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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NATIONAL 4-H COUNCIL	D Employer identification number 36-2862206
	Doing Business As	E Telephone number (301) 961-2800
	Number and street (or P O box if mail is not delivered to street address) 7100 CONNECTICUT AVENUE	Room/suite
	City or town, state or country, and ZIP + 4 CHEVY CHASE, MD 208154999	
	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) ☐ 501(c) () ◀ (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
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>28</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>28</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>193</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>67</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>155,968</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>13,073</td></tr></table>	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	193	6 Total number of volunteers (estimate if necessary)	6	67	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	155,968	b Net unrelated business taxable income from Form 990-T, line 34	7b	13,073						
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Part II	Signature Block
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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		2012-05-15			
			Date			
Paid Preparer Use Only	Print/Type preparer's name JOYCE M UNDERWOOD		Preparer's signature JOYCE M UNDERWOOD	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ BDO USA LLP					Firm's EIN ▶
	Firm's address ▶ 7101 WISCONSIN AVE SUITE 800 BETHESDA, MD 208144827					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

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

☐

☒

1

Briefly describe the organization's mission

TO INCREASE INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H POSITIVE YOUTH DEVELOPMENT

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 \$ 16,211,517 including grants of \$ 4,406,455) (Revenue \$ 19,425)

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 \$ 6,885,517 including grants of \$) (Revenue \$ 10,342,135)

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 \$ 2,049,531 including grants of \$) (Revenue \$ 2,716,180)

NATIONAL 4-H SUPPLY SERVICE - SEE SCHEDULE OSINCE 1924, 4-H SUPPLY HAS PROVIDED HIGH-QUALITY BRANDED PRODUCTS AND CURRICULUM TO MEET THE NEEDS OF 4-H OFFICES, CLUBS, AND FAMILIES ALIKE TODAY, 4-H SUPPLY IS TAKING ITS CUSTOMER-FRIENDLY APPROACH TO NEW LEVELS, WITH CONVENIENT ONLINE SHOPPING AND EXPERT ADVICE 4-H MEMBERS 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 \$ 25,146,565

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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, Parts I and IV 	14b Yes	
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, Parts II and IV 	15 Yes	
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, Parts III and IV 	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	193
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

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: 14

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

Form **990** (2010)

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	1a	70,911				
	b	Membership dues	1b					
	c	Fundraising events	1c	494,575				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,078,489				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,191,131				
	g	Noncash contributions included in lines 1a-1f \$		388,165				
	h	Total. Add lines 1a-1f		16,835,106				
	Program Service Revenue	2a	NATL 4-H YOUTH CONF CT	Business Code 721000	6,793,005	6,637,037	155,968	
b		REG FEES AND TUITIONS	900099	884,297	884,297			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		7,677,302				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		298,553			298,553
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		84,243			84,243	
	6a	Gross Rents	(i) Real 73,056	(ii) Personal	73,056		73,056	
		b	Less rental expenses					
		c	Rental income or (loss)	73,056				
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 869,500	(ii) Other	5,930		5,930	
		b	Less cost or other basis and sales expenses	863,570				
		c	Gain or (loss)	5,930				
		d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 494,575 of contributions reported on line 1c) See Part IV, line 18	a 21,875		-52,918		-52,918	
		b	Less direct expenses	b 74,793				
		c	Net income or (loss) from fundraising events					
	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 8,157,104		5,556,406	5,556,406			
	b	Less cost of goods sold	b 2,600,698					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		30,477,678	13,077,740	155,968	408,864		

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	4,406,455	4,406,455		
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	38,161	38,161		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,110,799	725,269	119,612	265,918
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	7,513,406	6,464,753	320,199	728,454
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	644,621	515,912	55,832	72,877
9	Other employee benefits	1,254,797	617,058	578,066	59,673
10	Payroll taxes	571,936	476,825	29,167	65,944
a	Fees for services (non-employees)				
	Management	322,175	322,175		
b	Legal	313,110	177,483	131,162	4,465
c	Accounting	813,865	116,615	697,135	115
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	22,558		22,558	
g	Other	6,224,041	5,182,242	363,588	678,211
12	Advertising and promotion	654,873	601,366	649	52,858
13	Office expenses	2,626,561	2,219,471	296,510	110,580
14	Information technology				
15	Royalties				
16	Occupancy	183,761	177,243	5,086	1,432
17	Travel	1,126,636	1,019,356	34,384	72,896
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	453,319	423,380	6,384	23,555
20	Interest	1,688	42	1,646	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,308,818	1,138,018	114,914	55,886
23	Insurance	132,293	100,900	31,393	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER	272,109	155,997	95,224	20,888
b	IN-KIND	267,844	267,844		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	30,263,826	25,146,565	2,903,509	2,213,752
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,467,575	1	4,122,220
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,745,486	3	6,555,430
	4	Accounts receivable, net			1,153,651	4	2,091,316
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,088,724	8	1,229,707
	9	Prepaid expenses and deferred charges			113,045	9	98,541
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	33,905,326			
	b	Less: accumulated depreciation	10b	24,946,090	8,934,056	10c	8,959,236
	11	Investments—publicly traded securities			15,796,870	11	19,406,677
	12	Investments—other securities. See Part IV, line 11			1,428,046	12	1,494,816
	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)			38,727,453	16	43,957,943	
Liabilities	17	Accounts payable and accrued expenses			2,757,633	17	3,638,164
	18	Grants payable				18	
	19	Deferred revenue			1,083,353	19	1,552,700
	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	
	25	Other liabilities. Complete Part X of Schedule D			9,094,314	25	7,668,466
	26	Total liabilities. Add lines 17 through 25			13,035,300	26	12,859,330
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			8,502,848	27	12,914,957
	28	Temporarily restricted net assets			16,953,908	28	17,948,259
	29	Permanently restricted net assets			235,397	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			25,692,153	33	31,098,613
34	Total liabilities and net assets/fund balances			38,727,453	34	43,957,943	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,477,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,263,826
3	Revenue less expenses Subtract line 2 from line 1	3	213,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,692,153
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,192,608
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,098,613

