

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0616682

Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

<u>A</u>	ror ui	e 2018 calendar year, or tax year beginning 006 1, 2018 and 6	enaing U	UN 30, ∠U19						
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
	Addre				327765					
	Name	ge Doing business as	Doing business as							
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r						
	Final return	2801 SECOND STREET	2801 SECOND STREET							
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	928,029.					
	Amer	nded DAVITC CA 05619		H(a) Is this a group re	eturn					
F	Appli			for subordinates						
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—					
$\overline{}$	Tav.ev	rempt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)					
		ite: WWW.CA4H.ORG	JI JZI	H(c) Group exemption	·					
_		f organization: X Corporation Trust Association Other	I Voor		M State of legal domicile: CA					
	art I	Summary	L 16a1	or formation. ±555 r	VI State of legal domicile, CA					
	1	Briefly describe the organization's mission or most significant activities: ENGAG	TEC VO	TITH TH PEAC	HING THETE					
မွ	: '	FULLEST POTENTIAL WHILE ADVANCING THE FIE.								
ă										
ēr	2	Check this box if the organization discontinued its operations or dispos		l	1					
Š	3			3	8 8					
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			0					
<u>e</u> s	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)								
₹	6	Total number of volunteers (estimate if necessary)			8					
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.						
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		933,057.	919,553.					
enr	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,772.	8,476.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		943,829.	928,029.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
90	b	Total fundraising expenses (Part IX, column (D), line 25)	99.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,050,805.	968,850.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,050,805.	968,850.					
	19	Revenue less expenses. Subtract line 18 from line 12		-106,976.	-40,821.					
Net Assets or	4		Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		1,548,281.	1,496,272.					
AS	21	Total liabilities (Part X, line 26)		130,949.	8,960.					
EN EN	22	Net assets or fund balances. Subtract line 21 from line 20		1,417,332.	1,487,312.					
	art II	Signature Block								
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Hei		▲ MARY CIRICILLO, STAFF DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN					
Pai	d	PATRICIA J. MAYER PATRICIA J. MAYE	er 0	2/10/20 if self-employ	P00188643					
Pre	parer	Firm's name ▶ MOSS ADAMS LLP	•	Firm's EIN ▶	91-0189318					
Use Only Firm's address 3121 W MARCH LN, STE 200										
	-	STOCKTON, CA 95219-2367		Phone no. 20	9-955-6100					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		······	X Yes No					

Га	tim otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE CALIFORNIA 4-H FOUNDATION IS TO STRENGTHEN THE
	IMPACT OF LOCAL 4-H EFFORTS THROUGHOUT CALIFORNIA BY RAISING FUNDS FOR
	ACTIVITIES OF THE UNIVERSITY OF CALIFORNIA 4-H YOUTH DEVELOPMENT
	PROGRAM (4-H YDP) IN COUNTIES AND CITIES ACROSS CALIFORNIA. THE 4-H
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 913,490 • including grants of \$) (Revenue \$)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$
4-	(Code: \ \ [Code: \]
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 913,490.
	000 (

Form 990 (2018) THE CALIFORNIA 4-H FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124		12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	1990 (2018) THE CALIFORNIA 4-H FOUNDATION 23-73	327765	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		I	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	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	23		X
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	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	I		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,7
	Part V, line 1	1		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			X
37	If "Yes," complete Schedule R, Part V, line 2	30		
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	···· "		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa			•	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2018)

(gambling) winnings to prize winners?

Page 5 THE CALIFORNIA 4-H FOUNDATION 23-7327765 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a

D	in at least one is reported on line 2a, did the organization lile all required lederal employment tax returns?	<u> 20</u>		_				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
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						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
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		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
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		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
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		X				
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		X				
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		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
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						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-						
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.							
D	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 Enter the amount of receives an head							
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping sources during the tay year?	1/10		Х				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	13		<u> </u>				
16	le the experiencies on advectional institution as biggs to the excellent 4000 excise toy on not investment income?	16		Х				
	If "Yes." complete Form 4720. Schedule O.	10						
	n 100, complete i din ti Eu, concualo C.							

