See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL 4-H COUNCIL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7100 CONNECTICUT AVENUE

City or town, state or country, and ZIP + 4
CHEVY CHASE, MD 208154999

D Employer identification number
36-2862206

E Telephone number
(301) 961-2800

G Gross receipts $ 33,620,814

F Name and address of principal officer
Donald T Floyd Jr
7100 CONNECTICUT AVENUE
CHEVY CHASE, MD 208154999

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www 4-h org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1976

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To advance the 4-H youth development movement to build a world in which youth and adults learn, grow and work together as catalysts for positive change

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of employees (Part V, line 2a)	5	184
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	157,169
b	Net unrelated business taxable income from Form 990-T, line 34	7b	14,399

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,237,195	15,905,293
9	Program service revenue (Part VIII, line 2g)	7,686,312	7,622,309
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-124,688	84,952
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,682,867	6,028,537
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,481,686	29,641,091
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,000,751	3,323,044
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,773,631	12,183,634
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,159,840		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,295,449	11,487,947
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,069,831	26,994,625
19	Revenue less expenses Subtract line 18 from line 12	-588,145	2,646,466
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	33,551,985	38,727,453
21	Total liabilities (Part X, line 26)	11,715,911	13,035,300
22	Net assets or fund balances Subtract line 21 from line 20	21,836,074	25,692,153

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-16

▶ Donald T Floyd Jr President and CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Joyce M Underwood	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA LLP 7101 Wisconsin Ave Suite 800 Bethesda, MD 208144827			EIN ▶ Phone no ▶ (301) 654-4900

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To advance the 4-H youth development movement to build a world in which youth and adults learn, grow and work together as catalysts for positive change 4-H YOUTH ARE A LIVING, BREATHING, CULTURE-CHANGING REVOLUTION FOR DOING THE RIGHT THING, BREAKING THROUGH OBSTACLES AND PUSHING OUR COUNTRY FORWARD BY MAKING A MEASUREABLE DIFFERENCE RIGHT WHERE THEY LIVE THAT TAKES UNCOMMON COMMITMENT AND THAT COMMITMENT COMES FROM YOUTH PARTICIPATION IN A PROVEN, EARLY KIND OF "LEADERSHIP DISCOVERY" EXPERIENCE- ONE THAT ASKS A LOT OF THEM AND GIVES THEM MUCH IN RETURN, INCLUDING THE CONFIDENCE AND PRACTICAL SKILLS THEY NEED TO SUCCEED AND CONTRIBUTE AS A RESULT, THESE YOUNG PEOPLE IN 4-H ARE UNIQUELY PREPARED TO STEP UP TO THE CHALLENGES OF OUR COMPLEX, CHANGING WORLD THAT'S A REVOLUTION OF RESPONSIBILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 13,991,328 including grants of $ 3,323,044) (Revenue $ 17,760)

EDUCATIONAL PROGRAMS - see schedule oEDUCATIONAL PROGRAMS - For more than 100 years 4-H has had a positive influence on our nation by preparing generations of productive workers, citizens, and leaders National 4-H Council strives to build on this effort through investing educational resources where change happens-at the local level Funds that support innovation in the areas of healthy living, citizenship, and science, engineering and technology programs enable 4-H professionals and volunteers to build a better future for today's youth For example, National 4-H Council remains focused on a bold goal of reaching one million new young people by 2013 with science, engineering, and technology programs To advance that goal, Council engages youth with the 4-H National Youth Science Day (tm) each October, when 4-H'ers around the country displayed the kind of passion for science exploration that has helped keep America competitive for the past 100 years Similar efforts are underway for the citizenship and healthy living focus areas, providing 4-H with a diverse portfolio of curricula, professional development efforts, thorough evaluation methods, and top tier workforce and leadership development programs for more than 6 million of our nation's youth

4b (Code) (Expenses $ 6,861,821 including grants of $) (Revenue $ 10,581,247)

NATIONAL 4-H CENTER - see schedule oNATIONAL 4-H CENTER The Center is one of the largest nonacademic youth education and conference facilities in the United States and continues to be the national home for 4-H, hosting annual 4-H conferences and year-round training programs for youth, volunteer leaders, and professional staff National 4-H Youth Conference Center hosts more than 30,000 youth each year on its 12-acre Washington, DC metro campus while they tour the city's historic landmarks, attend conferences and leadership programs, and experience the best of our nation's capital And every young person, volunteer leader, or professional who has visited National 4-H Youth Conference Center over the years has always left with something to inspire them-some new point of view, some new idea to take home That's the ingredient that has kept the experience of Center fresh and exciting for more than 50 years