Part XII

Financial Statements and Reporting

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

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	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	Yes	

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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,626,669	15,700,293	11,237,195	15,962,494	16,856,981	69,383,632
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	9,626,669	15,700,293	11,237,195	15,962,494	16,856,981	69,383,632
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)						27,465,903
6 Public Support. Subtract line 5 from line 4						41,917,729

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,626,669	15,700,293	11,237,195	15,962,494	16,856,981	69,383,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,089,489	1,977,400	705,121	604,050	455,852	4,831,912
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,153	20,376	21,520	14,399	13,073	89,521
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						74,305,065
12 Gross receipts from related activities, etc. (See instructions.)					12	80,739,624
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 2010 (line 6 column (f) divided by line 11 column (f))	14 56 410 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15 52 580 %
16a	33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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	
FA LOWREY TREASURER	50	X		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	
DELBERT T FOSTER EXTENSION & INSTITUTION CL	50	X						0	0	0	
DR E GORDON GEE EXTENSION & INSTITUTION CL	50	X						0	0	0	
DR JANICE A SEITZ EXTENSION & INSTITUTION CL	50	X						0	0	0	
DR LINDA K FOX EXTENSION & INSTITUTION CL	50	X						0	0	0	
DR THOMAS G COON EXTENSION & INSTITUTION CL	50	X						0	0	0	
DR W GAINES SMITH EXTENSION & INSTITUTION CL	50	X						0	0	0	
ROGER A RENNEKAMP EXTENSION & INSTITUTION CL	50	X						0	0	0	
CHARLOTTE EBERLEIN EXTENSION & INSTITUTION CL	50	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 VICE CHAIR	50	X		X				0	0	0	
DOUGLAS R COFFEY PUBLIC CLASS	50	X						0	0	0	
JULIE MURPHY PUBLIC CLASS	50	X						0	0	0	
APRIL JOHNSON YOUTH CLASS	50	X						0	0	0	
JEREMY EMBALABALA YOUTH CLASS	50	X						0	0	0	
JOSEPH B DZIALO PUBLIC CLASS	50	X						0	0	0	
WHITNEY KUPFERER YOUTH CLASS	50	X						0	0	0	
MARTHA BERNADETT PUBLIC CLASS	50	X						0	0	0	
DAVID EPSTEIN PUBLIC CLASS	50	X						0	0	0	
E KENT BAKER PUBLIC 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			
LILY H BENTAS PUBLIC CLASS	50	X						0	0	0
LANDEL C HOBBS PUBLIC CLASS	50	X						0	0	0
DR JEFF HOWARD EXTENSION & INSTITUTION CL	50	X						0	0	0
LANCE LAVERGNE PUBLIC CLASS	50	X						0	0	0
KAYLA MARTELL YOUTH CLASS	50	X						0	0	0
DR RUSSELL PETRELLA PUBLIC CLASS	50	X						0	0	0
ANANDA ROBERTS PUBLIC CLASS	50	X						0	0	0
JOHN WENDLER PUBLIC CLASS	50	X						0	0	0
ANN VENEMAN PUBLIC CLASS	50	X						0	0	0
STEPHEN D BARR PUBLIC CLASS	50	X						0	0	0
INA METZGER LINVILLE EXTENSION & INSTITUTION CL	50	X						0	0	0
CAROL A JOHN DAVIDSON PUBLIC CLASS	50	X						0	0	0
DANIEL GLICKMAN PUBLIC CLASS	50	X						0	0	0
DONALD T FLOYD PRES & CEO-N4H COUNCIL	55 00			X				479,971	0	62,164
EDWARD J BECKWITH SECRETARY	50			X				0	0	0
JENNIFER SIRANGELO EXECUTIVE VICE PRESIDENT	50 50				X			270,400	0	42,445
PAUL J KOEHLER SVP-GENERAL MANAGER	48 00				X			212,701	0	43,119
ANDREW FERRIN SVP-CHIEF MRK OFFICER	53 00					X		224,125	0	40,798
CRAVEN RAND VP, OPERATIONS	45 00					X		166,051	0	23,102
SHARON SCHAINKER DIR-HUMAN RESOURCES	54 50					X		161,263	0	26,034
KIRK JAMES DIR-IT DEPARTMENT	45 00					X		149,744	0	33,536
JILL BRAMBLE VP RESOURCE DEVELOPMENT	45 00					X		130,116	0	17,998

