education Foundation funded the promotion and marketing of plant-nutient resources to California
	teachers.
4c	(Code:) (Expenses \$135,214 including grants of \$10,952 ) (Revenue \$0)
	TEACHER COMMUNICATIONS: New resources on website, annual report, and Outstanding Educator program.
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	······
_	
4d	· · · · · · · · · · · · · · · · · · ·
40	(Expenses \$ 412,025 including grants of \$ 0) (Revenue \$ 159,868)  Total program service expenses ▶ \$873,625
-	FORM PROGRAM SERVICE EADERSES F CRYS 675

Part IV	<b>Checklist of Required Schedules</b>

			res (	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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	
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		<b>✓</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? If "Yes," complete Schedule C, Part III	5		<b>√</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? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</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? If "Yes," complete Schedule D, Part IV	9	_	✓
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
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		<b>✓</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? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e 11f		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13 14 a	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
b		14b		<b>√</b>
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17	1	
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	1	
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		1
		For	<sub>m</sub> 990	(2016)

Part	V Checklist of Required Schedules (continued)			
<b>00</b> -	Did the exceptation energia and are made because he with the illinian O. 15 (1)/2 - 2	-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<b>✓</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	<del></del>
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		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>✓</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>-</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>/</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<b>✓</b>	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
	<del></del>	For	m <b>99</b> (	<b>0</b> (2016)

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	<u>.</u>	ᅟᄆ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	L
<b>2</b> a	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 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	] [		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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	1		<u> </u>
	account)?	4a		<b>✓</b>
b	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		<b>✓</b>
C	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	`		} :
а	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	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	[	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		[	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b		<u></u>
10	Section 501(c)(7) organizations. Enter:		[	
а	Initiation fees and capital contributions included on Part VIII, line 12	]		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			ŀ
	against amounts due or received from them.)			
1 <b>2</b> a	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	1 -		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	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.	1	1	
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		İ	
С	Enter the amount of reserves on hand	<u> </u>	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	e ins	or a truction	ons.
Section	on A. Governing Body and Management	<del></del> _		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 7  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			i
	any other officer, director, trustee, or key employee?	2	•	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
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 appoint one or more members of the governing body?	7a	1	
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		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>√</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	✓_	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		1
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	108		•
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re  Mark Dawson, Treasurer, 2300 River Plaza Dr., Sacramento CA 95833 916-561-5520	cords	:▶	

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⊦om	990	(2016)	

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Part VII	Compensation of Officers, Director	s, 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.

Check this box if neither the organization no	r any relate	d orga	<u>aniz</u>	atıo	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
			(0	C)			1			
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per	officer and a director/tru						compensation	compensation from	amount of
	week (list any hours for	유	Ē	Q	<u>~</u>	용표	77	from the	related organizations	other compensation
	related	dire	Ë	Officer	Ý e	함	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		Institutional trustee	,	Key employee	Highest compensated employee	1	(W-2/1099-MISC)		organization and related
	line)		altr		) ye	Į ğ.	Į .		i i	organizations
	,	tee	uste		"	ensa	!		[	•
			ď			ted			]	
(1) Martha L Deichler										
Director	0	✓	'	<u>_</u>	<u> </u>	<u> </u>		0	0	0
(2) Jim P Hicks	<1					1			ļ	
Director	0	<b>✓</b>			<u> </u>			0	0	0
(3) Debbie A Jacobsen	<1	(							[	
Director	0	<b>✓</b>		_	<u> </u>	<u> </u>		0	0	0
(4) Rick G Phillips	<1						1		<u> </u>	
Director	0	1				<u> </u>	<u>L</u>	0	0	0
(5) Jane C Roberti	<1	ļ			ļ	ļ	1			
Director	0	<b>✓</b>	<u> </u>					0	0	0
(6) Craig C Thomson	<1	j	1		ł	1			į	
Director	0	1	L	<u> </u>		<u> </u>		0	0	0
(7) Kenneth Watkins III	<1				1		1		1	
Chairman of the Board	11	1	_	1		<u> </u>	L	0	3,600	0
(8) James Johannson	<1									
Vice Chair	15	✓		✓		<u> </u>	<u> </u>	<u> </u>	42,574	0
(9) Mark R Dawson	<1	j	1							
Secretary/Treasurer & Director	40	✓_	<u> </u>	✓			L	<u> </u>	153,330	33,999
(10) Nancy McDonough	<1						Г			
Assistant Secretary	40			✓	1	}	1	\ c	226,852	31,339
(11)										
	7	1		l						
(12)										
(13)	<del> </del>	-	-		-		$\vdash$	<del> </del>		
							<u> </u>			
(14)	1	]								
						<u> </u>		<u> </u>		