4c (Code) (Expenses $ 1,996,590 including grants of $) (Revenue $ 2,895,352)

NATIONAL 4-H SUPPLY SERVICE - see schedule oNATIONAL 4-H SUPPLY SERVICE "Make it Happen" and "Born Leader" aren't just great T-shirt slogans For the National 4-H Supply Service, they're a way of life Since 1924, 4-H Supply has provided high-quality branded products to meet the needs of 4-H offices, clubs, and families alike Today, 4-H Supply takes its customer-friendly approach to new levels, with convenient online shopping and expert advice 4-H'ers show their pride every day by purchasing items with the 4-H Name and Emblem 4-H Supply shows the same devotion, providing the best products and the highest level of customer service to keep these dedicated customers coming back, year after year

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 22,849,739

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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	Yes	
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	69		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	184		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	28		
b	Enter the number of voting members that are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AZ , AR , CA , CT , DC , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT , VA , WA , WV , WI

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

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Joseph P Roche
7100 CONNECTICUT AVENUE
CHEVY CHASE,MD 208154999
(301) 961-2800

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,717,259	0	300,051

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 8

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
EUREST DINING SERVICES PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICE	979,712
GLOBAL CHANGE STRATEGIES INC 8710 TIMBER OAK LANE LAUREL, MD 20723	CONSULTING	614,079
ROCHE & ASSOCIATES 1700 ROCKVILLE PIKE SUITE 400 ROCKVILLE, MD 20852	ACCOUNTING SERVICES	497,328
TRUSTEES OF TUFTS UNIVERSITY LINCOLN FILENE BUILDING MEDFORD, MA 02155	Research & Prog Evals	454,656
Big River Advertising LLC 210 East Cary St Suite 200 Richmond, VA 23223	Advertising & creative services	350,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 36

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	35,285				
	b	Membership dues					
	c	Fundraising events	405,710				
	d	Related organizations					
	e	Government grants (contributions)	858,150				
	f	All other contributions, gifts, grants, and similar amounts not included above	14,606,148				
	g	Noncash contributions included in lines 1a-1f $ 242,555					
	h	**Total.** Add lines 1a-1f		15,905,293			
Program Service Revenue			Business Code				
	2a	NATL 4-H youth conf ct	721,000	6,640,655	6,487,236	153,419	
	b	REG FEES and TUITIONS	900,099	981,654	981,654		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		7,622,309			
	3	Investment income (including dividends, interest and other similar amounts)		327,592			327,592
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		136,210			136,210
			(i) Real / (ii) Personal				
	6a	Gross Rents	74,418 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	74,418 /				
	d	Net rental income or (loss)		74,418			74,418
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	841,852 /				
	b	Less cost or other basis and sales expenses	1,084,492 /				
	c	Gain or (loss)	-242,640 /				
	d	Net gain or (loss)		-242,640			-242,640
Other Revenue	8a	Gross income from fundraising events (not including $ 405,710 of contributions reported on line 1c) See Part IV, line 18	a 19,000				
	b	Less direct expenses	b 73,141				
	c	Net income or (loss) from fundraising events		-54,141			-54,141
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 8,694,140				
	b	Less cost of goods sold	b 2,822,090				
	c	Net income or (loss) from sales of inventory		5,872,050	5,868,300	3,750	
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		29,641,091	13,337,190	157,169	241,439