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

2010

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
2a	
2b	
2c	
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

1b

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

1b

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

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

2a

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

☐ Yes

☐ No

2b

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	7,788,249	7,198,114	8,743,268		
1b Contributions	669,556	35,285	64,595		
1c Investment earnings or losses	1,398,225	803,120	-1,457,690		
1d Grants or scholarships					
1e Other expenditures for facilities and programs	209,402	248,270	152,059		
1f Administrative expenses					
1g End of year balance	9,646,628	7,788,249	7,198,114		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 73 800 %

b

Permanent endowment ▶ 2 440 %

c

Term endowment ▶ 23 760 %

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
1b Buildings		24,682,811	16,261,783	8,421,028
1c Leasehold improvements				
1d Equipment		8,922,515	8,684,307	238,208
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,959,236

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	130,477,678
2	Total expenses (Form 990, Part IX, column (A), line 25)	230,263,826
3	Excess or (deficit) for the year Subtract line 2 from line 1	3213,852
4	Net unrealized gains (losses) on investments	43,394,692
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,797,916
9	Total adjustments (net) Add lines 4 - 8	95,192,608
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	105,406,460

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	138,401,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a3,394,692	
b	Donated services and use of facilities2b78,600	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,872,709	
e	Add lines 2a through 2d	2e5,346,001
3	Subtract line 2e from line 1	333,055,818
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 7b4a22,558	
b	Other (Describe in Part XIV)4b-2,600,698	
c	Add lines 4a and 4b	4c-2,578,140
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	530,477,678

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	132,995,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a78,600	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d2,675,491	
e	Add lines 2a through 2d	2e2,754,091
3	Subtract line 2e from line 1	330,241,268
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 7b4a22,558	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c22,558
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	530,263,826

Part XIVSupplemental 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR EDUCATIONAL PROGRAM ACTIVITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	COUNCIL HAS ADOPTED THE PROVISIONS OF FASB ASC 740. 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 2008. 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, 2011 AND 2010, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS 1,587,037 POSTRETIREMENT MEDICAL COSTS 234,276 NAMED FUND SPENDING -5,609 CAPITALIZED NONCASH CONTRIBUTIONS -17,788
PART XII, LINE 2D - OTHER ADJUSTMENTS		PENSION RELATED CHANGES OTHER THEN NET PERIOD PENSION COSTS 1,587,037 FUNDRAISING EXPENSES 74,793 POSTRETIREMENT MEDICAL COSTS 234,276 NAMED FUND SPENDING -5,609 CAPITALIZED NONCASH CONTRIBUTIONS -17,788
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -2,600,698
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 2,600,698 FUNDRAISING EXPENSES 74,793

OMB No 1545-0047

Open to Public Inspection

36-2862206

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	EDUCATIONAL PROGRAMS	30,171	WIRE TRANSFER	0	N/A	N/A

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3

Enter total number of other organizations or entities

0

Part III

(a) Type of grant or assistance

(b) Region

(c) Number of recipients

(d) Amount of cash grant

(e) Manner of cash disbursement

(f) Amount of non-cash assistance

**(g) Description
of non-cash
assistance**

(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 MONITORING BEGINS WITH A REVIEW OF THE REQUEST FOR PROPOSALS ISSUED FOR A GRANT OPPORTUNITY BY A TEAM OF 2-3 PEOPLE. SUBMITTED BUDGETS ARE REVIEWED, AND UNCLEAR ITEMS ARE QUESTIONED AND CLARIFIED BEFORE EITHER FINAL APPROVAL OR REJECTION. ONCE APPROVED, A CONTRACT WITH GRANTEE IS PREPARED OUTLINING THE DELIVERABLES, TIMELINE, REPORTING SCHEDULE, AND RECOGNITION EXPECTED. THE CONTRACT IS SIGNED BY COUNCIL AND GRANTEE. 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.

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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	516,450		516,450
	2	Less Charitable contributions	494,575		494,575
	3	Gross income (line 1 minus line 2)	21,875		21,875
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	74,793		74,793
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-52,918

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			
	2	Cash prizes			
Direct Expenses	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 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL 4-H COUNCIL

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

2010

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

117

3

Enter total number of other organizations

0

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 ACCEPTED THROUGH AN ONLINE GRANT MANAGEMENT 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 BY A TEAM OF 2-3 PEOPLE SUBMITTED BUDGETS ARE REVIEWED, AND UNCLEAR ITEMS ARE QUESTIONED AND CLARIFIED BEFORE EITHER FINAL APPROVAL OR REJECTION ONCE APPROVED, A CONTRACT WITH GRANTEE IS PREPARED OUTLINING THE DELIVERABLES, TIMELINE, REPORTING SCHEDULE, AND RECOGNITION EXPECTED THE CONTRACT IS SIGNED BY COUNCIL AND GRANTEE 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