Form **990** (2018)

THE CALIFORNIA 4-H FOUNDATION 23-7327765 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 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. 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states w	ith which a copy	of this Form 990 i	is required to be filed	►CA
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2801 SECOND STREET, DAVIS,

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records MARY CIRICILLO - (530)750-1389

Form **990** (2018)

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

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

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

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

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

X Check this box if neither the organization (A)	(B)	3.5			C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	ı		Reportable	Reportable	Estimated
Name and Title	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	offi	cer ar	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a a			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) DR. GLENDA HUMISTON	1.00	드	드	0	호	工品	Ľ.			
MEMBER	1100	х						0.	0.	0.
(2) KATHY SANKEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) KELLY SIEFKIN	1.00									
MEMBER		Х		Х				0.	0.	0.
(4) MARY THIELEKE JACKSON	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(5) JUNE COLEMAN	1.00								_	_
MEMBER		Х						0.	0.	0.
(6) CYNTHIA LYDON	1.00	1								_
MEMBER		Х						0.	0.	0.
(7) CHRIS ZANOBINI	1.00	1								_
MEMBER		Х						0.	0.	0.
(8) SHANNON HORRILLO	1.00	1								_
MEMBER (THRU 06/19)		Х						0.	0.	0.
		-								
		-								
		-								
		1								
			\vdash							
		1								
		1								
		1								
		1								
		1	I	1	I	1	I	I		I

Form 990 (2018)

	990 (2018) THE CALIE	FORNIA 4	- H	F	UO'	ND	AΤ	IC	ON	23-732	776	55	Pa	ge 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per nd a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amo	F) nated unt o her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compe	ensat n the izatio elate	e on ed
	Sub-total							>	0.	0				0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.	0				0.
2	Total number of individuals (including but no compensation from the organization						e) wh	o re						0
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on		Y	es	No
4	line 1a? If "Yes," complete Schedule J for sa	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a											5		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	piete Scheaule	9 <i>J T</i>	or st	ıcn i	oers	on .					<u> </u>		- 21
1	Complete this table for your five highest couthe organization. Report compensation for the										satior	n from		
	(A) Name and business			ONI		1011	51 VVI		(B) Description of s		Con	(C)	ation	ı
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	d to	thos (_	ted	above) who received me	ore than		vm 99	30 (a	010

832008 12-31-18

		Check if Schedule O conta	ains a resnonse	or note to any lin	e in this Part VIII			
		Check ii Genedale o come	ans a response	or note to any iin	(A)	(B)	(C)	_ (D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function	business	sections 512 - 514
						revenue	revenue	512 - 514
nts nts	1 a	Federated campaigns						
ir a	b	Membership dues						
S, C	С	Fundraising events	1c					
ar Sife	d	Related organizations	1d					
S, C	е	Government grants (contribution	ons) 1e					
ë is	f	All other contributions, gifts, grant	s, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abov	re 1f	919,553.				
풀	а	Noncash contributions included in lines 1		-				
Social	h	Total. Add lines 1a-1f			919,553.			
<u> </u>		Totall / Ida III los Ta Ti		Business Code				
_	2 a			Dusiness Code				
jče								
er ne	b							
am Ser evenue	С.							
ga Be	d							
Program Service Revenue	е							
Δ.		All other program service rever						
	g	Total. Add lines 2a-2f						
	3	Investment income (including			0.456			0.456
		other similar amounts)			8,476.			8,476.
	4	Income from investment of tax		•				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising						
Jue	_	including \$	•					
ě		contributions reported on line						
Be		Part IV, line 18						
Other Revenu	h	Less: direct expenses						
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac	-	>				
	Эа							
	L	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami	-					
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d			000 000	^	^	0.476
	12	Total revenue. See instructions			928,029.	0.	0.	8,476.

	TIA Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response not include amounts reported on lines 6b,	e or note to any line in the (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	19,200.		19,200.	
C	Accounting	19,200.		19,200.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,521.			1,521.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	077 225	077 225		
21	Payments to affiliates	877,335.	877,335.		
22	Depreciation, depletion, and amortization	1,161.		1,161.	
23 24	Other expenses. Itemize expenses not covered	1,101.		1,101.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AWARDS	36,155.	36,155.		
	ADMINISTRATIVE COSTS	24,573.	,=		24,573.
C	FUNDRAISING COSTS	8,905.			8,905.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	968,850.	913,490.	20,361.	34,999.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

if following SOP 98-2 (ASC 958-720)