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,323,044	3,323,044		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	920,769	304,569	389,683	226,517
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	9,809,594	8,722,397	17,545	1,069,652
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	677,902	521,983	74,570	81,349
9	Other employee benefits	191,798	190,444	1,246	108
10	Payroll taxes	583,571		583,571	
11	Fees for services (non-employees)				
a	Management	311,944	311,944		
b	Legal	234,559	58,114	171,200	5,245
c	Accounting	598,004	598,004		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	132,414		132,414	
g	Other	3,920,259	3,292,675	188,462	439,122
12	Advertising and promotion	457,088	445,381		11,707
13	Office expenses	2,742,856	2,497,605	178,421	66,830
14	Information technology				
15	Royalties				
16	Occupancy	308,053	245,668	57,550	4,835
17	Travel	1,132,072	924,243	34,496	173,333
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,938	2,712	5,226	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,246,906	1,077,258	114,799	54,849
23	Insurance	127,006	91,143	35,863	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	InKind	242,555	242,555		
b	Other	26,293			26,293
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	26,994,625	22,849,739	1,985,046	2,159,840
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,655,617	1	5,467,575
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,629,154	3	4,745,486
	4	Accounts receivable, net		1,667,828	4	1,153,651
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,253,430	8	1,088,724
	9	Prepaid expenses and deferred charges		168,615	9	113,045
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 32,732,339			
	b	Less accumulated depreciation	10b 23,798,283	9,036,713	10c	8,934,056
	11	Investments—publicly traded securities		13,893,662	11	15,796,870
	12	Investments—other securities See Part IV, line 11		1,246,966	12	1,428,046
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,551,985	16	38,727,453
Liabilities	17	Accounts payable and accrued expenses		2,406,849	17	2,757,633
	18	Grants payable			18	
	19	Deferred revenue		1,434,934	19	1,083,353
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		100,000	24	100,000
	25	Other liabilities Complete Part X of Schedule D		7,774,128	25	9,094,314
	26	**Total liabilities.** Add lines 17 through 25		11,715,911	26	13,035,300
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,681,678	27	8,502,848
	28	Temporarily restricted net assets		12,944,049	28	16,953,908
	29	Permanently restricted net assets		210,347	29	235,397
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		21,836,074	33	25,692,153
	34	Total liabilities and net assets/fund balances		33,551,985	34	38,727,453

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,878,633	9,626,669	15,700,293	11,237,195	15,962,494	59,405,284
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,878,633	9,626,669	15,700,293	11,237,195	15,962,494	59,405,284
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)						25,338,395
6 **Public Support.** Subtract line 5 from line 4						34,066,889

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,878,633	1,089,489	15,700,293	11,237,195	15,962,494	59,405,284
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	860,242	1,089,489	1,977,400	705,121	604,050	5,236,302
9 Net income from unrelated business activities, whether or not the business is regularly carried on	44,179	20,153	20,376	21,520	14,399	120,627
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	23,513					23,513
11 **Total support** (Add lines 7 through 10)						64,785,726

12	Gross receipts from related activities, etc (See instructions)	12	78,840,813

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	52 580 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	49 140 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 36-2862206
Name: NATIONAL 4-H COUNCIL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James C Borel Chair	50	X		X				0	0	0
Alison Lewis Public Class	50	X						0	0	0
Anthony A Tansimore Public Class	50	X						0	0	0
Clarence Kelley Public Class	50	X						0	0	0
Carol A John Davidson Public Class	50	X						0	0	0
Douglas R Coffey Public Class	50	X						0	0	0
Joseph B Dzialo Public Class	50	X						0	0	0
Julie Murphy Public Class	50	X						0	0	0
Carl M Casale Public Class	50	X						0	0	0
Lynn O Henderson Public Class	50	X						0	0	0
Mark Martino Public Class	50	X						0	0	0
Orion C Samuelson Public Class	50	X						0	0	0
Stephen D Barr Public Class	50	X						0	0	0
Delbert T Foster Extension & Institution	50	X						0	0	0
Dr E Gordon Gee Extension & Institution	50	X						0	0	0
Dr Janice A Seitz Extension & Institution	50	X						0	0	0
Dr Linda K Fox Extension & Institution	50	X						0	0	0
Dr Thomas G Coon Extension & Institution	50	X						0	0	0
Dr W Gaines Smith Extension & Institution	50	X						0	0	0
Ina Metzger Linville Extension & Institution	50	X						0	0	0
FA Lowrey Treasurer	50	X		X				0	0	0
Daniel Glickman Vice Chair	50	X		X				0	0	0
April Johnson Youth Class	50	X						0	0	0
Jeremy Embalabala Youth Class	50	X						0	0	0
Victoria LeBlanc Youth Class	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Whitney Kupferer Youth Class	50	X						0	0	0
Clyde E Chesney Extension & Institution	50	X						0	0	0
Robert W Owens Public Class	50	X						0	0	0
Roger C Ryles Extension & Institution	50	X						0	0	0
E Kent Baker Public Class	50	X						0	0	0
Lily H Bentas Public Class	50	X						0	0	0
Roger A Rennekamp Extension & Institution	50	X						0	0	0
Donald T Floyd Pres & CEO-N4H Council	55 00			X				451,806	0	61,791
Edward J Beckwith Secretary	50			X				0	0	0
Jennifer Sirangelo SVP-Chief Res Dev Office	50 50				X			266,491	0	42,096
Paul J Koehler SVP-General Manager	48 00				X			202,472	0	42,675
Andy Ferrin SVP-Chief Mrk Officer	53 00					X		215,537	0	40,354
Craven Rand VP, Operations	40 00					X		98,447	0	30,003
Sharon Schainker Dir-Human Resources	54 50					X		157,141	0	25,868
Kirk James Dir-IT Department	48 00					X		152,557	0	33,126
Barbara Stone Vice President	48 00					X		148,325	0	25,884
Roger Olson Vice President	42 00					X		122,930	0	28,257