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
4-H FOUNDATION OF NEW HAMPSHIRE180 MAIN STREE DURHAM,NH 03824	02-6000937		8,497				EDUCATIONAL
AUBURN UNIVERSITY206 DUNCAN HALL AUBURN,AL 36849	63-0457929	501 (C) (3)	22,510				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
ALCORN STATE UNIVERSITY1000 ASU DRIVE 285 LORMAN,MS 39096	64-0538010	STATE OF MISSISSIPPI	11,650				EDUCATIONAL
UNIVERSITY OF ARKANSAS COOP EXT SVC PO BOX 391 LITTLE ROCK,AR 72203	71-6060767	STATE OF ARKANSAS	21,906				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
BLACKFEET COMMUNITY COLLEGEPO BOX 819 BROWNING, MO 594170819	81-0378943	GOVERNMENT AGENCY	9,543				EDUCATIONAL
UNIVERSITY OF NEVADA RENOROSE HALL ROOM 204 MAIL STOP 325 RENO,NV 89557	88-6000024	STATE OF NEVADA	20,000				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 WISCONSIN432 N LAKE ST 104 EXT BLDG MADISON,WI 53706	39-1805963	STATE OF WISCONSIN	20,000				EDUCATIONAL
UNIVERSITY OF MAINE 4-H CAMP AND LEARNING CENTER AT BRYANT POND PO BOX 188 BRYANT POND,MA 042190188	26-2664906	STATE OF MAINE	6,921				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
CALIFORNIA 4-H FOUNDATIONPO BOX 73673 DAVIS,CA 95617	23-7327765		6,361				EDUCATIONAL
CALIFORNIA 4-H FOUNDATIONPO BOX 73673 DAVIS,CA 95617	23-7327765		5,161				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
CLEMSON UNIVERSITY210 BARRE HALL CLEMSON,SC 29634	57-6000254	STATE OF S C	10,183				EDUCATIONAL
CLEMSON UNIVERSITY FOUNDATIONPO BOX 1889 CLEMSON,SC 29634	57-0426335	501 (C) (3)	5,229				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
COLORADO 4-H FOUNDATIONCAMPUS MAIL 4040 FORT COLLINS,CO 80523	74-2586894		38,319				EDUCATIONAL
COLORADO STATE UNIVERSITYROOM 108 JOHNSON HALL - SP FORT COLLINS,CO 80523	23-7098397	STATE OF COLORADO	19,445				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 EXTENSION- ERIE COUNTY 4H OFFICE21 SOUTH GROVE STREET SUITE 320 EAST AURORA,NY 14052	16-6072879	501 (C) (3)	10,396				EDUCATIONAL
CORNELL UNIVERSITY750 CASCADILLA STREET ITHACA,NY 14851	15-0532082	501 (C) (3)	79,750				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 EXTENSION21 SOUTH GROVE STREET SUITE 320 EAST AURORA,NY 14052	16-6072879	501 (C) (3)	16,247				EDUCATIONAL
CORNELL COOPERATIVE EXTENSION- NEW YORK CITY16 EAST 34TH STREET 8TH FLOOR NEW YORK,NY 10016	15-0532082	501 (C) (3)	23,000				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
DELAWARE STATE UNIVERSITY1200 N DUPONT HWY DOVER,DE 19901	51-0305893	STATE OF DELAWARE	44,398				EDUCATIONAL
NEW YORK STATE 4H FOUNDATION INC220 HERALD PLACE SYRACUSE,NY 13202	14-6021395		14,530				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
FLORIDA 4-H FOUNDATION3103 MCCARTY HALL PO BOX 110225 GAINESVILLE,FL 32611	59-1000186		101,751				EDUCATIONAL
FOND DU LAC COUNTY UW EXT400 UNIVERSITY DRIVE FOND DU LAC,WI 54935	39-6100393	COUNTY GOVERNMENT	19,250				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
GEORGIA 4-H FOUNDATION306 HOKE SMITH ANNEX ATHENS,GA 30602	58-0832988		92,476				EDUCATIONAL
HAWAII 4-H FOUNDATION 213 GILMORE HALL 3050 MAILE WAY HONOLULU, HI 968222231	23-7043787		5,283				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
INDIANA 4-H FOUNDATION INC615 W STATE STREET WEST LAFAYETTE,IN 47907	35-1097611		11,947				EDUCATIONAL
IOWA 4-H FOUNDATION 3630 EXTENSION 4-H YOUTH BUILDING AMES,IA 50111	42-6061606	STATE OF IOWA	44,127				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
IOWA STATE UNIVERSITY 3617 ADMIN SERVICES BLDG AMEX,IA 50111	42-6527697	STATE OF IOWA	5,000				EDUCATIONAL
IOWA STATE UNIVERSITY EXTENSION3630 EXTENSION 4-H YOUTH BUILDING AMES,IA 50111	42-6061606	STATE OF IOWA	19,376				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
IOWA STATE UNIVERSITY EXTENSION - JOHNSON COUNTY4265 OAK CREST HILL RD SE IOWA CITY,IA 52246	42-6021441	STATE OF IOWA	16,510				EDUCATIONAL