Part	VII Section A. Officers, Directors, Trus	ees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cont	tinued)
	(A)	) 			•	C) ition					]
	(B)			ieck	more	than o		(D)	(E)	(F) Estimated	
	Name and title	hours per							Reportable compensation	Reportable compensation from	
M			-	т_	_			_	from	related	other compensation
			Individual trustee or director	stitu	Officer	Key employee	nple nple	Former	the organization	organizations (W-2/1099-MISC)	•
		organizations	cto	tion	٦	퀽	st co	1 4	(W-2/1099-MISC)	1	organization
		below dotted line)	\ <u>`</u>	al tr		oye	ğ		ļ	ļ	and related organizations
			i e	Institutional trustee	}	"	Highest compensated employee	1	i		
		]	Ì	ě	1		ē	Ì	1	}	
(15)											
(16)											
	<del></del>	<u></u>	<u> </u>		<u> </u>				<u></u>		
(17)		ļ					İ		}	}	
	<del></del>				<u> </u>	L.	<u> </u>	Ļ_			
(18)		ļ									
			<u> </u>					_	<u> </u>	<b>_</b>	<u> </u>
(19)		ļ		1			}	}		<u> </u>	
<del></del>		ļ	ļ. —	<b>.</b>	<u> </u>	<u> </u>	ļ	<u> </u>	ļ		
(20)		ļ	ł					ł		i	
(04)	<del></del>	<del></del>		-	├		<b> </b> -	<b> </b>	<del> </del>	<del> </del>	<del> </del>
(21)		ļ	1			ļ			1		
(22)			├	├	-	├		┢	<del></del>	<del> </del>	<del> </del>
1441		<del> </del>	1	1				ļ			
(23)		<del> </del>		├		-	-	├			<del> </del>
323/		<del> </del>	1				ļ				
(24)				╁	-	-		╁╌		<del> </del>	<del> </del>
35.77		<del> </del>	1	Ì			Ì	}		]	
(25)	<del></del>			╁	_	_		<u> </u>			<del> </del>
31		T	1				ļ	l			
1b	Sub-total				•			▶	0	426,35	6 65,338
С	<b>Total from continuation sheets to Part</b>							ightharpoons			
d	Total (add lines 1b and 1c)	. <u></u>	· <u>·</u>					<b>&gt;</b>	0	426,35	65,338
2	Total number of individuals (including bu	t not limited						e) w	ho received m	ore than \$100,0	000 of
	reportable compensation from the organ	ization ►							0		
											Yes No
3	Did the organization list any former of							emp	oloyee, or high	nest compensa	THE MAN SERVICE A
	employee on line 1a? If "Yes," complete							•			· 3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150,	,000	3? [	f "Ye	s,"	complete Sci	nedule J for s	uch
	individual			•		• •	• •	•			4 V
5	Did any person listed on line 1a receive of for services rendered to the organization										S
C- odi	<del></del>	rii res, c	Jonip	iete	SCI	ieai	Jie J	or:	sucri person	<del></del>	. 5
	on B. Independent Contractors										100.000 -6
1	Complete this table for your five highest compensation from the organization. Rep										
	year.	Joir compe	iisaii	UII I	Or ti	ie c	alenc	ıaı :	year ending wi	ui oi wiliiii lile	organization s tax
	<del></del>							1	/B)	<del></del>	(0)
	(A) Name and business add	tress						1	(B) Description of:	services	(C) Compensation
	<del></del>							+		<del>+-</del>	- <del>-</del>
N/A	<del></del>			_				+			
14/7								+	<del> </del>		
						_		-			
								T			
2	Total number of independent contractor	ors (ıncludi	ng bi	ut n	ot	limi	ted to	o th	hose listed ab	ove) who	Carlotta .
	received more than \$100,000 of compens								•		

Part	VIII	Statement of Reve				Post to Alete	D-41/III		
		Check if Schedule C	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s	1a	467		Toverius		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0			ļ	'
S, E	С	Fundraising events .		1c	124,070				
ar/	d	Related organizations		1d	100,000			İ	
iï, (	е	Government grants (cor	ntributions)	1e	96,252				
tion	f	All other contributions, g							
the ib		and similar amounts not included above			603,129				
d O	g	Noncash contributions include	ded in lines 1a	-1f: \$	29,594				
	h	Total. Add lines 1a-1	<u>f</u> .		<b>▶</b>	923,918		<u></u>	
Program Service Revenue					Business Code		<del>_</del>		
evel	2a	Ag in the Classroom C	onference		611710	35,930		ļ <u>-</u>	
e R	b	Service Agreements			611710	123,938			
Σi	C								
Se	d								
ram	е	A.II							<u> </u>
rog	f	All other program ser			L			l	
	g	Total. Add lines 2a-2 Investment income				159,868		T	Т
	3	and other similar amo			ends, interest,	40.770			40.770
		Income from investmen			Į.	19,772		<u> </u>	19,772
	4 5			•		0			
	5	noyanies	(ı) Rea		(II) Personal	U			<del> </del>
	6a	Gross rents	(7)		(1)				· ;
	b	Less: rental expenses							!
	C	Rental income or (loss)	-						
	d	Net rental income or	(loss)			0		-	
	7a	Gross amount from sales of	(i) Securit	ies	(II) Other				
		assets other than inventory	1	9,533					
	b	Less: cost or other basis		·					
		and sale's expenses .		0					
	С	Gain or (loss)	1	9,533					
	d	Net gain or (loss) .			▶	19,533			19,533
Other Revenue		Gross income from frevents (not including \$ of contributions report See Part IV, line 18	124,0 ed on line 1	c). · a	0.,0.=				
Ō	1	Less: direct expense: Net income or (loss):				(15,591)		<u> </u>	(15,591)
		Gross income from g	aming activ	ıties.		(15,591)	<del></del>		(13,331)
		See Part IV, line 19 .		· a	1				
	b	Less: direct expense	s	. b					
	С	Net income or (loss)	_	-	ivities 🕨	. 0			
	10a	Gross sales of in returns and allowand			1				
	b	Less: cost of goods						<u> </u>	
	<u>C</u>	Net income or (loss)  Miscellaneous I		or inv	<del>,</del>	0		<del> </del>	
	44.	MISCHIANHOUS I	nevenue		Business Code				
	11a								
	b								<del> </del>
	C	Ali other revenue				-		<del> </del>	
	d e	Total. Add lines 11a		•	<u> </u>	0		<del>                                     </del>	
	12	Total revenue. See i				1,107,500		<del> </del>	23,714
						1, 107,500		<u> </u>	43,714