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	7,198,114	8,743,268			
b Contributions	35,285	64,595			
c Investment earnings or losses	803,120	-1,457,690			
d Grants or scholarships					
e Other expenditures for facilities and programs	248,270	152,059			
f Administrative expenses					
g End of year balance	7,788,249	7,198,114			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ **73.030 %**
- b Permanent endowment ▶ **3.020 %**
- c Term endowment ▶ **23.950 %**

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000		300,000
b Buildings		24,017,250	15,799,648	8,217,602
c Leasehold improvements				
d Equipment		8,415,089	7,998,635	416,454
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,934,056

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
agency funds	735,368
accrued post retirement benefit liab	2,549,092
unfunded pension liability	5,809,854
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,094,314

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,641,091
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,994,625
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,646,466
4	Net unrealized gains (losses) on investments	4	2,021,010
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-811,397
9	Total adjustments (net) Add lines 4 - 8	9	1,209,613
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,856,079

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	33,822,645
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,021,010		
b	Donated services and use of facilities	2b	85,885		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-725,756		
e	Add lines **2a** through **2d**			2e	1,381,139
3	Subtract line **2e** from line **1**			3	32,441,506
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,675		
b	Other (Describe in Part XIV)	4b	-2,822,090		
c	Add lines **4a** and **4b**			4c	-2,800,415
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	29,641,091

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	29,966,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	85,885		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,907,731		
e	Add lines **2a** through **2d**			2e	2,993,616
3	Subtract line **2e** from line **1**			3	26,972,950
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,675		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	21,675
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	26,994,625

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment funds are intended to be used for educational program activities
Part X	Description of Uncertain Tax Positions Under FIN 48	Council has adopted the provisions of FASB ASC 740 (FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes) Under ASC 740, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained Council does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits Council has filed for and received income tax exemptions in the jurisdictions where it is required to do so Additionally, Council has filed Internal Revenue Service Form 990 and Form 990-T tax returns, as required, and all other applicable returns in jurisdictions where it is required Council believes that it is no longer subject to U S federal, state and local, or non-U S income tax examinations by tax authorities for years prior to 2007 No interest or penalties were accrued as of July 1, 2007 as a result of the adoption of FIN 48 For the years ended June 30, 2010 and 2009, no interest or penalties were recorded or included in the consolidated statements of activities
Part XI, Line 8 - Other Adjustments		pension related changes other then net period pension costs -546918 Postretirement medical costs -262979 Named fund spending -1500
Part XII, Line 2d - Other Adjustments		pension related changes other then net period pension costs -546918 income of affiliate in consolidated financials 12500 Postretirement medical costs -262979 Named fund spending -1500 Special Event Expenses 73141
Part XII, Line 4b - Other Adjustments		COST OF GOODS SOLD -2822090
Part XIII, Line 2d - Other Adjustments		Cost of Goods Sold 2822090 expenses of affiliate in consolidated financials 12500 Special Event Expenses 73141

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Gala (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	424,710			424,710
	2 Less Charitable contributions	405,710			405,710
	3 Gross income (line 1 minus line 2)	19,000			19,000
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	5,000			5,000
	7 Food and beverages	49,477			49,477
	8 Entertainment				
	9 Other direct expenses	18,664			18,664
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				73,141
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-54,141