KANSAS 4-H FOUNDATION INC116 UMBERGER HALL KSU MANHATTAN,KS 66506	48-0623884		6,124				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
KANSAS STATE UNIVERSITY201 UMBERGER MANHATTAN,KS 66506	48-0667209	STATE OF KANSAS	51,262				EDUCATIONAL
KENTUCKY 4-H FOUNDATION209 SCOVELL HALL LEXINGTON,KY 405060064	23-7437297		145,563				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
KENTUCKY STATE UNIVERSITY400 EAST MAIN STREET FRANKFORT,KY 406012355	61-1099712	STATE OF KENTUCKY	61,500				EDUCATIONAL
LOUISIANA 4-H FOUNDATION INCPO BOX 25100 BATON ROUGE,LA 70894	72-1367519		17,308				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
MARYLAND 4-H FOUNDATION INC8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016		187,603				EDUCATIONAL
MASSACHUSETTS 4-H FOUNDATION400 MAIN STREET MALPOLE,MA 02081	04-2303708		8,953				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
MICHIGAN 4-H FOUNDATION14901 4H DRIVE TUSTIN,MI 49688	38-1539997		55,073				EDUCATIONAL
MICHIGAN 4-H FOUNDATION PAPER CLOVER240 SPARTAN WAY EAST LANSING,MI 48824	38-1539997		14,250				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
MINNESOTA 4-H FOUNDATION270 - B MCNAMARA ALUMI CENTER 200 MINNEAPOLIS,MN 55455	41-1408161		23,000				EDUCATIONAL
							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
MISSISSIPPI 4-H COOP EXT SERVICEPO BOX 9601 MISSISSIPPI STATE,MS 39762	64-6023591		10,000				EDUCATIONAL
MISSISSIPPI 4H CLUB FOUNDATIONPO BOX 9601 MISSISSIPPI STATE,MS 39762	64-6023591		81,984				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
MISSISSIPPI STATE UNIVERSITYPO DRAWER 5227 MISSISSIPPI STATE,MS 39762	06-7589752	STATE OF MISSISSIPPI	64,467				EDUCATIONAL
MISSOURI 4-H FOUNDATION819 CLARK HALL COLUMBIA,MO 65211	43-6044367		80,051				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
MONTANA 4-H FOUNDATION210 TAYLOR HALL BOZEMAN,MT 59717	23-7051460		6,629				EDUCATIONAL
MONTANA STATE UNIVERSITY309 MONTANA HALL PO BOX 172470 BOZEMAN,MT 59717	81-6010045	STATE OF MONTANA	10,917				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
NAE4-HA 2009 CONFERENCE50 WEST HIGH STREE BALLSTON,NY 12020	23-7127452		10,000				EDUCATIONAL
NORTH CAROLINA 4-H DEVELOPMENT FUND INC NCSU BOX 7207 RALEIGH,NC 27695	56-6049505		5,000				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
NEBRASKA 4-H FOUNDATION6940 O STREET SUITE 210 LINCOLN,NE 68510	47-0469703		6,051				EDUCATIONAL
NEW YORK STATE 4-H FOUNDATION INC248 GRANT AVE SUITE II-A AUBURN,NY 13021	14-6021395		10,830				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
NORTH CAROLINA 4-H DEVELOPMENT FUND120 PATTERSON HALL / BOX 7645 RALEIGH,NC 27695	56-6049505		76,750				EDUCATIONAL
NORTH CAROLINA AGRICULTURAL FOUNDATIONCAMPUS BOX 7645 RALEIGH,NC 27695	56-6049304		51,299				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
OHIO 4-H YOUTH DEVELOPMENT2201 FRED TAYLOR DRIVE COLUMBUS,OH 43210	31-1145986		20,103				EDUCATIONAL
OHIO STATE UNIVERSITY 1480 W LANE AVE COLUMBUS,OH 43210	31-6401599	STATE OF OHIO	8,000				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
OHIO STATE UNIVERSITY EXTENSION1480 W LANE AVE COLUMBUS,OH 43210	31-6401599	STATE OF OHIO	23,000				EDUCATIONAL
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 901 WOODY HAYES DR 2020 BLANKENSHIP HALL COLUMBUS,OH 43210	31-6401599	STATE OF OHIO	24,573				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		20,589				EDUCATIONAL
OKLAHOMA STATE UNIVERSITY205 4-H YOUTH DEVELOPMENT STILLWATER,OK 74078	73-6109761	STATE OF OKLAHOMA	28,592				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
FOND DU LAC COUNTY UW EXT400 UNIVERSITY DR FOND DU LAC, WI 549352950	39-6100393		19,250				EDUCATIONAL
OREGON STATE UNIVERSITYPO BOX 1086 CORVALLIS,OR 973391086	48-1278540	STATE OF OREGON	6,500				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
PENN STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	STATE OF PENNSYLV	14,099				EDUCATIONAL