Form 990 (2018) Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		438,344.	1	339,289
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		4,417.	3	3,892
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).			6	
Assers	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	B			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		1,105,520.	12	1,153,091
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets	ı		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		1,548,281.	16	1,496,272
	17	Accounts payable and accrued expenses		130,949.	17	1,496,272 8,960
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
מ	22	Loans and other payables to current and former				
<u> </u>		key employees, highest compensated employee				
Liabilities					22	
Ĕ	23	Secured mortgages and notes payable to unrela	ı		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		130,949.	26	8,960
		Organizations that follow SFAS 117 (ASC 958	3), check here ▶ X and			
ç		complete lines 27 through 29, and lines 33 an	nd 34.			
e L	27	Unrestricted net assets		1,392,074.	27	1,428,804 58,508
<u>a</u>	28	Temporarily restricted net assets		25,258.	28	58,508
<u>α</u>	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
<u>-</u>		and complete lines 30 through 34.				
Š	30	Capital stock or trust principal, or current funds	[30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		1,417,332.	33	1,487,312
	34	Total liabilities and net assets/fund balances .		1,548,281.	34	1,496,272

Form **990** (2018)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			0.0		20
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			50.
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,41		
5	Net unrealized gains (losses) on investments	5	110	0,8	<u>01.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,48	7,3	<u> 12.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) .			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?				Х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
	, , , , , , , , , , , , , , , , , , , ,			990	(2018)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE CALIFORNIA 4-H FOUNDATION 23-7327765 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1013118.	1018663.	832,204.	875,557.	919,553.	4659095.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1013118.	1018663.	832,204.	875,557.	919,553.	4659095.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1543495.
	Public support. Subtract line 5 from line 4.						3115600.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1013118.	1018663.	832,204.	875,557.	919,553.	4659095.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,075.	22,373.	23,765.	10,772.	8,476.	93,461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4752556.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
_	organization, check this box and stor	here	······				>
	ction C. Computation of Publi						
14	Public support percentage for 2018 (li					14	65.56 %
15	Public support percentage from 2017					15	62.77 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ			•			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T -	T -	Т.	Τ .	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	o .	•	, ,	•	()()	,
Section C. Computation of Public						
15 Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and see ins	etructions	▶

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 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 Part VI.
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

ŗ	THE CALIFORNIA 4-H FOUNDATION	23-7327765			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501 General Rule	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c) (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c) (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c) (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c) (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.				
	iny one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contribution is checked, enter purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	orm 990, 990-EZ, or 990-PF),			

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

THE CALIFORNIA 4-H FOUNDATION

23-7327765

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 235,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 62,500.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$36,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CALIFORNIA 4-H FOUNDATION 23-7327765 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 7 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

THE CALIFORNIA 4-H FOUNDATION

23-7327765

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990, 990, FZ or 990, PE) //9018)

Name of organization **Employer identification number** THE CALIFORNIA 4-H FOUNDATION 23-7327765 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CALIFORNIA 4-H FOUNDATION

Employer identification number 23-7327765

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(le) Finada and athen assemble
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Pai		enization analysis of "Vee" on Ferm 200. I	Port IV line 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	anicelly income to the least area.
	Preservation of land for public use (e.g., recreation or ed		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
•	Preservation of open space		-f
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	
_	day of the tax year.		Held at the End of the Tax Year 2a
	Total paragraphic rotting of conservation assembles		
	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru-	cture included in (a)	
	Number of conservation easements included in (c) acquired af		
u	., .	•	
3	listed in the National Register Number of conservation easements modified, transferred, rele		
J	year	asea, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	•	
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	, ,	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	2 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			'
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under SFAS 11	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession									
_	(check all that apply):	,	-,	,			9			
а	Public exhibition	c	4 🗀 i	l oan or exc	change progra	ams				
b	Scholarly research	6			nango progn					
c	Preservation for future generations	•	,							
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizatio	nn's ever	nnt nurno	se in Part	XIII	
5	During the year, did the organization solicit o	•		•	ū			oc iiii ait	AIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang									140
	reported an amount on Form 990, Pai		ctc ii tiic	organizatio	ni answered	103 011	11 01111 000	,, r art iv,	iii ic 5, 6i	
	Is the organization an agent, trustee, custodi		liary for c	ontribution	s or other ass	sets not	included			
	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								_ 103	110
	Tes, explain the arrangement in rait Ain	and complete the lo	nowing te	abic.					Amount	
С	Beginning balance						1c		Amount	
u	Additions during the year									
•	Distributions during the year									
f Oo	Ending balance Did the organization include an amount on Fe								Yes	No
	_						•			
	rt V Endowment Funds. Complete i									
· u	Zildowillelle I dildo. Complete I							.aaua baali	(-) [
	Paritire in a face such alone a	(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(a) Three	years back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	red for th	ne organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	and the second s	tions listed as requir	red on Sc	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)					0.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.				J				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value								
(a) Descripti	aluation: Cost or end	l-of-year market value							
(1) Financial	(1) Financial derivatives								
(2) Closely-h	neld equity interests								
(3) Other _									
	VESTMENT - OTHER								
(B) SE (CURITIES	1,153,091	• END-OF-Y	EAR MARKET	VALUE				
(C)									
(D)									
(E)									
(F)									
(G)									
<u>(H)</u>									
) must equal Form 990, Part X, col. (B) line 12.)	1,153,091	•						
Part VIII	Investments - Program Related.								
	Complete if the organization answered "Yes"								
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value				
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
) must equal Form 990, Part X, col. (B) line 13.)								
	Other Assets.								
	Complete if the organization answered "Yes"		ne 11d. See Form 990, l	Part X, line 15.					
	(a)	Description			(b) Book value				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u> </u>		>					
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11e or 11f. See Form	990, Part X, line 25					
1.	(a) Description of liability		(b) Book value						
(1) Fede	eral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									