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 88

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 For grantees supported through corporate, foundation, and government dollars, the procedures for monitoring use of grant funds are established on a per-grant basis Applications are taken through an online system and reviewed by internal and external stakeholders Once grantees are selected, they are assigned an account manager, who monitors the grant activities throughout the life of the grant Monitoring begins with a description of unallowable costs in the request for proposals issued for a grant opportunity Submitted budgets are reviewed, and unclear items are questioned and clarified before either final approval or rejection Typically grantees submit at least mid-term and final financial reports reflecting actual expenses on an annual basis These reflect spending against approved budget lines Any of these stages may be amended or dropped as appropriate for the specifics of a given grant Grantees supported through federal dollars may require site visits and/or additional auditing procedures

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-2862206
Name: NATIONAL 4-H COUNCIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE TREE STATE 4-H FOUNDATION5741 LIBBY HALL ROOM 103 Orono, ME 04469	01-6011487	115	7,461				Educational
UNIVERSITY OF MAINE 5717 CORBETT HALL Orono, ME 04469	01-6011501	115	5,500				Educational
UNH COOPERATIVE EXT STRAFFORD268 County Farm Road Dover, NH 03820	02-0228707	115	12,611				Educational
THE PENNSYLVANIA STATE UNIVERSITThe Penn State Conference Center Hotel Room 78 University Park, PA 16802	02-4600376	115	26,243				Educational
4-H FOUNDATION OF NEW HAMPSHIRE180 MAIN STREE Durham, NH 03824	02-6000937	115	38,333				Educational
UNH COOPERATIVE EXTENSION59 College Road Durham, NH 03824	02-6009699	115	12,924				Educational
ALABAMA A&M UNIVERSITYPATTON HALL ROOM 213 PO BOX 411 NORMAL, AL 35762	02-9016351	115	7,700				Educational
MA 4-H FOUNDATION400 MAIN STREET MALPOLE, MA 02081	04-2303708	115	28,062				Educational
RHODE ISLAND CLUB FOUNDATION INC WOODWARD HALL URI Kingston, RI 02881	05-6016234	115	7,686				Educational
NEW YORK 4-H FOUNDATION220 Herald Place Syracuse, NY 13202	14-6021395	115	18,505				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNELL COOPERATIVE EXTENSION340 ROBERTS HALL ITHACA,NY 14853	15-0532082	501(c)(3)	135,000				Educational
CORNELL COOPERATIVE EXTENSION203 N HAMILTON ST WATERTOWN,NY 13601	16-6072882	501(c)(3)	6,451				Educational
CORNELL COOPERATIVE EXTENSION3288 MAIN ST MEXICO,NY 13114	16-6072891	501(c)(3)	12,900				Educational
NEW JERSEY STATE 4-H ASSOC88 Lipman Drive 329 Martin Hall New Brunswick,NJ 089018525	22-6001086	115	20,314				Educational
BERGEN COUNTY 4-H ADMINISTRATIONONE BERGEN COUNTY PLAZA 4TH FLOOR HACKENSACK,NJ 07601	22-6209291	115	25,800				Educational
HILLSBOROUGH COUNTY 4-H329 MAST ROAD ROOM 101 GOFFSTOWN,NH 03045	23-7083796	115	12,500				Educational
CUMBERLAND 4-H ADVISORY COMMITTE291 MORTON AVE MILLVILLE,NJ 08332	23-7086291	115	22,500				Educational
TENNESSEE STATE UNIVERSITY3500 JOHN MERRITT Nashville,TN 37209	23-7105693	115	6,500				Educational
SOUTH CAROLINA STATE UNIV300 COLLEGE STREET ORANGEBURG,SC 29117	23-7113930	115	5,362				Educational