PINE TREE STATE 4-H FOUNDATION5741 LIBBY HALL ROOM 103 ORONO,ME 04469	01-6011487		5,972				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
PRAIRE VIEW A&M UNIVERSITYPO BOX 667 PRAIRIE VIEW,TX 77446	74-6001078	STATE OF TEXAS	7,354				EDUCATIONAL
PURDUE UNIVERSITY615 W STATE ST AGAD BUILDING WEST LAFAYETTE,IN 47907	35-1097611	501 (C) (3)	100,390				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
REGENTS OF THE UNIVERSITY OF CALIFORNIAONE SHIELDS AVE DAVIS,CA 95616	23-7327765	STATE OF CALIFORNIA	44,750				EDUCATIONAL
REGENTS OF THE UNIVERSITY OF IDAHOPO BOX 443020 MOSCOW,ID 83844	82-6000945	STATE OF IDAHO	20,000				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
REGENTS OF THE UNIVERSITY OF MINNESOTA1300 S 2ND ST RM 206 MINNEAPOLIS,MN 55455	41-6007513	STATE OF MINNESOTA	22,927				EDUCATIONAL
RUTGERS THE UNIVERSITY OF NEW JERSEYMARTIN HALL ROOM 329 88 NORTH BRUNSWICK,NJ 08901	22-6001086	STATE OF NEW JERSEY	11,261				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
RUTGERS THE UNIVERSITY OF NEW JERSEYMARTIN HALL ROOM 329 88 NORTH BRUNSWICK,NJ 08901	22-6001086	STATE OF NEW JERSEY	14,316				EDUCATIONAL
SOUTH CAROLINA STATE UNIVERSITY300 COLLEGE STREET ORANGEBURG,SC 29117	23-7113930	STATE OF S C	13,200				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
SIoux CO EXT OFFICEPO BOX 462 FORT YATES,NV 58538	45-6002240		13,200				EDUCATIONAL
SOMERSET COUNTY 4-H ASSOCIATION310 MILLTOWN RD BRIDGEWATER,NJ 08807	22-6064597		13,000				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
SOUTH DAKOTA 4-H FOUNDATIONAG HALL ROOM 116 BROOKINGS,SD 57007	46-6016086		5,211				EDUCATIONAL
SOUTHERN UNIVERSITY AGRICULTURALPO BOX 10010 BATON ROUGE,LA 70813	72-6000817	501 (C) (3)	6,454				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
SOUTHERN UNIVERSITY AGRICULTURALPO BOX 10010 BATON ROUGE,LA 70813	72-6000817	501 (C)(3)	8,032				EDUCATIONAL
UNIVERSITY OF TENNESSEE205 MORGAN HALL 2621 MORGAN CIRCLE KNOXVILLE,TN 37996	62-6047753	STATE OF TENNESSEE	38,021				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
TENNESSEE STATE UNIVERSITY3500 JOHN MERRITT NASHVILLE,TN 37209	23-7105693	STATE OF TENNESSEE	22,082				EDUCATIONAL
TEXAS 4-H YOUTH DEVELOPMENT FOUNDATIONPO BOX 11020 COLLEGE STATION,TX 77842	74-6091147		40,708				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
TEXAS 4-H FOUNDATION 7607 EASTMARK DR STE 101 COLLEGE STATION,TX 77840	74-6091147		61,250				EDUCATIONAL
TEXAS AGRILIFE EXTENSION SERVICE TAMUS 2147 CONTRACTS GRANTS COLLEGE STATION,TX 77843	74-6000541		100,087				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 NEBRASKA BOARD OF REGENTS3835 HOLDREGE ST LINCOLN,NE 68503	47-0049123	STATE OF NEBRASKA	8,125				EDUCATIONAL
THE CURATORS OF THE UNIV OF MISSOURI310 JESSE HALL COLUMBIA,MO 65211	43-6003859	STATE OF MISSOURI	145,587				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
FAMILY LEAGUE OF BALTIMORE CITY INC2305 N CHARLES STREET SUITE 200 BALTIMORE,MD 21218	52-1734848	GOVERNMENT AGENCY	12,500				EDUCATIONAL
THE GEORGIA 4-H FOUNDATION304 HOKE SMITH ANNEX UNIV OF GA ATHENS,GA 30602	58-0832988		36,138				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
THE OHIO STATE UNIVERSITY1480 W LANE AVE COLUMBUS,OH 43215	31-6401599	STATE OF OHIO	19,438				EDUCATIONAL
THE PENNSYLVANIA STATE UNIVERSITYTHE PENN STATE CONFERENCE CENTER HOTEL ROOM 78 UNIVERSITY PARK,PA 16802	02-4600376	STATE OF PENN	13,000				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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA1 SHIELDS AVE DAVIS,CA 95616	94-6036494	STATE OF CALIFORNIA	55,000				EDUCATIONAL
THE REGENTS OF THE UNIVERSITY OF IDAHO 415 W 6TH ST MOSCOW,ID 83844	82-6000945	STATE OF IDAHO	13,160				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 TENNESSEE205 MORGAN HALL 2621 MORGAN CIRCLE KNOXVILLE,TN 37996	62-6047753	STATE OF TENNESSEE	30,000				EDUCATIONAL