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lin		<i></i>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,277	6,277		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,675	4,675		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> 5	Benefits paid to or for members 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	365,637	299,959	25,001	40,677
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,095	15,666	1,305	2.124
9	Other employee benefits	50,166	41,154	3,431	5,581
10	Payroll taxes	29,662	24,335	2,027	3,300
11	Fees for services (non-employees):				
a	Management	50,000	41,850	3,450	4,700
b	Legal				
C	Accounting	9,079		626	853
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	90,432			90,432
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O) .	18,095	18,095	o	0
12	Advertising and promotion	18,095	10,095		<u> </u>
13	Office expenses	51,493	45,886	151	5,456
14	Information technology	10,573	10,573	0	0
15	Royalties				
16	Occupancy	46,217	38,685	3,188	4,344
17	Travel	21,191	17,738	1,461	1,992
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	47,712	45,512	2,200	0
20	Interest				
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses, Itemize expenses not covered				1
	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.)				1
а	Service Agreements	93,891	93,891	0	0
b	Grant-supported Programs	71,498	71,498	0	0
c	Educational Materials Printing	34,257	34,257	0	<u>v</u>
d	Writing Contest	28,437	28,437	0	
е	All other expenses	74,684	27,537	0	47,147
25	Total functional expenses. Add lines 1 through 24e	1,123,071	873,625	42,840	206,606
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X <u></u> .		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	204,763	1	160,353
	2	Savings and temporary cash investments	263,322	2	247,875
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	72,534	4	65,792
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
S	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 instructions). Complete Part II of Schedule L	O	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	3,539	9	8,000
	10a	Land, buildings, and equipment: cost or			
ı		other basis. Complete Part VI of Schedule D 13,945			
	b	Less: accumulated depreciation 10b 13,945		10c	0
	11	Investments—publicly traded securities	1,202,941		1,294,152
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
i	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,747,099		1,776,172
	17	Accounts payable and accrued expenses	81,693		89,858
	18	Grants payable	0	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
ties	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			'
Ē		disqualified persons. Complete Part II of Schedule L	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			<u> </u>
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
i		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	101,550		89,858
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
es	ŀ	complete lines 27 through 29, and lines 33 and 34.			,
aŭ	27	Unrestricted net assets	992,267	27	1,044,985
3al	28	Temporarily restricted net assets	104,927		92,974
ᅙ	29	Permanently restricted net assets	548,355	29	548,355
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or Fund Balances		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
å	33	Total net assets or fund balances	1,645,549		1,686,314
	34	Total liabilities and net assets/fund balances	1,747,099	34	1,776,172

Page	1	2
raue		4

	· · · · · · · · · · · · · · · · · · ·				9~ -
_Part	XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,10	7,500
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,12	3,071
3	Revenue less expenses. Subtract line 2 from line 1	3		(15	5,57 <u>1)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,64	<u>5,549</u>
5	Net unrealized gains (losses) on investments	5		5	<u>6,336</u>
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		1,68	6,314
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · · · · · · · · · · · · · · · </u>	• • •	<del></del>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	. 1 . 2	} .		'
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain in			1
_	Schedule O.				
2a			2a	✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	piled of			,
	·		j		İ,
	Separate basis Consolidated basis Both consolidated and separate basis		2b	1	الــــا
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 audit		20		
	separate basis, consolidated basis, or both:	o on a			į,
	Separate basis Consolidated basis Both consolidated and separate basis		-{		1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht	<u> </u>		
C	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex		120		
	Schedule O.	CPICIII III	ļ		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			<sup>/</sup>
Ja	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	1	<b></b>	<del> </del>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	]	
				n 990	(2016)
			•		,

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

## **Public Charity Status and Public Support**

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

**Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

		Foundation for Agriculture in the		<del></del>			68-010	
Par		Reason for Public Char	<del></del>			<del></del>		ns.
	_	nization is not a private foundat		•		_	· · · · · · · · · · · · · · · · · · ·	
1		A church, convention of church						
2		A school described in <b>section</b> : A hospital or a cooperative hos						
3		A nospital of a cooperative nos A medical research organization						iii) Enter the
-		nospital's name, city, and state	•	injunction with a nosp	ilai desci	ibed iii 3	ection troppy(t)(A)(t)	ing. Criter trie
5		An organization operated for the section 170(b)(1)(A)(iv). (Comp	ne benefit of a	college or university of	owned or	operate	d by a governmenta	al unit described in
6 7	Ø,	A federal, state, or local govern An organization that normally r described in section 170(b)(1)(	eceives a subst	antial part of its supp				the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9		An agricultural research organizor university or a non-land-graruniversity:	zation described	in section 170(b)(1)(	A)(ix) ope			
10	r	An organization that normally re receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and unr	nctions—subject to ce elated business taxab	ertain exc ole incom	eptions, a e (less se	and (2) no more that ection 511 tax) from	า 33¹/₃% of its
11		An organization organized and	operated exclus	ively to test for public	safety. S	ee <b>secti</b>	on 509(a)(4).	
12		An organization organized and						
		of one or more publicly suppo						
	(	Check the box in lines 12a throu	_	• • • • • • • • • • • • • • • • • • • •		_		
а		Type I. A supporting organi						
		the supported organization supporting organization. You					he directors or trust	ees of the
b	. [	Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of to organization(s). You must o				persons	that control or mana	age the supported
C		Type III functionally integing its supported organization(s	ated. A support	ing organization oper	ated in co			ally integrated with,
d	Г	Type III non-functionally in						orted organization(s)
		that is not functionally integ requirement (see instruction	rated. The organ	nization generally mus	st satisfy	a distribu	ıtıon requirement an	
е	. [	Check this box if the organ functionally integrated, or T						e II, Type III
f g		nter the number of supported or rovide the following information		orted organization(s)				
		lame of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(4)	Samuel of Gapponed of Garmanion	()	(described on lines 1–10 above (see instructions))	listed in you	ir governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	.1		· · · · · · · · · · · · · · · · · · ·		-	<del> </del>		