NAE4-HA 2009 CONFERENCE50 WEST HIGH STREE BALLSTON,NY 12020	23-7127452	501(c)(3)	10,000				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PASSAIC COUNTY 4-H LEADERS ASSOC317 PENNSYLVANIA AVE Room 204 Paterson, NJ 07503	23-7318967	115	12,577				Educational
CALIFORNIA 4-H FOUNDATIONPO BOX 73673 DAVIS, CA 95617	23-7327765	115	96,138				Educational
KENTUCKY 4-H FOUNDATION209 SCOVELL HALL LEXINGTON, KY 405060064	23-7437297	115	95,237				Educational
DELAWARE 4-H FOUNDATION113 TOWNSEND HALL 531 S COLLEGE AVE AVE NEWARK, DE 19716	28-4426980	115	12,890				Educational
CAMDEN COUNTY 4-H ASSOCIATION152 OHIO AVENUE CLEMENTON, NJ 08021	30-0453929	115	21,145				Educational
OHIO 4-H YOUTH DEVELOPMENT2201 FRED TAYLOR DRIVE Columbus, OH 43210	31-1145986	115	24,115				Educational
OHIO STATE UNIVERSITY EXTENSION2120 FYFFE ROAD Columbus, OH 43210	31-6025986	115	69,000				Educational
OHIO STATE UNIVERSITY 1480 W Lane Ave Columbus, OH 43210	31-6401599	115	24,452				Educational
INDIANA 4-H FOUNDATION615 W STATE STREET WEST LAFAYETTE, IN 47907	35-1097611	115	97,569				Educational
PUERTO RICO AGRICULTURAL EXT SERV 1204 Ceiba Street San Juan, PR 00926	35-6002041	115	12,500				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ILLINIOS 302 E John 1901 Champaign,IL 61820	37-6000511	115	29,500				Educational
MICHIGAN 4-H FOUNDATION14901 4H DRIVE TUSTIN,MI 49688	38-1539997	115	113,568				Educational
MICHIGAN STATE UNIVERSITY301 ADMINISTRATION BUILDING EAST LANSING,MI 48824	38-6005984	115	15,000				Educational
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM432 N Lake Street 104 Extension Building MADISON,WI 53706	39-1805963	115	84,497				Educational
FOND DU LAC COUNTY UW EXT400 UNIVERSITY DRIVE FOND DU LAC,WI 54935	39-6100393	115	21,500				Educational
MINNESOTA 4-H FOUNDATION270 - B MCNAMARA ALUMI CENTER 200 MINNEAPOLIS,MN 55455	41-1408161	115	105,840				Educational
ALLAMAKEE COUNTY AGRICULTURAL EX21 ALLAMAKEE ST WAUKON,IA 52172	42-6021392	115	20,000				Educational
IOWA 4-H FOUNDATION 3630 EXTENSION 4-H YOUTH BUILDING AMES,IA 50111	42-6061606	115	44,994				Educational
IOWA STATE UNIVERSITY 3617 ADMIN SERVICES BLDG ameS,IA 50111	42-6527697	115	12,500				Educational
THE CURATORS OF THE UNIV OF MI310 JESSE HALL COLUMBIA,MO 65211	43-6003859	115	59,000				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MISSOURI EXTENSION1501 NW JEFFERSON BLUE SPRINGS,MO 64015	44-0602985	115	13,500				Educational
NORTH DAKOTA 4-H FOUNDATIONPO BOX 6050 FARGO,ND 58105	45-6012061	115	19,447				Educational
SOUTH DAKOTA STATE UNIVERSITY2097 Meadow Lane Brookings,SD 57703	46-6000634	115	15,051				Educational
SOUTH DAKOTA 4-H FOUNDATIONAG hall Room 116 Brookings,SD 57007	46-6016086	115	54,773				Educational
THE BOARD OF REGENTS UNIVERSITY OF NEBRASKA 312 N 14th St Alexander West Lincoln,NE 68588	47-0049123	115	94,375				Educational
KANSAS STATE UNIVERSITY201 UMBERGER Manhattan,KS 66506	48-0667209	115	43,500				Educational
UNIVERSITY OF DELAWARE 113 TOWNSEND HALL 531 S COLLEGE AVE AVE MEWARK,DE 197162210	51-0236118	115	75,115				Educational
DELAWARE STATE UNIVERSITY1200 N DUPONT HWY DOVER,DE 19901	51-0305893	115	7,791				Educational
EXTENSION ADVISORY BOARD6615 REGISTRATION RD SUITE 201 BALTIMORE,MD 21215	52-1351814	115	5,500				Educational