UNIVERSITY OF TENNESSEE EXTENSION 121B MORGAN HALL 2621 MORGAN CIRCLE KNOXVILLE,TN 37996	62-6047753	STATE OF TENNESSEE	13,393				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
TUSKEGEE UNIVERSITY KRESGE CENTER 112 TUSKEGEE INSTITUTE,AL 36088	63-0288878	501 (C) (3)	16,250				EDUCATIONAL
UNHCE COOS COUNTY 629A MAIN STREET LANCASTER,NH 03584	02-0421947		14,900				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 ARIZONA 888 N EUCLID AVE RM 502F TUCSON,AZ 85721	86-6004791	STATE OF ARIZONA	13,848				EDUCATIONAL
UNIVERSITY OF CONNECTICUT843 UNIVERSITY DRIVE TORRINGTON,CT 06790	06-0772160	STATE OF CONNECTICUT	82,476				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 DELAWARE113 TOWNSEND HALL 531 S COLLEGE AVE AVE MEWARK, DE 197162210	51-0236118	STATE OF DELAWARE	87,606				EDUCATIONAL
UNIVERSITY OF FLORIDA 4-H FOUNDATION3103 MCCARTY HALL B GAINESVILLE,FL 32611	59-1000186		13,875				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 RESEARCH109 KINKEAD HALL LEXINGTON, KY 405060064	61-6033693	STATE OF KENTUCKY	21,579				EDUCATIONAL
UNIVERSITY OF MAINE 5717 CORBETT HALL ORONO, ME 04469	01-6011501	STATE OF MAINE	27,929				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 MAINE COOPERATIVE EX5741 LIBBY HALL ORONO,ME 04469	01-6011501	STATE OF MAINE	32,280				EDUCATIONAL
MARYLAND 4-H CLUB FOUNDATION INC8020 GREENMEAD DR COLLEGE PARK,MD 20740	52-6056016		6,551				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 MINNESOTA200 OAK STREET SE NO 500 MINNEAPOLIS,MN 55455	41-6042488	STATE OF MINNESOTA	10,213				EDUCATIONAL
UNIVERSITY OF MISSOURI EXTENSION1501 NW JEFFERSON BLUE SPRINGS,MO 64015	44-0602985	STATE OF MISSOURI	20,000				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 NEBRASKA-LINCOLN312 N 14TH ST ALEXANDER WEST LINCOLN,NE 68588	47-0049123	STATE OF NEBRASKA	61,750				EDUCATIONAL
UNIVERSITY OF NEVADA-RENO FOUNDATION MAILSTOP 162 RENO,NV 89557	94-2781749	STATE OF NEVADA	20,938				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 NEW HAMPSHIRE180 MAIN STREET DURHAM,NH 03824	02-6000937	STATE OF NEW HAMPSHI	44,879				EDUCATIONAL
UNIVERSITY OF TENNESSEE205 MORGAN HALL 2621 MORGAN CIRCLE KNOXVILLE,TN 37996	62-6047753	STATE OF TENNESSEE	9,000				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 TENNESSEE EXTENSION 121B MORGAN HALL 2621 MORGAN CIRCLE CIRCLE KNOXVILLE, TN 37996	62-6047753	STATE OF TENNESSEE	90,923				EDUCATIONAL
UNIVERSITY OF WISCONSIN EXTENSION 432 NORTH LAKE STREET RM 104 MADISON, WI 53706	39-1805963	STATE OF WISCONSIN	40,228				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
URBAN AFFAIRS-ALABAMA COOP EXTPO BOX 967 NORMAL,AL 35762	63-6000724		45,000				EDUCATIONAL
UTAH STATE UNIVERSITY 5049 OLD MAIN HILL LOGAN,UT 84322	87-6000528	STATE OF UTAH	76,956				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
VIRGINIA POLYTECHNIC INSTITUTTE AND STATE UNIVERSITY1880 PRATT DRIVE SUITE 2006 BLACKSBURG,VA 24060	54-6001805	STATE OF VIRGINIA	45,000				EDUCATIONAL
WASHINGTON STATE 4-H FOUNDATION7612 PIONEER WAY E PUYALLUP, WA 983714998	91-6055395	STATE OF WASHINGTON	43,350				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
WASHINGTON STATE UNIVERSITY FOUNDATION PO BOX 641927 PULLMAN,WA 99164	91-1075542	STATE OF WASHINGTON	50,000				EDUCATIONAL
WEST VIRGINIA UNIVERSITY FOUNDATION PO BOX 6031 MORGANTOWN,WV 26506	55-6017181	STATE OF WEST VIRGIN	134,500				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
WEST VIRGINIA UNIVERSITY RESEARCH CORP886 CHESTNUT RIDGE RD ROOM 202 MORGANTOWN,WV 26506	55-0665758	STATE OF WEST VIRGIN	11,250				EDUCATIONAL
WEST VIRGINIA STATE UNIVERSITY RESEARCH AND DEVELOPMENT CORP PO BOX 1000 INSTITUTE,WV 25112	55-0708567	STATE OF WEST VIRGIN	10,345				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
ALLAMAKEE COUNTY EXTENSION21 ALLAMAKEE ST WAUKON,IA 52172	42-6021392	STATE OF IOWA	20,000				EDUCATIONAL
UNIVERSITY OF IDAHO EXTENSION701 W COLLEGE AVE SAINT MARIES,ID 83861	82-6000281	STATE OF IDAHO	14,423				EDUCATIONAL