	18 A (1 01111 300 01 330-LZ) 2010						Page Z
Part							
	(Complete only if you checked the						lify under
Č4:	Part III. If the organization fails to	quality unde	r the tests iis	itea below, pi	ease comple	te Part III.)	
	on A. Public Support		#1 0040 T	4 ) 0044	11) 2015	(1) 0046	(6) T. I. I.
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	}	ı	ì	·	ì	
	membership fees received. (Do not include any "unusual grants.")	]					
_		947,078	919,667	883,966	784,369	923,918	4,458,998
2	Tax revenues levied for the					· }	
	organization's benefit and either paid	ļ					
_	to or expended on its behalf	ļi					
3	The value of services or facilities					, ,	
	furnished by a governmental unit to the						
	organization without charge	ļ					
4	Total. Add lines 1 through 3	947,078	919,667	883,966	784,369	923,918	4,458,998
5	The portion of total contributions by	ĺ				•	
	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)	!				}	
_							756,189
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support	L					3,702,809
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4			883,966	784,369	923,918	4,458,998
-		947,078	919,667	863,966	764,363	923,310	4,436,556
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	<u> </u>				Ì	
	sources	24.045	11,983	25,484	18,546	19,772	97,700
9	Net income from unrelated business	21,915	11,303	23,464	10,340	13,772	91,100
·	activities, whether or not the business						
	is regularly carried on					1	
10	Other income. Do not include gain or						
	loss from the sale of capital assets	ļ				,	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·			4,556,698
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the			d, third, fourth	ı, or fifth tax y	ear as a section	
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2016 (line	6, column (f) di	vided by line 1	1, column (f))		14	81.26 %
15	Public support percentage from 2015 Sc					15	81.65 %
16a	331/3% support test-2016. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test-2	<b>016.</b> If the org	anızatıon dıd r	not check a bo	x on line 13, 1	6a, or 16b, and	l line 14 ıs
	10% or more, and if the organization m	eets the "facts	-and-circumst	ances" test, cl	neck this box	and stop here.	Explain in
	Part VI how the organization meets the	"facts-and-circ	umstances" te	est. The organi	ization qualifie	s as a publicly	supported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test-2	<b>015.</b> If the org	anization did r	not check a bo	x on line 13,	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-	cırcumstances	" test, check	this box and s	top here.
	Explain in Part VI how the organization						
	supported organization						<b>▶</b> [

Part							
	(Complete only if you checked th						nder Part II.
<del></del>	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support		1	1 () 22()	10000	4 3 0040	(O.T. )
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	received. (Do not include any "unusual grants.")		Í	1	{	·	
2	Gross receipts from admissions, merchandise	<del></del>	<del> </del>	<del></del>	<del></del>	<del> </del>	
	sold or services performed, or facilities		Ì	1	ſ		
	furnished in any activity that is related to the organization's tax-exempt purpose		İ	Ì	Ì	}	
3	Gross receipts from activities that are not an	<del></del>	<del></del>	<del> </del>	<del> </del>	<del></del>	<del></del>
	unrelated trade or business under section 513						
4	Tax revenues levied for the			j	]	ļ	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		1				1
	furnished by a governmental unit to the organization without charge						<u> </u>
6	Total. Add lines 1 through 5		<u> </u>	<u> </u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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				<u> </u>		
С	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support			<u></u>	<del>,</del>	T	<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		<u> </u>		<del> </del>	ļ	
10a	Gross income from interest, dividends,			}	İ		
	payments received on securities loans, rents,		,	1	ł	1	
	royalties and income from similar sources .		ļ	<del> </del>	<b></b>		
b	Unrelated business taxable income (less		1	1		1	
	section 511 taxes) from businesses					}	
	acquired after June 30, 1975		ļ	<del> </del>		ļ	
C	Add lines 10a and 10b		<del> </del>	<del> </del>	<del> </del>		<del> </del>
11	Net income from unrelated business						{
	activities not included in line 10b, whether		ĺ	1	1		1
	or not the business is regularly carried on		<del> </del>	<del> </del>	<del> </del>	<del></del>	<del> </del>
12	Other income. Do not include gain or		1	Ì	ľ		
	loss from the sale of capital assets (Explain in Part VI.)		ł	Ì	Ì		1
13	Total support. (Add lines 9, 10c, 11,			<del> </del>	<del> </del>	<del> </del>	<del> </del>
13	and 12.)			1	ł	ł	Ì
14	First five years. If the Form 990 is for the	ne organizatio	n'e firet seco	nd third fourt	n or fifth tax v	l	n 501(c)(3)
17	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor			<del></del>	_ <del>````</del>	<del></del>	
15	Public support percentage for 2016 (line 8			13 column (f))		15	%
16	Public support percentage from 2015 Sch		•				<del></del> %
	on D. Computation of Investment In			<del></del>	<u> </u>	<u> </u>	
17	Investment income percentage for 2016 (			oy line 13. colu	ımn (f))	. 17	%
18	Investment income percentage from 2015			•			%
19a	331/3% support tests - 2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organiz	ation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	4, 19a, or 19b,	check this box	and see instru	uctions 🕨 🔲

### Part IV Su

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	- 1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		+	1

determine whether the organization had excess business holdings.)