MARYLAND 4-H FOUNDATION8020 GREENMEAD DRIVE COLLEGE PARK,MD 20740	52-6056016	115	126,864				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF HAWAII 2530 Dole Street Sakamaki D200 Honolulu,HI 968222231	53-0260105	115	12,500				Educational
VIRGINIA 4-H FOUNDATION2000 Kraft Dr Suite 2100 Blacksburg,VA 24060	54-6001805	115	85,161				Educational
WEST VIRGINIA UNIV FOUNDATION CPO BOX 6031 Morgantown,WV 26506	55-6017181	115	126,650				Educational
NORTH CAROLINA A&T STATE UNIVERSity1890 COOPERATIVE EXTENSION PO BOX 21928 GREENSBORO,NC 27411	56-6023166	115	21,783				Educational
NORTH CAROLINA AGRIC FOUNDATIONCAMPUS BOX 7645 RALEIGH,NC 27695	56-6049304	115	7,575				Educational
NORTH CAROLINA 4-H DEVELOPMENT F120 PATTERSON HALL / BOX 7645 RALEIGH,NC 27695	56-6049505	115	24,653				Educational
GEORGIA 4-H FOUNDATION306 HOKE SMITH ANNEX ATHENS,GA 30602	58-0832988	115	127,625				Educational
FLORIDA 4-H FOUNDATION3103 MCCARTY HALL PO BOX 110225 GAINESVILLE,FL 32611	59-1000186	115	51,446				Educational
KENTUCKY STATE UNIVERSITY400 EAST MAIN STREET FRANKFORT,KY 406012355	61-1099712	115	82,700				Educational
ESSEX COUNTY 4-H LEADER'S ASSOCI162 WASHINGTON STREET NEWARK,NJ 07102	61-1549080	115	10,000				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KENTUCKY RESEARC109 KINKEAD HALL LEXINGTON, KY 405060064	61-6033693	115	25,000				Educational
TENNESSEE 4-H CLUB FOUNDATION I205 Morgan Hall 2621 Morgan Circle Knoxville, TN 37996	62-6047753	115	123,024				Educational
TUSKEGEE UNIVERSITY Kresge Center 112 Tuskegee Institute, AL 36088	63-0288878	115	7,700				Educational
ALABAMA 4-H CLUB FOUNDATION206 DUNCAN HALL Auburn, AL 36849	63-0457929	115	14,669				Educational
ALCORN STATE UNIVERSITY1000 ASU DRIVE 285 LORMAN, MS 39096	64-0538010	115	5,031				Educational
MISSISSIPPI 4H CLUB FOUNDATIONPO BOX 9601 MISSISSIPPI STATE, MS 39762	64-6023591	115	125,954				Educational
UNHCE ROCKINGHAM COUNTY113 North Road Brentwood, NH 03833	71-6060767	115	43,443				Educational
LOUISIANA 4-H FOUNDATIONPO Box 25100 Baton Rouge, LA 70894	72-1367519	115	11,690				Educational
SOUTHERN UNIVERSITY AGRICULTURALPO Box 10010 Baton Rouge, LA 70813	72-6000817	115	7,659				Educational
LSU AGRICULTURE CENTER 104 EFFERSON HALL BATON ROUGE, LA 70803	72-6000848	115	6,793				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OKLAHOMA 4-H FOUNDATION205 4-H Youth Development Stillwater, OK 74078	73-6109761	115	55,957				Educational
COLORADO 4-H FOUNDATIONCAMPUS MAIL 4040 FORT COLLINS, CO 80523	74-2586894	115	7,000				Educational
THE UNIVERSITY OF ARIZONAPO BOX 308 Tucson, AZ 85722	74-2652689	115	34,000				Educational
TEXAS AGRILIFE EXTENSION SERVICE Tamus 2147 Contracts Grants College Station, TX 77843	74-6000541	115	37,171				Educational
PRAIRE VIEW A&M UNIVERSITYPO Box 667 Prairie View, TX 77446	74-6001078	115	24,233				Educational
TEXAS 4-H FOUNDATION 7607 EASTMARK DR STE 101 College Station, TX 77840	74-6091147	115	39,709				Educational
ORANGE COUNTY 4-H6021 S CONWAY ROAD Orlando, FL 32812	81-0581857	115	6,500				Educational
REGENTS OF THE UNIVERSITY OF IDAPO BOX 443020 Moscow, ID 83844	82-6000945	115	22,954				Educational
UTAH STATE UNIVERSITY 5049 Old Main Hill Logan, UT 84322	87-6000528	115	70,228				Educational
WASHINGTON STATE 4-H FOUNDATION7612 Pioneer Way E Puyallup, WA 983714998	91-6055395	115	38,194				Educational