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
NATIONAL 4-H COUNCIL

Employer identification number

36-2862206

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision 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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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 from the organization or a related organization?	4a	No
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 accrued 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 duplicate copies if additional space is 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				
(1) DONALD T FLOYD	(i)	442,991	0	36,980	17,720	44,444	542,135	0
	(ii)	0	0	0	0	0	0	0
(2) JENNIFER SIRANGELO	(i)	270,400	0	0	10,816	31,629	312,845	0
	(ii)	0	0	0	0	0	0	0
(3) PAUL J KOEHLER	(i)	198,656	0	14,045	7,946	35,173	255,820	0
	(ii)	0	0	0	0	0	0	0
(4) ANDREW FERRIN	(i)	224,125	0	0	8,965	31,833	264,923	0
	(ii)	0	0	0	0	0	0	0
(5) CRAVEN RAND	(i)	166,051	0	0	6,642	16,460	189,153	0
	(ii)	0	0	0	0	0	0	0
(6) SHARON SCHAIKER	(i)	149,744	0	11,519	5,990	20,044	187,297	0
	(ii)	0	0	0	0	0	0	0
(7) KIRK JAMES	(i)	149,744	0	0	5,990	27,546	183,280	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 4B	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, 2010. 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.

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
2010
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	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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	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	No
(1) EDWARD J BECKWITH ESQ	BUSINESS	260,838	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
(2) UNITED HEALTHCARE	BUSINESS	918,413	HEALTH INSURANCE COVERAGE IS PROVIDED TO NATIONAL 4-H COUNCIL EMPLOYEES BY UNITED HEALTHCARE DR RUSSELL PETRELLA IS THE PRESIDENT OF UNITED HEALTHCARE COMMUNITY AND STATE, A DIVISION OF UNITED HEALTHCARE NATIONAL 4-H COUNCIL DOES NOT RECEIVE SERVICES FROM UNITED HEALTHCARE COMMUNITY AND STATE		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()		See Add'l Data		
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	
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?				Yes 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?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				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
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Additional Data

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

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
SOFTWARE Other ▶ (& OTHER)	X	2	340,449	FMV
CELL Other ▶ (PHONES)	X	1	5,500	FMV
Other ▶ (BIKE RACK)	X	1	495	FMV
Other ▶ (PRINTING)	X	1	40,770	FMV
Other ▶ (TICKETS)	X	1	951	FMV

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NATIONAL 4-H COUNCIL	Employer identification number 36-2862206
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Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	NATIONAL 4-H COUNCIL IS THE PRIVATE SECTOR, NON-PROFIT PARTNER OF THE COOPERATIVE EXTENSION SYSTEM AND 4-H NATIONAL HEADQUARTERS AT THE NATIONAL INSTITUTE OF FOOD AND AGRICULTURE (NIFA) AND USDA. NATIONAL 4-H COUNCIL FOCUSES ON CREATING THE CONDITIONS THAT LEAD TO HIGHER LEVELS OF INVESTMENT AND PARTICIPATION IN HIGH QUALITY 4-H PROGRAMS. BY DOING THIS, COUNCIL WILL INCREASE THE CAPACITY AND CAPABILITIES OF 4-H PROFESSIONALS AND VOLUNTEERS IN WAYS THAT CONTRIBUTE TO THE EXPANSION OF HIGH QUALITY 4-H PROGRAMS AVAILABLE TO YOUTH ACROSS THE COUNTRY AND THROUGHOUT THE WORLD. YOUTH WHO GRADUATE FROM A HIGH QUALITY 4-H PYD PROGRAM EMERGE WITH LIFE SKILLS AND A COMMITMENT TO SERVE AS CATALYSTS FOR POSTIVE CHANGE IN THEIR COMMUNITIES. THIS COMMITMENT COMES FROM PARTICIPATION IN 4-H'S PROVEN, EARLY KIND OF "LEADERSHIP DISCOVERY" EXPERIENCE-ONE THAT ASKS A LOT OF YOUTH AND GIVES THEM MUCH IN RETURN, INCLUDING THE CONFIDENCE THEY NEED TO SUCCEED AND CONTRIBUTE. AS A RESULT, THE 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.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ALL TRUSTEES ARE FURNISHED AN ELECTRONIC DRAFT COPY OF FORM 990 AND ARE GIVEN 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 WITH CURRENT EMPLOYEES 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 IS AVAILABLE ON A PUBLIC WEBSITE AND BY REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,394,692 PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COSTS 1,587,037 POSTRETIREMENT MEDICAL COSTS 234,276 NAMED FUND SPENDING -5,609 CAPITALIZED NONCASH CONTRIBUTIONS -17,788 TOTAL TO FORM 990, PART XI, LINE 5 5,192,608

Identifier	Return Reference	Explanation
AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS/OVERSIGHT OF AUDIT	FORM 990, PART IV, LINE 12 AND PART XI, LINE 2	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.

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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		No
(2) GLOBAL CLOVER NETWORK 7100 CONNECTICUT AVE CHEVY CHASE, MD 208154999 52-2292242	DEVELOPMENT AND DISSEMINATION OF CURRICULUM-INACTIVE	OH	501(C)(3)	509(A)(3)	N/A		No

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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