10b

	7.(\chinoco di 666 22)2010			age C
Part	Supporting Organizations (continued)		<del></del> .	
4.4		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	} }		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		
	on or type i dapper and or garness and		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1 !		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Cooti		1_1_	L	L
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		}	}
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	j		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		İ	ł
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	struc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			_
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	{	1	1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			_
	activities but for the organization's involvement.	2b	<u> </u>	1_
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<del>  -</del>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	<del>-</del>	-
	as the cumported examplestic sell it "Vee." describe in Bort III the role played by the examination in this record			1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		<u> </u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	}		
instructions for short tax year or assets held for part of year):	L_,		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d.	3	<del></del>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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		
<b>6 Distributable Amount</b> . 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 instructions).	ly int	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			<del></del>
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014		· 	
е	From 2015			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years		<u></u>	
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>	<u> </u>	<u></u>
4	Distributions for 2016 from Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount	<u> </u>		 <del> </del> -
c		<del> </del>	<u> </u>	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			<u> </u>

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11c, 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 20**16** 

Open to Public Inspection

Name of the organization **Employer identification number** California Foundation for Agriculture in the Classroom 68-0100601 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on Form 990, Part IV, line 8. 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. 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: 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: 

Part									
3	Using the organization's acquisition, collection items (check all that apply):		ner recor	ds, chec	k any of th	e follow	ing that are a	significant	use of its
а	☐ Public exhibition		d [	Loan	or exchang	je progr	ams		
b	☐ Scholarly research		е (	☐ Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.		nd expla	in how th	ney further	the orga	anızation's exe	empt purpo	se in Part
5	During the year, did the organization	solicit or receive of	donations	s of art, I	historical tr	easures	, or other sim	ilar	
	assets to be sold to raise funds rather		ined as p	art of the	e organizati	on's col	lection? .	Ye	s 🗌 No
Part									
	Complete if the organization	answered "Yes"	on Forr	n 990, F	Part IV, line	e 9, or r	eported an a	imount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?							. 🗌 Ye	es 🔲 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	llowing ta	able:				
						<u> </u>	<u> </u>	Amount	
C	Beginning balance					1c			
d	Additions during the year					1d	İ		
е	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amount								
	If "Yes," explain the arrangement in P	art XIII. Check here	if the ex	planation	n has been	provide	d on Part XIII	<u></u>	
Part									
	Complete if the organization							- 1 <del> </del>	
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years ba	<del>-+</del> -	years back
1a	Beginning of year balance	602,282		602,282	6	02,282	84,4	163	84,463
b	Contributions						506,3	329	
С	Net investment earnings, gains, and	ľ		ł		ı			
	losses						11,4	190	
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	602,282		602,282		602,282	602,2	282	84,463
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a	a)) held a	ıs:		
а	Board designated or quasi-endowme	nt ►	0%						
b	Permanent endowment ►	91%							
C	Temporarily restricted endowment ▶	9%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of th	e organi	zation tha	at are held	and adr	ministered for	the	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	•						. <u>3b</u>	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.				
Part	, , , , ,								
	Complete if the organization								
	Description of property	(a) Cost or ot			or other basis ther)	de	Accumulated preciation	(d) Boo	ok value 
1a	Land					13.10	- Intrinc		
b	Buildings					<u> </u>			
С	Leasehold improvements			<del></del>		ļ			
d	Equipment				1,982		1,982		0
e	Other				11,963		11,963		0
Total.	Add lines 1a through 1e. (Column (d) r	nust_equal Form 9	90, Part )	<, column	n (B), line 1	0c.)	<u>.</u> ▶		0