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON 4-H FOUNDATION 105 BALLARD EXTENSION HALL OSU Corvallis, OR 97331	93-0711337	115	18,000				Educational
BOARD OF REGENTS UNIVERSITY OF NEVADA MAIL STOP 162 RENO, NV 89557	94-2781749	115	13,500				Educational
THE REGENTS OF THE UNIV OF CALI1111 Franklin Street 6th Floor Oakland, CA 94607	94-3067788	115	15,000				Educational
WVU RESEARCH CORPORATION886 CHESTNUT RIDGE ROAD Morgantown, WV 26505	55-0665758	115	10,000				Educational
SCOTT COUNTY AGREXT DISTRICT875 TANGLEFOOT LANE Bettendorf, IA 52722	42-6021472	115	8,600				Educational
URBAN AFFAIRS-ALABAMA COOP EXTPO BOX 967 Normal, AL 35762	63-6000724	115	31,500				Educational
UNIVERSITY OF GUAM COOP EXTUniversity of Guam UOG Station MANGILAO, GU 96923	66-0457233	115	6,379				Educational
UDC COOPERATIVE EXTENSION SERVICE4200 Connecticut Avenue Washington, DC 20008	53-6001131	115	17,500				Educational

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Donald T Floyd	(i)	451,806	0	0	15,000	46,791	513,597	0
	(ii)	0	0	0	0	0	0	0
Jennifer Sirangelo	(i)	266,491	0	0	0	42,096	308,587	0
	(ii)	0	0	0	0	0	0	0
Paul J Koehler	(i)	202,472	0	0	0	42,675	245,147	0
	(ii)	0	0	0	0	0	0	0
Andy Ferrin	(i)	215,537	0	0	0	40,354	255,891	0
	(ii)	0	0	0	0	0	0	0
Sharon Schainker	(i)	157,141	0	0	0	25,868	183,009	0
	(ii)	0	0	0	0	0	0	0
Kirk James	(i)	152,557	0	0	0	33,126	185,683	0
	(ii)	0	0	0	0	0	0	0
Barbara Stone	(i)	148,325	0	0	0	25,884	174,209	0
	(ii)	0	0	0	0	0	0	0
Roger Olson	(i)	122,930	0	0	0	28,257	151,187	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	first class travel primarily associated with long haul international travel in support of the global Clover network, or schedule requirements in domestic travel Lunch and dinner club for recognition of associates and business meetings
	Part I, Line 4a	Severance Name undisclosed Amount undisclosed Terms The Organization provides a severance package consistent with industry standards, the terms of which are confidential Donald T Floyd, Jr participated in a Section 457 plan sponsored by National 4-H Council A contribution of $15,000 was made to the plan by National 4-H Council for the year ended December 31, 2009 The Council maintains an individual account that is credited with the contributions and any gains, losses and earnings based upon the terms of the plan with executive's rights vesting annually on December 31st

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
EDWARD J BECKWITH ESQ	Business	221,560	LAW FIRM BAKER & HOSTETLER LLP, is an independent contractor WHICH Provides A FULL RANGE OF LEGAL SERVICES FOR THE ORGANIZATION ALL FEES ARE REVIEWED AND APPROVED BY CEO MONTHLY AND ALL LEGAL SERVICES PROVIDED ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	34,400	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Software & other)	X	1	208,155	FMV
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2862206
Name: NATIONAL 4-H COUNCIL

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136023861

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		All trustees are furnished drafts of Form 990 and time to confirm their review of the document All of their comments and suggestions are resolved prior to filing the Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy is reviewed annually All new associates are required to review and sign the conflict of interest policy upon employment

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The process for determining the compensation of Donald T Floyd, Jr includes the following -compensation survey and study -independent compensation consultant -review of Form 990 for other organizations -use of a compensation committee -approval by the board of trustees -written employment contract The process for determining the compensation of the senior leadership team includes the following -compensation survey and study -independent compensation consultant -review of Form 990 for other organizations

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents Upon Request Conflict of interest policy Upon Request Financial statements Annual Report

Identifier	Return Reference	Explanation
Form 990, Part IV, line 12 and Part XI, line 2	audit of consolidated financial statements/Oversight of audit	There was no change in the process for oversight of the audit from the prior year The organization is audited as part of a consolidated financial statement It does not receive separate audited statements

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136023861

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number
36-2862206

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NATIONAL 4-H ACTIVITIES FOUNDATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 208154999 52-2292245	ACCOUNTING AND ADMINISTRATIVE NEEDS OF NATIONALLY OPERATED 4-H INITIATIVES	OH	501(c)(3)	509(a)(3)	N/A
NATIONAL 4-H FOUNDATION FOR INNOVATION 7100 CONNECTICUT AVE CHEVY CHASE, MD 208154999 52-2292242	development and dissemination of curriculum-inactive	OH	501(c)(3)	509(a)(3)	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No