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

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Schedule D (Form 990) 2018

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

Par	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements	s	1	
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	ines 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part			
1		expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		ines 2a through 2d			
3		act line 2e from line 1		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Dai	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii Supplemental Information.	ne 18.)	5	
		1	and 4. Dort IV lines 1h and 0h. Dor	t V line 4: Dort V line 0: Dort	VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		t V, III le 4, Part A, III le 2, Part	۸۱,
111162	Zu and	3 4b, and Fart An, lines 2d and 4b. Also complete this part to provi	de arry additional imormation.		
_					_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE CALIFORNIA 4-H FOUNDATION

Employer identification number 23-7327765

FORM	990,	PART	III,	LINE	1, D	ESCRIPT	ION OF	ORGAN:	IZATI	ON MIS	SION:		
YDP 1	ENGAG:	ES YOU	JTH II	N REAC	CHING	THEIR	FULLEST	POTE	NTIAL	WHILE	ADVA	NCING	
THE I	FIELD	OF PO	OSITIV	JE YOU	JTH D	EVELOPM	ENT.						
FORM	990,	PART	III,	LINE	4A,	PROGRAM	I SERVIC	E ACC	OMPLI	SHMENT	S:		
PROGRAMS:													

THE FOUNDATION RAISES PRIVATE FUNDS TO SUPPORT, STRENGTHEN, AND GROW THE UNIVERSITY OF CALIFORNIA $4-\mathrm{H}$ YOUTH DEVELOPMENT PROGRAM OFFERED IN COMMUNITIES ACROSS THE STATE. THE FOUNDATION ALSO WORKS WITH $4-\mathrm{H}$ STAFF AND VOLUNTEERS TO STRENGTHEN FUNDRAISING CAPACITY STATEWIDE AND IN LOCAL COMMUNITIES BY PROVIDING TRAINING AND ASSISTANCE IN FUNDRAISING AND FUND DEVELOPMENT PLANNING. THE FOUNDATION PROVIDES MARKETING SUPPORT TO INCREASE AWARENESS ABOUT THE DEPTH AND BREADTH OF 4-H PROGRAMMING AND THE IMPACTS ACHIEVED BY 4-H FOR INDIVIDUAL CHILDREN, FAMILIES, AND COMMUNITIES IN CALIFORNIA

THE MISSION OF THE UNIVERSITY OF CALIFORNIA 4-H YOUTH DEVELOPMENT PROGRAM IS TO HELP CHILDREN REACH THEIR HIGHEST POTENTIAL WHILE ADVANCING THE FIELD OF YOUTH DEVELOPMENT. AN ESTIMATED 142,000 YOUTH 5 TO 19 SUPPORTED BY OVER 22,000 TEEN AND ADULT VOLUNTEERS PARTICIPATE IN 4-H THROUGH A VARIETY OF PROGRAMS INCLUDING COMMUNITY SERVICE ACTIVITIES, CLUB-BASED PROJECTS, CAMPS, CONFERENCES AND SCHOOL ENRICHMENT PROGRAMS TAILORED TO MEET THE NEEDS OF DIVERSE COMMUNITIES AND POPULATIONS ACROSS CALIFORNIA.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