	Investments - Other Securities.		_
	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	derivatives		
-	neld equity interests		
Other		<del> </del>	
(A)			
(B)			
(C)			<del></del>
(D)  (E)			<del></del>
(F)			
(G)			
( <del>)</del> (H)		<del></del>	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	<del></del>	<del></del>
art VIII	Investments—Program Related.		<del></del>
	Complete if the organization answered "Yes" on For	m 990. Part IV. line	11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) _	<del></del>		
)			
)			
)			
)			
)			
)			
)			
	b) must equal Form 990, Part X, col (B) line 13.) ▶		
	Other Assets.	m 000 Port IV line	11d See Form 000 Dort V line 15
	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX	Other Assets.	m 990, Part IV, line	11d. See Form 990, Part X, line 15
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
art IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX ) ) ) ) ) ) )	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX  (1) (2) (3) (4) (5) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	
Part IX  (1) (2) (3) (4) (5) (5) (6) (7) (9) (otal. (Columnation)	Other Assets. Complete if the organization answered "Yes" on For (a) Description .  mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
Part IX  (1) (2) (3) (5) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "Yes" on For (a) Description		(b) Book value
Part IX  (1) (2) (3) (5) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (7) (7) (8) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (1) (2) (3) (5) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (3) (4) (4) (5) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Follone 25.		(b) Book value
Part IX  (2) (3) (4) (5) (5) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  ) ) ) ) ) ) ) ) ) part X  Part X  ) Federal in )	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (c) (d) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (a) (b) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (1) (2) (3) (4) (5) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (7)	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  (1) (2) (3) (4) (5) (7) (6) (7) (7) (8) (9) (9) (1) Federal in (2) (3) (4) (5) (7) (3)	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value
Part IX  1) 2) 3) 4) 55) 6) 77 8) 9) otal. (Column Part X  1) Federal in 2) 3) 4) 55) 6) 77 8) 9)	Other Assets. Complete if the organization answered "Yes" on For (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on For line 25.  (a) Description of hability (b) Book value		(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statem			Return.	
	Complete if the organization answered "Yes" on Form 990,			<del>-</del> 1	
1	Total revenue, gains, and other support per audited financial statements	3		1	1,181,550
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a	Net unrealized gains (losses) on investments		56,336		
b	Donated services and use of facilities				
C	Recoveries of prior year grants		47.744		
d	Other (Describe in Part XIII.)		17,714	2e	74,050
e	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i : i :		<u> </u>	1,107,500
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100			
a	Investment expenses not included on Form 990, Part VIII, line 7b	<del></del>			
b	Other (Describe in Part XIII.)			4c	•
С 5	Add lines <b>4a</b> and <b>4b</b>			5	1 107 500
_	XII Reconciliation of Expenses per Audited Financial State			<u> </u>	1,107,500
Pari	Complete if the organization answered "Yes" on Form 990,			netuiii	•
	Total expenses and losses per audited financial statements			1	1 140 705
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>	1,140,785
2	•	2a			
a	Donated services and use of facilities				
b	Prior year adjustments	<del></del>			
C	Other losses		47.744		
d	Other (Describe in Part XIII.)		17,714	2e	17,714
e	Add lines 2a through 2d			3	1,123,071
3		i i			1,123,071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)				
b	• •	<u> </u>		4c	0
С 5	Add lines <b>4a</b> and <b>4b</b>			5	1,123,071
	XIII Supplemental Information.	1116 10.7 .	<u> </u>		1,123,071
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part I	V lines 1h and 2h	· Part V lu	ne 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
Part V	, line 4 - The intended uses of the endowment funds are to earn interest and,	ii it become	is necessary, with a	ibbiohilare	approvai, to
suppo	ort the mission of the organization by funding its programs.		·		
	The state of the s	2,123			
Part X	I, line 2d - 1. reimbursement of expense reclassified to offset expense \$	2,123			
	A Live A consequence of the state of the sta	C CO4			
	2. special event direct expenses reclassified to offset expense \$1	5,591			<del>-</del>
		0 400			
Рап х	(II, line 2d - 1. reimbursement of expense reclassified to offset expense \$	<u>Z, 123</u>			
	O and sick account disease and analysis in the affect armone of the	E E01			
	2. special event direct expenses reclassified to offset expense \$1	5,391			
				<b></b>	
		·			
		·			

Schedule D (For	m 990) 2016	Page 5
	Supplemental Information (continued)	
<b></b>		
		•••••

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** California Foundation for Agriculture in the Classroom Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations 2a 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 If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity (or retained by) from activity or entity (fundraiser) organization col (i) Yes No 1 Judy Remy 150 Kendall Court 105,000 102,050 Granite Bay CA 95746 gent fundraising 207,050 2 10 Total 207,050 105,000 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.

Pá	irt II	Fundraising Events. Cor	mplete if the organization	on answered "Yes" on	Form 990, Part IV, line	e 18, or reported more
		than \$15,000 of fundraisi		and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with
		gross receipts greater that	T		<del>,</del>	<del></del>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			Natl Ag Week (multi) (event type)	(event type)	(total number)	col (c))
e			(Listin 1), psy		(**************************************	
Revenue	1	Gross receipts	155,082			155,082
æ						
	2	Less: Contributions	132,717			132,717
	3	Gross income (line 1 minus line 2)	20.005			22.205
			22,365		,	22,365
	4	Cash prizes				
		•				
	5	Noncash prizes	1,050			1,050
ŝ	_	5				
SUS.	6	Rent/facility costs	3,000			3,000
ă.	7	Food and beverages	18,913			18,913
당	•	, ood and botolagoo	10,010			10/010
Direct Expenses	8	Entertainment	9,070			9,070
_						
	9	Other direct expenses .	5,923			5,923
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)	•	37,956
	11	Net income summary. Subtr				(15,591)
Pa	rt III	Gaming. Complete if the	e organizatıon answer			reported more
	1	than \$15,000 on Form 9	990-EZ, line 6a.		·	
ī			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				<u> </u>		
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses		Nice code advis				
ᄍ	3	Noncash prizes				
Direct I	4	Rent/facility costs				
څ						
	5	Other direct expenses .				
	_		☐ Yes%	☐ Yes%	1 =	
	6	Volunteer labor	□ No	□ No	│	
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		
		, ,	g			
	8	Net gaming income summar	ry. Subtract line 7 from I	ine 1, column (d)	<u> ▶</u>	
_	_			45.745		
ę		nter the state(s) in which the o the organization licensed to c				
		While II aveniens				
	- "	, p				
10		Vere any of the organization's	gamıng licenses revoked	d, suspended, or termin	nated during the tax year	r? . 🗌 Yes 🗌 No
	<b>b</b> If	"Yes," explain:				

Schedu	le G (Form 990 or 990-EZ) 2016
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
-	spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. 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 provide any additional information. See instructions
	······································

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

10 **8**0

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection **Employer identification number** 

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

California Foundation for Agriculture in the Classroom	in the Classroom	•					68-0100601
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · 🗹 Yes 🗆 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ıızation's procedur	es for monitoring t	he use of grant fu	nds in the United	States.		
Part II Grants and Other As 990, Part IV, line 21, f	ssistance to Do for any recipient	mestic Organizathat received mo	ations and Domore than \$5,000.	nestic Governm Part II can be d	<b>ents.</b> Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) N/A							
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							in the second se
(6)							
(10)							
(11)							
(12)							

Schedule I (Form 990) (2016)

Cat No 50055P

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

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

**0** 0

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

Schedule I (F	Schedule I (Form 990) (2016)		of the	organization answ	ared "Yes" on Form 990	Page 2
Part	Grants and Other Assistance to Domestic movidates. Complete if the organization answered the complete is additional space is needed.	space is needed.		organization and	500	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
42						
7						
က						
4						
u						
9						
,						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	equired in Part I, lin	ie 2; Part III, columi	ר); and any other additi	onal information.
Part II - The	Part II - The organization reported more than \$5,000 on Form 990 Part IX,	ırm 990 Part IX, colu	imn (A), line 1 and the	refore answered "Yes	on Form 990 Part IV, line 21.	column (A), line 1 and therefore answered "Yes" on Form 990 Part IV, line 21. However, no single recipient
received m	received more than \$5,000, so none were required to be listed in Part II of	sted in Part II of Sch	Schedule I.			
						Schedule I (Form 990) (2016)

### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

68-0100601

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

California Foundation for Agriculture in the Classroom

Open to Public Inspection

OMB No 1545-0047

2016

ult	Questions negariting compensation		V	A1-
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel		Yes	No
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
				,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		; ;
		10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study	]		
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	·	1
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		✓_
b	Any related organization?	5b		1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		1
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7_		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	<u> </u>	1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
				1

Schedule J (Form 990) 2016

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)(Hill) for each listed individual must equal the total amount of Form 990, Fart VIII, Section A, line 1a, applicable column (L) and (E) amounts for that individual.	or eac	n iisted individual mu	ist equal the total am	ount of Fortil 990, Fa	t VII, Section A, IIne	la, applicable colum	n (U) and (E) amount	s for that individual.
		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MI	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	In column (B) reported as deferred on prior Form 990
Mark Dawson	8						; ;	
1 Secretary/Treasurer	(ii)	146,338	3,181	3,811	11,128	22,871	187,329	0
Napov McDonolidh	()							
2 Assistant Secretary	€	210,312	9,144	7,396	16,144	15,195	258,191	0
	8							
m	€	7	. 6 0 1 1 1 1 0 0 1 1 1 5 0 1 1 1 5 0 0 1 1 1 5 0 0 1 1 1 5 0 0 1 1 1 5 0 0 1 1 1 5 0 0 0 1 1 1 1					
	9							
4	(ii)							
	€							
5	€							
	(5)							
9	<b>E</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	€							
7	€	f   6 8 8 5 1 1 1 1 6 8 9 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 6 8 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	8							
8	(ii)							
	(I)				-			
6	(ii)							
	(j)							
10	(ii)							
	()							
11	(ii)							
	(1)			9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
12	(ii)							
	(6)					7		
13	(ii)							
	8			7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		# # # # # # # # # # # # # # # # # # #		
14	<b>E</b>							
	(6)							
15	(E)							
	€			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
16	(3)							

Schedule J (Form 990) 2016

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

irs.gov/form990. Inspection
Employer identification number

Califor Part	nia Foundation for Agriculture in the	Classroom			<u> </u>	68-	010060	1		
Part	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		ethod o		_	•
1	Art-Works of art									
2	Art—Historical treasures									
3	Art—Fractional interests									
4	Books and publications	1			19,805	donor	's state	d valu	е	
5	Clothing and household									
	goods		ł							
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities—Publicly traded									
10	Securities - Closely held stock .									
11	Securities - Partnership, LLC,									
	or trust interests	ļ	}			}				
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic		-							
	structures	[				[				
14	Qualified conservation								-	
	contribution—Other									
15	Real estate - Residential									
16	Real estate—Commercial									
17	Real estate-Other									
18	Collectibles						_			
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	L				L				
25	Other ► ( Educational material )	<b>√</b>	1		276	dono	r's state	ed valu	ıe	
26	Other ► ( Auction items misc )	✓	39		4,155	fair_m	arket v	alue		
27	Other ► ( Other misc )	<b>✓</b>	7		2,590	dono	r's <u>state</u>	ed valu	ne	
_28	Other ► (	<u></u>	<u> </u>	<u> </u>		L.,				
29	Number of Forms 8283 received				utions for					
	which the organization completed	1 Form 828	3, Part IV, Donee Acknowle	agement		29		0		
									Yes	NO
30a	During the year, did the organiza							)		,
	28, that it must hold for at least t						uired			<u>-</u>
_	to be used for exempt purposes		<u> </u>				•	30a		✓
b	If "Yes," describe the arrangemen			41	-4 -					
31	Does the organization have a	gift acce	ptance policy that requir	es the review	of any n	onstar	ndard			
00-	contributions?							31		
32a	Does the organization hire or us	•	<del>-</del>	is to solicit, pro	cess, or se	ell nor	ncash	'		1
_	contributions?						•	32a	- ✓	<b></b>
b	If "Yes," describe in Part II.			المادات والمعار المراسي			ا-مام	1		
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	pperty for which	column (a)	is che	скеа,			