THE CALIFORNIA 4-H FOUNDATION 23-7327765 ALL 4-H PROGRAMS ARE DESIGNED TO CREATE LARGE AND DIVERSE CORPS OF ARTICULATE AND COMPASSIONATE YOUNG LEADERS GROUNDED IN RESEARCH-BASED KNOWLEDGE OF THE ISSUES AFFECTING OUR WORLD TODAY, SUCH AS CLIMATE CHANGE, WATER USAGE, ALTERNATIVE ENERGY, FOOD SAFETY, AGRICULTURAL AND ENVIRONMENTAL SCIENCE, TECHNOLOGY, AND COMMUNITY ENGAGEMENT. 4-H DEVELOPS LEADERSHIP, CITIZENSHIP, AND LIFE SKILLS IN ITS PARTICIPANTS AT EVERY LEVEL FROM THE CHILDREN WHO PARTICIPATE TO THE TEENS AND ADULT VOLUNTEERS WHO SUPPORT THEM. THE FOCUS OF ALL 4-H PROGRAMS IS POSITIVE YOUTH DEVELOPMENT THROUGH ACTIVITIES IN SCIENCE, TECHNOLOGY, ENGINEERING, MATH, HEALTHY LIVING, AND CITIZENSHIP. 4- H PROGRAMS ARE DISTINGUISHED BY A COMBINATION OF ESSENTIAL ELEMENTS: -PROVIDING OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS TO PRACTICE LEADERSHIP BY BEING A LEADER IN A VARIETY OF CONTEXTS AND SETTINGS; PROMOTING POSITIVE YOUTH-ADULT PARTNERSHIPS THAT FOSTER SHARED DECISION MAKING; LEARNING-BY-DOING THROUGH RESEARCH-BASED ACTIVITIES THAT PROMOTE INQUIRY AND EXPERIENTIAL LEARNING; AND -PROMOTING AND SUPPORTING CIVIC ENGAGEMENT AND CONTRIBUTION TO ONE'S SELF, COMMUNITY, AND THE WORLD. FORM 990, PART VI, SECTION A, LINE 3: THE CALIFORNIA 4-H FOUNDATION, AN INDEPENDENT 501(C)(3) ENTITY, IS AN OFFICIALLY RECOGNIZED SUPPORT GROUP OF THE UNIVERSITY OF CALIFORNIA AND OPERATES WITHIN THE DIVISION OF AGRICULTURE AND NATURAL RESOURCES (UCANR). FOUNDATION STAFFS ARE PART OF THE LARGER UCANR DEVELOPMENT SERVICES TEAM, AND THEREFORE THE UNIVERSITY PROVIDES FUNDING TO SUPPORT THE OPERATIONS AND FUNDRAISING COSTS OF THE FOUNDATION. THE FOUNDATION'S PRIMARY ROLE IS TO

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number Name of the organization THE CALIFORNIA 4-H FOUNDATION 23-7327765 RAISE PRIVATE SUPPORT FOR THE STATEWIDE CALIFORNIA 4-H PROGRAM. THE FOUNDATION HAS A BOARD OF DIRECTORS WHO WORKS CLOSELY WITH EXECUTIVE DIRECTOR TO HELP RAISE RESOURCES FOR AND AWARENESS ABOUT THE CALIFORNIA 4-H PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: DIRECTOR OF THE CALIFORNIA 4-H FOUNDATION REVIEWS PRIOR TO MAILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD OF DIRECTORS REVIEWS THE POLICY TO VERIFY THERE ARE NO CONFLICTS AND SIGNS THE POLICY. IF A MEMBER OF THE BOARD HAS A CONFLICT WITH RESPECT TO A TRANSACTION THEY ARE NOT ALLOWED TO VOTE ON THE TRANSACTION. FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO GRANTORS AND POTENTIAL GRANTORS UPON REQUEST. OTHER INFORMATION RELATING TO DESIGNATED DONATIONS AND OPERATING COSTS: 100% OF DONATIONS MADE TO THE CALIFORNIA 4-H FOUNDATION GO BACK TO THE 4-H COUNTY, PROGRAM, COUNCIL, OR CLUB WHERE THE DONOR DESIGNATES. THE CALIFORNIA 4-H FOUNDATION IS AN OFFICIAL SUPPORT GROUP OF THE UNIVERSITY OF CALIFORNIA. THE UNIVERSITY OF CALIFORNIA SUBSIDIZES A PORTION OF THE CALIFORNIA 4-H FOUNDATION'S OVERHEAD COSTS INCLUDING STAFF SALARIES AND OPERATING COSTS. THIS SUBSIDY IS A PERCENTAGE OF THE ESTIMATED OPERATING COSTS OF THE FOUNDATION. NONE OF THE OPERATING

		990 or 990-EZ) (20	018)						Page 2
Name of the organization THE CALIFORNIA 4-H FOUNDATION									Employer identification number 23-7327765
COSTS	ARE	DEDUCTED	FROM	DONATIONS	MADE	THROUGH	THE	FOUNDAT	ION.