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, line 3	12b - Professional fundraiser solicits donations of low-value commodities, such as wine and produce.
	·
	······································

### **SCHEDULE 0** (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
California Foundation for Agriculture in the Classroom	68-0100601
Part III line 4d. Other Program Services	
Part III line 4d - Other Program Services	
AITC Conference - \$116,042	
County Form Bureau Ar Education Brazzana #62.700	
County Farm Bureau Ag Education Programs - \$63,798	
Writing Contest - \$53,726	
Conferences & Euclidea #25 101	
Conferences & Exhibits - \$36,181	
University Programs - \$13,446	
Service Agreements - \$128,832	
Part VI line 7a - Other Persons who elect governing body	
The governing body (board of directors) is appointed by California Farm Bureau Federation.	
Part VI line 11b - Review Process for Form 990	
Form 990 is prepared by the Accounting Manager, reviewed and signed by the Treasurer. Subsequer	nt to filing, the return will be reviewed
by the Executive Committee.	
Part VI line 12c - Conflict of Interest Policy compliance	·
Now mambers of the board of directors must review and sign a conv of the policy. The policy is disc	ussed annually with all heard
New members of the board of directors must review and sign a copy of the policy. The policy is disc	ussed aimuany with an board
members and each is required to update their agreement to comply with the policy.	
Part VI line 19 - Disclosure	
	·
The organization makes its governing documents, conflict of interest policy, and financial statements	available to the public upon request.

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
······································	
······································	
	••

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

California Foundation for Agriculture in the Classroom

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

2016	Open to Public
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OMB No 1545-0047

Employer identification number Inspection

68-0100601

(9) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f) Direct controlling entity ž Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling 'entity (e) End-of-year assets <u>2</u> <u>\_</u>2 (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(5) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity S ag membership svcs (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity 94-0357610 (a)
Name, address, and EIN of related organization (1) California Farm Bureau Federation (CFBF) 2300 River Plaza Drive, Sacramento CA 95833 Part I Part II (2) (1) N/A E 9 (9) 8 € € ල 9 <u></u>

(f) Section 512(b)(13) controlled entity? (k) Percentage ownership Ŷ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes managing partner? ŝ General or (h) Percentage ownership Yes (i)
Code V—UB!
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h) Disproportonate allocations? ž (f) Share of total income Yes (g) Share of end-ofyear assets (c corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b)
Primary activity (a) address, and EIN of related organization (a)
Name, address, and EIN of related organization (2) Name, (9) (5) Part IV Part III (1) N/A (1) N/A (4) ල 8 5 9 E **4** 9 9

Schedule R (Form 990) 2016

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016

Part V Transacti

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Xe	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	nizations listed in Parl	ts II-IV?	4	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	>
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>1</del>	>
c Gift, grant, or capital contribution from related organization(s)				10	L
<b>d</b> Loans or loan guarantees to or for related organization(s)				19	>
e Loans or loan guarantees by related organization(s)				1e	>
					-
f Dividends from related organization(s)				14	>
g Sale of assets to related organization(s)				19	>
h Purchase of assets from related organization(s)				4	>
i Exchange of assets with related organization(s)				<b>;</b>	>
j Lease of facilities, equipment, or other assets to related organization(s)				<u>;-</u> -	>
1. I some set from the second second and the second					
Lease of facilities, equipment, of order assets monthered of				<b>&gt;</b>   <u>4</u>  ;	\ \
Performance of services or membership or fundraising solicit				=	<b>&gt;</b>
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>				ב ב	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>۲</u>	
o Sharing of paid employees with related organization(s)				9	>
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p <	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	>
r Other transfer of cash or property to related organization(s)				11	>
s Other transfer of cash or property from related organization(s)				1s	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, incl	complete this line, including covered relationships and transaction thresholds.	nships and transaction	on thresh	olds.
	æ	<u></u>	9		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount in	volved
(1) CFBF (cash contributions)	v	100,000	100,000 payment amounts		
(2) CFBF (reimbursed expenses)	d	82,244	82,244 payment amounts		
(3)					
(4)					
(5)				Ì	
			Schedule R (Form 990) 2016	Rorm 99	90) 2016

Schedule R (Form 990) 2016

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

(a) (b) (c) (d) (e)	(a)	(၁)	(p)	(0)	(3)		ε	6	-	3
Name, address, and EIN of entity	Pnmary activity	Legal domicile	Predominant income (related.	Are all partners	Share of total income	Share of end-of-vear	usproporuoraie allocations?	amount in box 20	managing	ownership
		country)	unrelated, excluded	501(c)(3)				of Schedule K-1		
			sections 512-514)	Vac			Yes	) 	Yes	
(1) N/A										
(2)										
(3)										
(4)										
(5)										
(9)	_									
(7)							-			
(8)										
(6)										
(10)										
(11)									i	
(12)										!
(13)										
(14)	!									
(15)										
(16)										
								Sche	Schedule R (Form 990) 2016	n 990) 2016

Schedule R (F	-om 990) 2016	Page 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See Instructions.	
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